# SSEP Update

(Sweet Success Extension Program)

Spring 2017
Vol 12 No 2

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

SSEP

## JOIN us in California for
## A Sweet Success Express Conference:
## Motivate to Prevent
## 21st Annual Research Conference

Door Prizes Networking

**November 2-4, 2017**

## Embassy Suites Anaheim South
## Garden Grove, CA

**Choose one of two Pre Conference Workshops**
**Registration discount for SSEP members - Poster Session**

### DESCRIPTION

Expert speakers will present a method for motivating change as well as evidence-based preventive interventions across the life stages, particularly in high risk demographics. The interventions target women at highest risk to develop diabetes during pregnancy or later in life, particularly indigenous populations, culturally and linguistically diverse communities and economically disadvantaged groups.

### OVERALL OBJECTIVES

1. Discuss the magnitude of the problems faced by women with diabetes related to pregnancy, and will be trained in ways to motivate patients to seek healthy lifestyle options.
2. Train clinicians in prevention interventions and strategies that encourage positive changes in lifestyle changes across the lifespan .
3. Train clinician in the benefits of a multidisciplinary team approach in the care of women with diabetes related to pregnancy.

### CALL FOR ABSTRACTS

You are invited to submit a proposal for consideration for the Poster Session at this conference.Categories: Nutrition, Exercise, Weight Gain, Motivational Interviewing, Prevention of Diabetes in Pregnancy, Translational Research in Diabetes, Fetal/Neonatal Complications, Maternal Complications, Fetal Programming and Childhood Development and related topics.

Due by Aug. 15, 2017 - 2 winners will be invited to give 20 min. oral presentation and will win free registration to main conf. For Info contact ssep1@verizon.net

Conference Brochure, Registration, & Hotel information available on-line
**www.sweetsuccessexpress.org/conferences**
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**SSEP Mailing Address/Phone: PO Box 7447, Chico CA 95927-7447 - Phone: 800.732.2387**

**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 - ssep9@aol.com

**Upcoming Conferences**

**Sweet Success Express 2017:** Motivate to Prevent
Embassy Suites Anaheim South, CA, 11/2-4/2017

**Sweet Success Express 2017:** Associate Training
Mary & Dick Allen Diabetes Center at Hoag, April 2018

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# Guidelines on Pregnancy after Weight Loss (Bariatric) Surgery

Women who have undergone weight loss surgery generally have lower risk pregnancies compared to obese women who have not had surgery. However, it has been reported that maternal anemia and SGA are increased after bariatric surgery. Although overall pregnancy outcomes are favorable, nutritional and surgical complications can arise and can result in adverse perinatal outcomes.

After bariatric surgery, it is recommended that women wait 12-18 months or 6-months after weight loss plateaus before conceiving. Closer monitoring of maternal weight and nutritional status is indicated and serial ultrasound monitoring of fetal growth should be considered.

The most common bariatric surgeries are divided into two varieties. Restrictive and Restrictive/Malabsorptive. Adjustable gastric band and sleeve gastrectomy are restrictive procedures. Roux-en-Y gastric bypass is a restrictive/malabsorptive procedure.

It is important to know which procedure a woman has undergone to counsel and treat her. Anatomical and physiologic changes that occur after bariatric surgery can affect absorption of medications and nutrients. The most common deficiencies after bariatric surgery are protein, iron, folate, B12, calcium and Vitamin D.

**Special Considerations**

1. Include questions on initial visit: Have you ever had weight loss surgery? If yes, when and what type of surgery? Work closely with the bariatric surgeon and dietitian.
2. All gastrointestinal problems such as nausea, vomiting and abdominal pain which is common in pregnancy, should be thoroughly evaluated in patients who have had bariatric surgery to assure it is not related to bariatric-related operative complications such as bowel obstructions, internal hernias, and band erosion or migration.
3. For adjustable gastric band procedure, the fluid in the band can be adjusted to minimize or avoid nausea and vomiting or to prevent excessive or inadequate gestational weight gain.
4. Gastric bypass surgery may interfere with the absorption of oral contraceptives thereby reducing their effectiveness. It is important to discuss other modes of contraception after delivery.
5. Gastric bypass surgery decreases the length of the GI track resulting in less time for absorption. Sustained or extended release medications are not recommended. If possible an immediate release formulation is preferable.
6. If possible, avoid nonsteroidal anti-inflammatory drugs (NSAIDs) to decrease the risk of gastric ulceration.
7. After gastric bypass surgery, Vitamin B1 (thiamin) deficiency can occur. If untreated it can result in the catastrophic Wernicke's Encephalopathy. It is particularly associated with vomiting and dehydration coupled with not taking recommended vitamins. If hyperemesis gravidarum occurs, it would be prudent to watch for symptoms of B1 deficiency and to identify and treat immediately.
8. GDM Screening: Because the pyloric sphincter and duodenum is removed after gastric bypass surgery, dumping occurs after ingestion of refined sugars and high glycemic index carbohydrates. Oral GTT is not recommended. We recommend one week home blood sugar testing fasting and 2 hour post-prandial. We follow for gestational diabetes if 20% or more of the values are elevated. Oral GTT can be administered after adjustable gastric banding and sleeve gastrectomy.
9. Weight Gain: Follow the Institute of Medicine Guidelines for Weight Gain based on BMI.

