

SSEP Update

(Sweet Success Extension Program)



Fall 2019 - Vol 14 No 4

In this Issue

- Page 2** - Low-Carb Diets in Pregnancy; 2 NIH Studies; SAVE DATE: Denver Conf. Apr 2020
- Page 3** - Order Form
- Page 4** - GDM & Fasting Vs Post-load OGTT levels and adverse outcomes
- Page 5** - Member Winners: Resources; Special Offers: Donating at no Cost to You & Membership Info

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

Edited/Reviewed by: Julie Daley, RN, MS, CDE; Joann Henry, RNC, MSHS; Tina Jones, RD, CDE; Cindy Parke, CNM, RNC, MSN

23rd Annual Sweet Success Express Research Conf.

Focus on Patient-Centered Care - Nov. 7-9, 2019

Received Highest Evaluations ever!



SSEP in Joint Providership with PAC/LAC, and co-sponsored by Sweet Success Express and Professional Education Center (PEC), presented the 23rd Annual Sweet Success Express Research Conference, Perinatal Diabetes - Focus on Patient-Centered Care on Nov. 7-9, 2019 at the Embassy Suites Anaheim South, Garden Grove, California. This annual event has always been highly successful, but this year the Evaluation ratings put the SSE conference on the Dean's List with an overall mean score of 4.81 out of 5. The speakers were phenomenal, from the Workshop speakers on Thursday to the last speaker (Pharmacy Resources) on Saturday afternoon. Participants were provided adequate time to view the posters, enjoy the exhibits, network with each other and interact with the speakers.

Each year Massage Chairs are available for participants to use with a \$25 - or more - donation to SSEP. Donations are tax deductible and 100% utilized for SSEP activities. Many participants utilized this service.

There were 186 participants representing 17 states and Guam and included 92 RN, 1 LPN, 42 RD, 9 MD, 4 PhD, 2 DO, 1 PA, 1 MFT, 4 CNM, 1 CHES, 1 CNS, 1 CDR, 3 AP, 10 NP, 1 PharmD and 13 Other. Thirty-one (31) were CDEs, and 65% were from California.

Planning is already underway for next year's Annual Research Conference. Your input for speakers or topics is encouraged and welcome. Our aim is to provide practical guidelines and topics based on the most current research. Send your suggestions to ssep1@verizon.net.

Thanks to each of you who attended. Without you there would be no conference.

This event was supported by:

Supported by an educational grant from
MEDTRONIC DIABETES

Alleviating Pain - Restoring Health - Extending Life

Mini Pharmacy & Medical Supplies
Trusted, Caring, Always

A Complete Care Program for Patients with Diabetes
1-888-545-6464

MotherToBaby
Medications & More During Pregnancy & Breastfeeding
Ask The Experts

California

Co-Sponsor Professional Education Center (PEC)
provided many donated services.

Professional Education Center

Reflections by the SSEP CEO

A Tribute to Perinatal Diabetes Educators

Cindy Parke, RNC, CNM, MSN

It is hard to believe that another year of service is nearing an end. It is certainly the season to take time to consider one's blessings, whether we are using our gifts in service to others, and to be thankful. I, and I know I speak for the entire Board of Directors and SSEP Advisory Council, want to thank all of you who support SSEP and our efforts to improve the health of women and families through education specifically regarding pregnancies affected by diabetes.

I wish to thank all women who utilize our products and strive to achieve optimal health in prevention, conception, and pregnancy. We recognize the struggles and commitments required, and you empower us in our work. It is so important to say thank you and express gratitude for the many healthcare professionals who devote themselves to research; daily care of patients; organization efforts; development of guidelines; keeping up with all the new technology and prevention efforts; and education of self, patients, and colleagues. We recognize your profound impact on so many lives. I wish to thank especially all those involved in the continued operation of SSEP, where so much of the work by the board and advisory council is volunteer time. I recognize that this is you sharing your gifts of mind and heart.

Joann Henry started something so amazing, and as she shared at this year's national research conference, it has grown and served beyond her expectations, and even her dreams!

I am excited for 2020 and our continued good works together. One of the many things I am noting in the last years are all the new ideas and push for prevention, especially within the environment of the fetus. Knowledge is power, and sharing that knowledge is essential.

May the blessings of the season be a part of your life and that of your immediate families and the families you care for.

