

SSEP Update

(Sweet Success Extension Program)

SSEP, A Nonprofit Corp. PO Box 7447, Chico, CA 95927
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Fall 2016
Vol 11 No 4

SSEP



Door Prizes

JOIN us in Albuquerque, NM for Diabetes in Pregnancy Care - Improving Health for the Lifespan April 27-28, 2017



Networking

Presented by SSEP & Sweet Success Express
In collaboration with the
Navajo Area Sweet Success Group Associates
Co-Sponsored by: Professional Education Center

Held at: DoubleTree by Hilton Albuquerque
201 Marquette Ave NW, Albuquerque, NM 87102

This Conference brings together expert leaders and speakers in the delivery of diabetes and pregnancy health care strategies. This conference will focus on key considerations related to team approaches to preventative strategies that can improve outcomes and decrease diabetes co-morbidities, including obesity. 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 two days of learning and fun.

Conf. Registration & Hotel Reservations will be available on-line soon.
www.sweetsuccessexpress.com/CONFERENCES.php
For more info, contact ssep1@verizon.net

DEDICATING THIS ISSUE OF THE SSEP UPDATE NEWSLETTER TO THE SPEAKERS, ATTENDEES & SUPPORTING PARTNERS OF THE Sweet Success Express 2016: Prevention - It Takes a Team Conference

Held on November 3-5, 2016, at the Embassy Suites Anaheim South in Garden Grove, CA

Over 200 attendees participated in the annual Sweet Success Express Research conference. The interest was intense as national and international speakers presented management strategies for improving future outcomes based on a team approach to care. Excitement was high during the networking time in the exhibit hall visiting with exhibitors and reviewing the posters. Attendees enjoyed the many drawings for door prizes which were contributed by our sponsors and exhibitors.



Continued on Page 2

Speakers include (L to R) Teri Hernandez PhD, Siri Kjos MD and Raul Artal MD presenting different approaches to prevention strategies.



Robert Felix, MPH, Teratogen Info Specialist discussed vital resources available from MotherToBaby, CA.

Maribeth Inturrisi, RN, MSN, CSN, CDE and Geetha Rao RD CDE addressed medication and nutrition topics.



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
ssep1@verizon.net or ssep9@aol.com

Upcoming Conference
Sweet Success Express 2017: Embassy Suites
Anaheim South, CA, 11/2-4/2017

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

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



Continuing to Recognize our Speakers, Attendees and Sponsoring Partners for the Sweet Success Express 2016: Prevention - It Takes a Team Conference



This issue of the newsletter is dedicated to our supporters who make it possible for us to present quality events.

A Big "Thank You" to ALL - We look forward to seeing you again in 2017

Supported by an educational grant



Novo Nordisk is changing diabetes

Novo Nordisk, Inc. supported the Sweet Success Express 2016: Prevention - It Takes a Team Conference through an educational grant. We sincerely appreciate their generosity and are most grateful for their continued faith in, and their continued support of our work.

Novo Nordisk is a global healthcare company with 90 years of innovation and leadership in diabetes care and other pharmaceutical products. They recognize the need for novel therapeutic approaches to treating chronic diseases more effectively and strive to change the course of diabetes for good.

Medtronic Diabetes provided an education grant in support of the Insulin Workshop presented on the pre-conference day.



Medtronic
Alleviating Pain • Restoring Health • Extending Life

SSEP very much appreciates their ongoing support of our events.

Medtronic's mission is to alleviate pain, restore health, and extend life. They work across borders, across disciplines, and across industries to deliver new and innovative medical technology solutions. Their medical innovations help improve healthcare around the world.



California

www.mothersbabyca.org

Robert Felix, Teratogen Information Specialist and Community Outreach Marketing Director, provides a community resource presentation and displays critical information at their exhibit area in the Exhibit hall.

Joan Perez RN MBA staffed the SSEP / SSE Exhibit located in the Exhibit hall. The special offered on the Exercise Videos drew lots of interest. The attendees seemed to appreciate the lip balm and small flashlights.