**LABORATORY SURVEILLANCE**

**Preconception or early in first trimester** if not completed by bariatric surgeon in last 6-months. Extensive screening for micronutrient deficiencies:

Complete blood count with differential
Comprehensive Metabolic Panel
Folate
25-hydroxy Vitamin D
Vitamin A
iPTH
Ferritin
Iron Studies
Vitamin B12
Thiamin

If deficiencies identified, treat with vitamin/mineral supplements and continue to monitor closely.

**2nd and again in 3rd trimester** in absence of baseline deficiencies and any new symptoms of deficiencies.

CBC with differential
Iron
Ferritin
Calcium
25-hydroxy Vitamin D

Continued on Page 4


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# SSEP Order Form *Updated 05/23/17*

## PRODUCTS

**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 Medication Management 2017:** CD - step-by-step instructions for calculating and adjusting insulin injections, pumps & oral meds. (insulin calculation practice sections included- 3 CEs available).

**#1023 - $60 - Complete Set of 3-SAVE $15/set**

**#1051 - $35 - Diabetes & Reproductive Health Resource CD 2016**
Health, nutr. and psychosocial tools for patients and professionals. Useful for patient teaching and staff training. **May be personalized, printed and copied for owner's uses - may not shared with other programs.**

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**#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 S/H for this item

**#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)**

## TEACHING PPT PRESENTATIONS

**#1501 - $25 - NEW - 2016 - Tests for Screening and Diagnosing Diabetes during Pregnancy and Postpartum** 36 Teaching Slides- ADA &Sweet Success recommendations. Use for in-services & new personnel.

**#1502 -$35 - Insulin Therapy During Pregnancy 2017 - Part 1:** Insulin Injection Therapy & **Part 2:** Insulin Pump Therapy. Includes insulin analogues, calculating & adjusting insulin for injections & pump use in pregnancy.

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## PATIENT HANDBOOKS

**#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 Peg. 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.

## EXERCISE VIDEOS

**1701 Eng/Sp - 2016 -EXERCISE VIDEO DVD**
**Health Moms - Healthy Families"** -23 minute, light aerobic exercise video on DVD - for group or home use without equipment - appropriate for most women with diabetes prior to, during and after pregnancy.
**Office Group Session use - heavy storage case - $10**
**Patient Copy - for home use - in Jewel Case:**
**1 to 9 DVDs - $6/ea**
**10 - 49 DVDs - $5/ea**
**≥50 DVDs - $4.50/Ea**

**#1301 SSEP Self-Study Series CE Courses** - Available on line: Updated 2016 (Includes G/L at a Glance for GDM 2013; Current ADA & AAP Recommendations & CDAPP: SS G/L for Care 2015)
**Complete set of 12 (40 hrs) $189.00 (less than**

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10-Neonatal Care
11-Exercise
12-Psychosocial/Cultural Issues

**Contact us for group discounts - for 6 or more - from same facility**

**CE CREDITS**
**AMA PRA Category 2 Credit™** is self-designated and claimed by individual physicians for participation in activities not certified for AMA PRA Category 1 Credit™. Participants should only claim credit commensurate with their level of participation. SSEP is a non-profit organization and has no commercial conflict of interest.
**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.
**Physicians:** BRN accredited programs may be submitted as AMA PRA Category 2 Credit™
**Registered Dietitians/Dietetic Technicians, Registered:** The 12 SSEP Self Study Modules have been approved by the Commission on Dietetic Registration for 40 CPEUs for RDs and DTRs.
Qualifies for CDE Renewal.

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**TOTAL**

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Thank you!