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 - Kim@proedcenter.com

Upcoming Conferences

SSEP Associate Training & Specialty Conference:
Perinatal Diabetes: Denver CO. April 23-24, 2020

Sweet Success Express 2020 - Annual Research Conference: Embassy Suites Anaheim South, CA, November 12-14, 2020

SSEP Board of Directors 2019 - 2020

Cindy Parke, RNC, CNM, MSN (CA)	President
Gladys (Sandy) Ramos, MD	Vice-President
Julie Daley, RN, MS, CDE (RI)	Secretary
M. Joann Henry, RNC, MSHS	Treasurer
Tina Jones, MS, RD, CDE (OR)	RD Consultant
Liz Miller, RN, BSN, MS, CDE (TX)	RN Consultant
Katherine O'Connell, MN, RN (WA)	RN Consultant
Geetha Rao, MS, RD, CDE (CA)	RD Consultant

Advisory Council

Karen Bachman-Carter, MPH, RD, CDE	NM
Julie Daley, RN, MS, CDE	RI
Richard Fox, Business Sector	CA
M. Joann Henry, RNC, MSHS	CA
Teri Hernandez, PhD, RN	CO
Christina Inteso, Pharm. D	IN
Maribeth Inturrisi, RN, MS, CNS, CDE	CA
Lisa Jim, RN	AZ
Siri Kjos, MD	CA
Jessica Lynn, CNM, CDE	NY
Tina Jones, MS, RD, CDE	OR
Donna Jornsay, MS, BSN, CPNP, CDE, BC-ADM	CA
Liz Miller, RN, BSN, MS, CDE	TX
Katherine O'Connell, MN, RN	WA
Cindy Parke, BSN, CNM, MSN	CA
Ramona Patterson, BSN, RN, CBC	AZ
Joan Perez, MBA, BSN, CDE	CA
Diane Phillips, RD	AZ
Lynne Raphael, MMSc, RD, CDE	GA
Gladys (Sandy) Ramos, MD	CA
Geetha Rao, MS, RD, CDE	CA
Doris Roberts, RN, BSN, PHN	CA
David Sacks, MD	CA
Sandy Sinnes, RN, BSN, CDE	WA
Alyce Thomas, RD	NJ
Shelley Thorkelson, MSN, RN CNM, CDE	NM

Low-Carbohydrate Diets for Gestational Diabetes

by Sarah S. Farabi and Teri L. Hernandez

Sarah S. Farabi 1,2 and Teri L. Hernandez 3,4,5,*

1 Goldfarb School of Nursing, Office of Nursing Research, Barnes-Jewish College, St. Louis, MO 63110, USA

2 Department of Medicine, Division of Nutritional Science, Washington University in St. Louis, St. Louis, MO 63130, USA

3 Department of Medicine, Division of Endocrinology, Metabolism, and Diabetes, Anschutz Medical Campus, University of Colorado, Aurora, CO 80045, USA

4 College of Nursing, Anschutz Medical Campus, University of Colorado, Aurora, CO 80045, USA

5 Department of Research, Innovation, and Professional Practice, Children's Hospital Colorado, Anschutz Medical Campus, University of Colorado, Aurora, CO 80045, USA

* Correspondence: Teri.Hernandez@CUAnschutz.edu; Tel.: +1-(303)-724-3943; Fax: +1-(303)-724-3920

Received: 17 June 2019; Accepted: 23 July 2019; Published: 27 July 2019

Abstract: Nutrition therapy provides the foundation for treatment of gestational diabetes (GDM), and has historically been based on restricting carbohydrate (CHO) intake. In this paper, randomized controlled trials (RCTs) are reviewed to assess the effects of both low- and higher CHO nutrition approaches in GDM. The prevailing pattern across the evidence underscores that although CHO restriction improves glycemia at least in the short-term, similar outcomes could be achievable using less restrictive approaches that may not exacerbate IR. The quality of existing studies is limited, in part due to dietary non-adherence and confounding effects of treatment with insulin or oral medication. Recent evidence suggests that modified nutritional manipulation in GDM from usual intake, including but not limited to CHO restriction, improves maternal glucose and lowers infant birthweight. This creates a platform for future studies to further clarify the impact of multiple nutritional patterns in GDM on both maternal and infant outcomes.

Keywords: pregnancy; gestational diabetes; low-CHO; obesity; nutrition; diet

Read full text: <https://www.mdpi.com/2072-6643/11/8/1737/htm>

NIH-Funded Study Suggests Acetaminophen Exposure In Pregnancy Linked To Higher Risk Of ADHD, Autism

Exposure to acetaminophen in the womb may increase a child's risk for attention deficit/hyperactivity disorder and autism spectrum disorder, suggests a study funded by the National Institutes of Health and the Agency for Health Care Research and Quality. The study was conducted by Xiaobing Wang, M.D., of the Johns Hopkins University Bloomberg School of Public Health, Baltimore, and colleagues. It appears in JAMA Psychiatry.