SSEP received an educational grant from the Community Benefit Grant Program at The Mary & Dick Allen Diabetes Center at Hoag Hospital, in collaboration with the Ueberroth Program for Women with Diabetes, in Newport Beach, CA in support of this event. Their ongoing support is greatly appreciated.



The Mary & Dick Allen Diabetes Center at Hoag Hospital is committed to providing the very best in diabetes care.

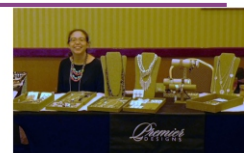


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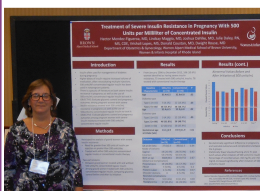
A Complete Care Program
for Patients with Diabetes
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MINI PHARMACY in Los Angeles was the first sponsor of CDAPP, SSEP and Sweet Success Express, beginning in 1991. **Mini Pharmacy** is a family owned and operated diabetic testing supplies business. Their commitment to helping uninsured and/or under-insured patients with diabetes includes an effort to remove many of the economical challenges that patients without health insurance face. Their services to the Sweet Success Program patients is invaluable and their continued support for the **SSEP** and **Sweet Success Express** events over the years is most appreciated.

Premier Designs displayed a beautiful selection of fine costume jewelry and were the highlight of the exhibit area by many of the participants. They provided two beautiful gifts that were given away as door prizes.



It all started here - at the registration desk. Cindy Parke and her staff from PEC registered attendees each day and provided the continuing education certificates at the close of the conference.



Julie Daley by one of the five double-sided posters displayed in the Exhibit Hall. The posters displayed abstracts of current research, Associate information, online resources on topics such as breastfeeding, exercise and the Zika virus and pregnancy.

All work and no play makes for a dull conference. Below a group of speakers, staff, attendees and guests enjoy a quiet evening meal. During the relaxed evening the topic of the 2017 conference came up. A number of valuable ideas were offered and will be taken into consideration as planning gets underway. Watch at www.sweetsuccessexpress.com for more information about Sweet Success Express 2017 which will be held on November 2-4 at the same location.



2016 is the first year that the SSEP Sweet Success Programs were able to meet during lunch to share ideas.

The Associate Program Meeting was led by Mona Patterson RN BSN CBC. SSEP Sweet Success Associate Program Staff member from 3 Navajo Area SS Group Programs in Arizona and New Mexico, from the Fetal Diagnostic Institute of the Pacific, Honolulu, Hawaii and the from Bronson Methodist Hospital in Kalamazoo, Michigan were present.





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 S/H for this item

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 Peg. Pt. Handbook

44 pgs - before/during/after pregnancy information.

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

Mix & Match - GDM/Type 2Eng/Sp

Price: < 10 = \$3.50/ea; 10 - 24 = \$3.25/ea;

25- 49 = \$3/ea; 50-199 = 2.75/ea; ≥200 = 2.50/ea.

Enroll for Free Quarterly SSEP Newsletter

Send email address to ssep1@verizon.net

#1301 -SSEP SELF-STUDY SERIES CE COURSES

Available Online

UPDATED- 2016

Includes Guidelines at a Glance for GDM 2013; Current ADA Recommendations & Sweet Success Guidelines for Care 2015

5 Hours

01-Preconception/Contraception

02- Medical Nutrition Therapy

3 Hours

03-Screening & Dx GDM

04-Self-monitoring Blood Glucose

05-Insulin Therapy

06-Hypoglycemia

07-Maternal/Fetal Assessment

08-Intrapartum and Delivery

09-PostPartum/Breastfeeding

10-Neonatal Care

11-Exercise

12-Psychosocial/Cultural Issues

Sweet Success Guidelines for Care 2015 download

14-Complete set of 12 modules [40 hrs] - \$189

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

#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

Over 150 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 teaching uses - may not shared with other programs.**

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

Watch for Conference Information Updates at www.sweetsuccessexpress.org - On "Conference" page

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.

SSEP

ssep1@verizon.net



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Thank you!