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| PROTEIN RECOMMENDATIONS AFTER GASTRIC BYPASS OR SLEEVE GASTRECTOMY | | | |
|---|---|---|---|
| | AACE/ASMBS/TOS Guidelines after Bariatric Surgery (see | Pregnant Post-Bariatric Surgery Patients (see reference 1) | Treatment if Unresponsive to Routine Supplementation (see reference 1) |
| Protein | 60 – 80 g | 60 g | Protein supplementation with balanced diet |

**VITAMIN AND MINERAL SUPPLEMENTATION AFTER GASTRIC BYPASS OR SLEEVE GASTRECTOMY***

| | **AACE/ASMBS/TOS Guidelines after Bariatric Surgery (see reference 3)** | **Nutritional Supplementation in the Pregnant Bariatric Surgery Patients (see reference 1)** | **Treatment if Unresponsive to Routine Supplementation (see reference 1)** |
|---|---|---|---|
| Multivitamin with minerals | Two adult multivitamin with minerals or two **Prenatal vitamins containing iron, folic acid and thiamin | 1 Prenatal vitamin | - |
| Protein | 60 – 80 g | 60 g | Protein supplementation with balanced diet |
| Calcium | 1200-1500 mg in citrate salt form split in three doses a day and taken at least two hours from any supplement containing iron | 1200 mg calcium citrate plus prenatal vitamin | - |
| Folic acid | 400 – 800 mcg contained in prenatal vitamin | 400 mcg contained in prenatal vitamin | 1000 mcg/day |
| Iron | 45-60 mg up to 150-200 mg elemental iron given with Vitamin C to enhance absorption | 300 mg ferrous sulfate with vitamin C in addition to prenatal vitamin | Parental iron sucrose 200 mg IV given 5 times over 2 weeks |
| Vitamin A | 10,000 IU in beta carotene form (limit Vitamin A to 5000 IU to prevent teratogenic effects | 4000 IU contained in prenatal vitamin | Maximum 5000 IU/d |
| Vitamin B1 | 3 mg in multivitamin<br>(50 – 100 mg/day for first six-months after surgery ) | - | - |
| Vitamin B12 | 350-500 mcg (As needed to maintain B12 in normal levels) | 4 mcg contained in prenatal vitamin | Oral crystalline B12 350 mcg/d or 1000-2000 mcg IM every 2-3 months |

Continued on Page 4

**VITAMIN AND MINERAL SUPPLEMENTATION AFTER GASTRIC BYPASS OR SLEEVE GASTRECTOMY* ...Continued**

| | | | |
|---|---|---|---|
| Vitamin D | At least 3000 IU titrated to therapeutic 25-hydroxy vitamin D ≥ 30 ng/ml | 400-800 IU contained in prenatal vitamin | Oral vitamin D calcitriol 1000 IU/d |
| Zinc | 15 mg | - | - |
| Copper | 2 mg (taking zinc without copper can cause copper deficiency) | - | - |
| Fluids | ≥1.5 L as needed to prevent dehydration | - | - |

*For adjustable gastric band procedure follow above vitamin and mineral guidelines except take one instead of two adult multivitamins with minerals a day.
**Caution as many prenatal vitamins as well as gummy-type, senior or "mature", and children's vitamins are incomplete and will need additional supplementation
There are several specialty post bariatric surgery vitamins that meet these recommendations.
It is important to track and treat individually and supplement to correct deficiencies. Work collaboratively with the bariatric surgeon and dietitian.

**POST-BARIATRIC SURGERY CONCERNS: VITAMIN AND MINERAL DEFICIENCY – SIGNS AND SYMPTOMS**

| Vitamin/Mineral | Signs and Symptoms |
|---|---|
| Vitamin A | Night blindness |
| Vitamin B1-thiamin | Paresthesia or muscle weakness in toes/feet ascending weakness in legs and hands. Left untreated leads to Wernicke's Encephalopathy |
| Vitamin B12 | Anemia, peripheral neuropathy (numbness and tingling in hands and feet), sore tongue |
| Vitamin D | Severe deficiency can cause bone pain and fractures, tooth loss, muscle spasms and osteomalacia |
| Calcium | Bone pain, osteomalacia |
| Copper | Anemia, peripheral neuropathy (numbness and tingling in hands and feet) |
| Folate | Anemia, glossitis (swollen or cracked tongue) |
| Iron | Anemia, hair loss |
| Zinc | Impaired taste, skin lesions |

**References:**

1. Monson M. and Jackson M., Pregnancy After Bariatric Surgery, Clinical Obstetrics and Gynecology Vol 59(1) 158-171 March 2016
2. Fertility and pregnancy after bariatric surgery. UpToDate – last updated June 5, 2016
3. AACE/TOS/ASMBS Guidelines: Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient – 2013 Update. Cosponsored by the American Association of Clinical Endocrinologist, The Obesity Society and the American Society for Metabolic and Bariatric Surgery. Surgery for Obesity and Related Diseases 9 (2013) 15-191
4. Bariatric Surgery and Pregnancy, ACOG Clinical Management Guidelines for Obstetrician-Gynecologists, No. 105, June 2009
Developed by the Staff of the Sweet Success Program of the Pacific; Fetal Diagnostic Institute of the Pacific, 2017. Reprinted with permission.