Attention deficit/hyperactivity disorder (ADHD)

<https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml> is marked by a pattern of hyperactivity and impulsive behavior.

Autism spectrum disorder (ASD) <https://www.nichd.nih.gov/health/topics/autism> is a complex developmental disorder that affects how a person behaves, interacts with others and learns.

Researchers analyzed data from the Boston Birth Cohort

<https://clinicaltrials.gov/ct2/show/NCT03228875>, a long-term study of factors influencing pregnancy and child development. They collected umbilical cord blood from 996 births and measured the amount of acetaminophen and two of its byproducts in each sample. By the time the children were an average of 8.9 years, 25.8% had been diagnosed with ADHD only, 6.6% with ASD only and 4.2% with ADHD and ASD. The researchers classified the amount of acetaminophen and its byproducts in the samples into thirds, from lowest to highest. Compared to the lowest third, the middle third of exposure was associated with about 2.26 times the risk for ADHD. The highest third of exposure was associated with 2.86 times the risk. Similarly, ASD risk was higher for those in the middle third (2.14 times) and highest third (3.62 times).

The authors conclude that their results support earlier studies linking acetaminophen exposure in the womb with ADHD and ASD and underscore the need for additional research. The U.S. Food and Drug Administration urges careful consideration < <https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-has-reviewed-possible-risks-pain-medicine-use-during-pregnancy>> before using any pain-relieving medication during pregnancy.

This NIH News Release is available online at:

< <https://www.nih.gov/news-events/news-releases/nih-funded-study-suggests-acetaminophen-exposure-pregnancy-linked-higher-risk-adhd-autism>>

SAVE THE DATES

April 23-24, 2020

SSEP Presents: Perinatal Diabetes - Defining Team Management
Denver, CO

Questions to ssep1@verizon.net - Watch for updates at www.sweetsuccessexpress.org/conferences.html

NIH-FUNDED STUDY SUGGESTS HIGH LEAD LEVELS DURING PREGNANCY LINKED TO CHILD OBESITY

Children born to women who have high blood levels of lead are more likely to be overweight or obese, compared to those whose mothers have low levels of lead in their blood, according to a study funded by the National Institutes of Health and Health Resources and Services Administration. The study was conducted by Xiaobin Wang, M.D., of the Johns Hopkins Bloomberg School of Public Health in Baltimore, and colleagues. It appears in JAMA Network Open.

Researchers analyzed data on 1,442 mother-child pairs from the Boston Birth Cohort <https://clinicaltrials.gov/ct2/show/NCT03228875>, a large observational study that aims to determine the causes of preterm birth. Mothers' blood samples were analyzed for lead exposure 24 to 72 hours after they gave birth. Children had their weight assessed periodically throughout childhood. At an average age of 8.1 years, children born to mothers with high lead levels were more than four times as likely to be overweight or obese than children born to mothers with low lead levels.

NIH funding was provided by the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the National Institute of Environmental Health Sciences.

Lead exposure during pregnancy also may have harmful effects on mother and baby. The U.S. Centers for Disease Control and Prevention offers advice <https://www.cdc.gov/nceh/lead/prevention/pregnant.htm> on how pregnant women can reduce their exposure to lead.

ARTICLE: Wang, G. Association between maternal exposure to lead, maternal folate status, and intergenerational risk of childhood overweight and obesity. JAMA Network Open. 2019. doi:10.1001/jamanetworkopen.2019.12343

This NIH News Release is available online at: <https://www.nih.gov/news-events/news-releases/nih-funded-study-suggests-high-lead-levels-during-pregnancy-linked-child-obesity>

THANKS to all who shop using www.SmileAmazon.com - Others can too - Just do your normal shopping starting at www.smileamazon.com - click on supporting (under the search bar) and choose SSEP. Amazon donates 0.05% of purchase to SSEP! You pay nothing.

