

SSEP Update

(Sweet Success Extension Program)

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SSEP



JOIN us in Albuquerque, NM for

A Sweet Success Express Conference:

Prevention - It Takes a Team

April 27-28, 2017



Door Prizes

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.

Conference Brochure, Registration, & Hotel information available on-line
www.sweetsuccessexpress.org/conferences
For more info, contact ssep1@verizon.net

SAVE THE DATES

Sweet Success Express 2017:
21st Annual Research Conference

Choose from two Pre Conference Workshops
Registration discount for SSEP members
Discount tickets to Disneyland available

To be held on November 2-4, 2017
Embassy Suites Anaheim South
Garden Grove, CA

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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

A Sweet Success Express Conf.: It Takes a Team;
DoubleTree by Hilton Albuquerque, NM 4/27-28/2017

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

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INSULIN THERAPY MYTHS – Patient Handout



1. Insulin can cause blindness

FALSE: It is out of control diabetes over a period of time that can cause blindness. Insulin therapy helps bring blood sugar levels back to a normal range. Therefore, insulin therapy can help prevent blindness.

RETINOPATHY: People with type 1 or type 2 Diabetes can develop retinopathy when blood sugar levels are too high for long periods of time. High blood sugar levels can damage the small blood vessels in the eyes. This condition, diabetic retinopathy, can cause loss of sight and can lead to total blindness if it progresses.

FACT: The Diabetes Control and Complications Trial showed that proper treatment of diabetes with insulin reduced the risk of eye disease by as much as 76%.

NOTE: If blood sugar levels are lowered too quickly for someone that already has retinopathy, vision can be affected. If retinopathy already exists, the rate of lowering blood sugar levels should be discussed with the doctor.

- Retinopathy is the leading cause of blindness in the United States.
- Diabetic retinopathy is preventable if it's discovered early and treated quickly.
- People with diabetes should have an eye examination every year.
- Other diabetes complications such as amputations, heart disease and kidney disease can also be prevented with good diabetes control and the use of insulin therapy when needed.

3. Taking insulin is habit forming.

FALSE: Insulin is a hormone, so it is not "habit-forming" or addictive.

Insulin therapy may have to continue, but that is because it is the best treatment to lower blood sugar levels, not because it is habit forming.

Insulin can help achieve blood sugar target levels, which will make a person with diabetes feel better and have more energy. In fact, many people find that it makes them feel much healthier and they often wish they had started it sooner.

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2. If insulin is started, it means taking it forever.

FALSE: for some people with type 2 Diabetes, and women with gestational diabetes, the need for insulin may lessen or become unnecessary.

TRUE: for people with Type 1 diabetes.

For Type 2 diabetes, depending on the stage of their disease, insulin therapy may be a temporary treatment that's only necessary during periods of illness and other stress and during pregnancy. Women who took other medications prior to pregnancy can usually return to their prepregnancy medications. If a woman plans to breastfeed, she should ask her provider if her medications are safe to take while breastfeeding.

For Gestational Diabetes, when diet and exercise fail, medication should be used during pregnancy. However, most women don't have to continue taking medication after the pregnancy. Most women don't have diabetes after delivery, but are at high risk for developing type 2 diabetes later in life.

Type 2 diabetes can be prevented or delayed with meal planning, weight control, and following an exercise program. If type 2 diabetes is diagnosed, it is most often treated initially with oral medications.

4. If insulin therapy is started, it means that the diabetes is getting worse

FALSE: Actually, when insulin therapy is needed and used as prescribed, the diabetes may get better. Insulin is a treatment to lower blood sugar level and diabetes is out of control when blood sugar levels are too high. By controlling blood sugar levels, the complications of diabetes can be prevented or delayed, helping the person live a more normal and healthier life.

Blood sugar levels can be controlled through a combination of insulin therapy, diet, and exercise. In fact, many people with type 2 diabetes follow a regimen called combination therapy that uses pills along with insulin. Without insulin treatment, however, blood sugar level can rise, which increases the risk for developing a number of serious complications that are associated with diabetes. These complications can be prevented with good diabetes control.



SSEP Order Form Updated 11/17/2016

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 \$15/5et

#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 SH 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 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.
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 and Guidelines for 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



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Item #	Qty	Description	Price Each	Times Qty	Final Cost

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 Less Discount _____
 Sub-Total _____
 7.75% Tax - CA only _____
 Ship/handling [\$5 up to \$50] _____
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PARENTAL OBESITY LINKED TO DELAYS IN CHILD DEVELOPMENT

NIH Study - Release: Tuesday, January 3, 2017

Children of obese parents may be at risk for developmental delays, according to a study by researchers at the National Institutes of Health. The investigators found that children of obese mothers were more likely to fail tests of fine motor skill -- the ability to control movement of small muscles, such as those in the fingers and hands. Children of obese fathers were more likely to fail measures of social competence, and those born to extremely obese couples also were more likely to fail tests of problem solving ability.

The study, appearing in *Pediatrics*, was conducted by scientists at the NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

"The previous U.S. studies in this area have focused on the mothers' pre- and post-pregnancy weight," said the study's first author, Edwina Yeung, Ph.D., an investigator in NICHD's Division of Intramural Population Health Research. "Our study is one of the few that also includes information about fathers, and our results suggest that dad's weight also has significant influence on child development."

Dr. Yeung and her coauthors cited research <https://www.ncbi.nlm.nih.gov/pubmed/23454595> indicating that [about 1 in 5 pregnant women in the United States is overweight or obese](#).

In the study, authors reviewed data collected from the Upstate KIDS study <https://www.nichd.nih.gov/about/org/diphr/eb/research/pages/infant-development.aspx>, which originally sought to determine if fertility treatments could affect child development from birth through age 3. More than 5,000 women enrolled in the study roughly 4 months after giving birth in New York State (excluding New York City) between 2008 and 2010. To assess development, parents completed the Ages and Stages Questionnaire <http://agesandstages.com/about-asq/> after performing a series of activities with their children. The test isn't used to diagnose specific disabilities, but serves as a screen for potential problems, so that children can be referred for further testing.

Children in the study were tested at 4 months of age and retested 6 more times through age 3. When they enrolled, mothers also provided information on their health and weight -- before and after pregnancy -- and the weight of their partners.

Compared to children of normal weight mothers, children of obese mothers were nearly 70 percent more likely to have failed the test indicator on fine motor skill by age 3. Children of obese fathers were 75 percent more likely to fail the test's personal-social domain -- an indicator of how well they were able to relate to and interact with others by age 3. Children with two obese parents were nearly three times more likely to fail the test's problem solving section by age 3.

It is not known why parental obesity might increase children's risk for developmental delay. The authors note that animal studies indicate that obesity during pregnancy may promote inflammation, which could affect the fetal brain. Less information is available on the potential effects of paternal obesity on child development. The authors added that some studies have indicated that obesity could affect the expression of genes in sperm.

If the link between parental obesity and developmental delays is confirmed, the authors wrote, physicians may need to take parental weight into account when screening young children for delays and early interventional services.

About the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD): NICHD conducts and supports research in the United States and throughout the world on fetal, infant and child development; maternal, child and family health; reproductive biology and population issues; and medical rehabilitation. For more information, visit NICHD's website <https://www.nichd.nih.gov/>.

This NIH News Release is available online at:

<https://www.nih.gov/news-events/news-releases/parental-obesity-linked-delays-child-development-nih-study-suggests>.

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