## Reflections by the SSEP CEO

Cindy Parke, RNC, CNM, MSN

SSEP was excited to collaborate with the Navajo Area Sweet Success Group Associate (NASS) Programs in planning and presenting the SSE Conference in Albuquerque on April 27-28, 2017 for a successful conference. Though the weather was a bit cool, the atmosphere within was warm and friendly. We would like to thank our wonderful group of speakers. First, those from the Navajo Sweet Success Group Associates who assisted in program development and shared details of their services as well as excellent presentations: Kristi Anderson, Karen Bachman-Carter, and Shelley Thorkelson. In addition, we had speakers from various parts of the country which allowed for robust discussion: Raul Artal (St. Louis, MO), Linda Barbour (Denver, CO), Ann Bullock (Cherokee, NC), Julie Daley (Providence, RI), Maribeth Inturrisi (San Francisco, CA), Siri Kjos (Las Vegas, NV), Elizabeth Miller (Houston, TX) and Erica Werner (Providence, RI). All did an excellent job and were very well received.

The job of moderating was accomplished with skill and humor as "the hook" was used to keep the speakers on time. Thank you to Julie Daley and Liz Miller.

Last but not least, we thank our partners. This conference was supported by an Educational Grant from Novo Nordisk, Inc. Appreciation is extended to the NASS Programs for providing Education Funding for 77 of their staff to attend the event. A special thank you also to the Exhibitors who add to the conference with both financial support and additional education: Roche Diabetes Care, Inc., Insulet OmniPod, WB Beading (hand crafted beauty directly from a member of the Navajo Nation and Navajo Tribe), Professional Education Center, and SSEP.
Success was a group effort. Thank you to M. Joann Henry, Karen Bachman-Carter, Shelley Thorkelson, Kristi Anderson, Maribeth Inturrisi, Mona Patterson, from the planning committee and on site coordinators: Delphine McThomas, Joan Perez, Nathan Parke and Cindy Parke.

We thank all for the time taken to evaluate the program as we utilize your input for future endeavors. I want to share a couple of comments:

**"This conference was awesome! I have filled my dome with knowledge and I will share my knowledge with my coworkers and more importantly our patients.**
**Thank you for such important information."**

**"So many take away ideas to help improve practice and improve care for our DIP patients - Evidence based data and studies will help me bring back new thoughts & motivations to MD's & providers to implement in our womens clinic."**

**"Great info! I am coming back home with new ideas of how to improve our clinic practice."**

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## SSEP is looking for other Conference Partners

As an SSEP Associate or member, do you need to supply education to your staff and expand ideas? The success of this collaborative conference with the Navajo Area Sweet Success Group Associates is an example of how to expand team work in the field of care for women and families affected by diabetes. Are you faced with recurring clinical challenges due to inconsistency in care especially in outlying practices and communities? Offering an on-site educational conference will assist you and your patients. SSEP has the mechanism to assist in the development and provision of a conference that meets your individual needs.

If you did not have the opportunity to attend, this was the Course Description: "This conference brings together expert leaders and speakers in the delivery of diabetes and pregnancy health care to provide clinicians insight and guidance related to current practice recommendations and research. One of the most pressing issues facing practitioners in this era of change is the delivery of care that can improve future outcomes. This conference will focus on key considerations related to the two concepts that are proven successful for improving future outcomes: preventative strategies and a multidisciplinary approach to team management.

National and International speakers address research and management topics in keeping with the program themes. The program will integrate concepts of prevention, intervention, multidisciplinary team approach to care, self-management education, treatment modalities and new technologies. The field of diabetes and reproductive health is expanding to encompass the lifespan of the mother, the infant and future generations. The focus is on preventing or delaying the onset of future diabetes for women with gestational diabetes, preventing future complications for women with preexisting diabetes and preventing type 2 diabetes and/or obesity for the infants of mothers with diabetes."

For more information on an educational conference at your site, please contact ssep1@verizon.net.

### SSEP SUMMER & FALL SPECIAL

#1023 - Set of 3 Cds - Guidelines at a Glance
- G/L for GDM
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