For more information email ssep1@verizon.net

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Increased Iron Levels Linked to Gestational Diabetes

Reprint of NIH Report - Released Nov. 14, 2016

Iron levels are associated with risk for gestational diabetes. Findings from a new study, published in *Diabetologia*, have raised questions about routine recommendations regarding iron supplementation in pregnancy.

"Iron is regarded as a double-edged sword in living systems, as both iron deficiency and overload can be harmful. Pregnant women are particularly vulnerable to iron deficiency and related adverse pregnancy outcomes," the researchers wrote, noting that guidelines from several groups recommend routine iron supplementation in pregnancy. However, they also explained that new findings "have raised critical concerns about significant links between larger iron stores and disturbances in glucose metabolism, including an increased risk of [type 2 diabetes among non-pregnant individuals](#)." [The link between larger iron stores in pregnancy and gestational diabetes, though, remains unclear.](#)

The researchers conducted a case-control study of 107 women with gestational diabetes and 214 controls who were matched by age, race/ethnicity, and gestational week of blood collection within the prospective multiracial Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Fetal Growth Studies-Singleton Cohort (2009-2013). Biomarkers of iron status, including plasma hepcidin, ferritin, and soluble transferrin receptor (sTfR), were measured. These data were then used to calculate the sTfR-to-ferritin ratio twice before gestational diabetes diagnosis (gestational weeks 10 to 14 and weeks 15 to 26) and at weeks 23 to 31 and weeks 33 to 39. The researchers identified [gestational diabetes diagnosis via medical records based on oral glucose tolerance tests](#).

According to study results, women with gestational diabetes had 16% higher hepcidin concentrations than controls during weeks 15 to 26 (median: 6.4 vs 5.5 ng/mL; $P = .02$). Hepcidin levels also appeared to be positively associated with gestational diabetes risk. The adjusted odds ratio [OR] for women in the highest vs lowest quartile was 2.61 (95% confidence interval [CI], 1.07-6.36).

Similarly, ferritin levels were positively associated with risk for gestational diabetes. Adjusted ORs for ferritin levels in the highest vs lowest quartile were 2.43 (95% CI, 1.12-5.28) at weeks 10 to 14 and 3.95 (95% CI, 1.38-11.30) at weeks 15 to 26.

The researchers reported that the ratio of sTfR to ferritin was inversely related to risk for gestational diabetes, with adjusted ORs for women in the highest vs lowest quartile being 0.33 (95% CI, 0.14-0.80) at weeks 10 to 14 and 0.15 (95% CI, 0.05-0.48) at weeks 15 to 26.

The researchers cited several possible reasons for their findings, including potential mechanisms through which iron may play a role in the development of gestational diabetes.

"As a strong pro-oxidant, free iron can catalyze several cellular reactions that generate reactive oxygen species and increase the level of oxidative stress. Oxidative stress induced from excess iron accumulation can cause beta cell damage and apoptosis and, consequently, contribute to impaired insulin synthesis and secretion," they wrote.

The researchers also noted that high iron stores in the liver could lead to insulin resistance due to impaired insulin signaling and attenuated capacity of the liver to extract insulin.

"In summary, findings from this longitudinal and prospective study among multiracial, relatively healthy pregnant women without major pre-pregnancy chronic diseases, suggest that higher maternal iron stores may play a role in the development of [gestational diabetes] starting as early as the first trimester," the researchers concluded.

"These findings are of clinical and public health importance as they extend the observation of an association between high body iron stores and elevated risk of glucose intolerance among non-pregnant individuals to pregnancy, and raise potential concerns about the recommendations of routine iron supplementation among pregnant women who already have sufficient iron."

Disclosures: The researchers report no relevant financial disclosures.

Reference

1. Rawal S, Hinkle SN, Bao W, et al. [A longitudinal study of iron status during pregnancy and the risk of gestational diabetes: findings from a prospective, multiracial cohort](#). *Diabetologia*. 2016 Nov 10. doi:10.1007/s00125-016-4149-3 [Epub ahead of print].

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