Elevated fasting vs post-load glucose levels and pregnancy outcomes in gestational diabetes: a population-based study

AUTHORS

E. A. Ryan¹, A. Savu^{1,2}, R. O. Yeung¹, L. E. Moore^{1,2}, S. L. Bowker², and P. Kaul^{1,2} Abstract

AFFILIATION

1 Faculty of Medicine and Dentistry

2 Canadian VIGOUR Centre, University of Alberta, Edmonton, Alberta, Canada

ABSTRACT

Aim: To examine the relative association between fasting plasma glucose vs post-load (1-h and 2-h) glucose levels based on the oral glucose tolerance test in pregnancy and large-for-gestational-age and hypertensive disorders of pregnancy outcomes.

Methods: All live singleton births between October 2008 and December 2014 in Alberta, Canada were included. Gestational diabetes mellitus was diagnosed using Diabetes Canada criteria. Logistic regression models were used to examine the association between fasting plasma glucose vs post-load values and large-for-gestational-age infants and hypertensive disorders of pregnancy after adjusting for maternal characteristics and pharmaceutical intervention in gestational diabetes pregnancies.

Results: Among 257 547 pregnancies, 208 344 (80.9%) had negative 50-g glucose challenge tests, 36 261 (14.1%) had negative 75-g oral glucose tolerance tests, and 12 942 (5.0%) had gestational diabetes based on either elevated fasting plasma glucose (n=4130, 1.6%) or elevated 1-h and/or 2-h oral glucose tolerance test values (n=8812, 3.4%). Large-for-gestational-age and hypertensive disorders of pregnancy rates were 8.1% and 5.1% in negative glucose challenge test pregnancies, 11.0% and 7.0% in negative oral glucose tolerance test pregnancies, 22.4% and 11.9% in gestational diabetes pregnancies with elevated fasting plasma glucose, and 9.1% and 8% in gestational diabetes pregnancies with elevated post-load levels, respectively. Among gestational diabetes pregnancies, those with elevated fasting plasma glucose were at higher risk of large-for-gestational age (adjusted odds ratio 2.66, 95% CI 2.39–2.96) and hypertensive disorders of pregnancy (adjusted odds ratio 1.51, 95% CI 1.33–1.72) outcomes relative to pregnancies with post-load glucose elevations only. Fasting plasma glucose remained significantly associated with adverse outcomes in gestational diabetes pregnancies with and without pharmacological intervention.

Conclusions: Elevated fasting plasma glucose in women with gestational diabetes is a stronger predictor of large-for-gestational-age and hypertensive disorders of pregnancy outcomes than elevated post-load glucose.

Diabet. Med. 37, 114–122 (2020)

Need an update in Diabetes during Pregnancy?

Try The Diabetes and Pregnancy Self-Study Modules which are on sale until February 28, 2020.

GOAL:

The goal of these continuing education modules is to provide clinicians knowledge and guidance to provide high quality, comprehensive, culturally appropriate care for women with diabetes and pregnancy. Successful implementation of these guidelines can help meet legislative, regulatory and clinical practice guidelines.

OVERALL OBJECTIVES:

- ✍ Upon completion of the Continuing Education Modules, the participant will be able to:
- ✍ State the current guidelines for diagnosis and treating diabetes prior to, during and after pregnancy
- ✍ Describe the benefits of a multidisciplinary team approach to care
- ✍ Provide nutritional guidelines for women with diabetes and pregnancy
- ✍ Describe the components of a psychosocial assessment for women with diabetes and pregnancy
- ✍ State the current guidelines for the management of the infant of the mother whose pregnancy was complicated by diabetes
- ✍ Describe the benefits and potential risks of exercise during a pregnancy complicated by diabetes
- ✍ List the maternal and infant benefits of breastfeeding
- ✍ List three factors that place a woman with GDM at increased risk for developing type 2 diabetes later in life

12 MODULES:

- | | |
|--|--|
| 1. Preconception/Contraception - 5 C-Hrs | 7. Maternal/Fetal Assessments 3 C-Hrs |
| 2. Medical Nutrition Therapy - 5 C-Hrs | 8. Intrapartum and Delivery 3 C-Hrs |
| 3. Screening & Diagnosing GDM - 3 C-Hrs | 9. PostPartum/Breastfeeding 3 C-Hrs |
| 4. SMBG - 3 C-Hrs | 10. Neonatal Care 3 C-Hrs |
| 5. Insulin Therapy - 3 C-Hrs | 11. Exercise 3 C-Hrs |
| 6. Maternal Hypoglycemia - 3 C-Hrs | 12. Psychosocial/Cultural Issues 3 C-Hrs |

40 CE or CPEUs Regular Price \$189 - Sale Price \$169 Expires 2/28/2020

WINTER 2020 SPECIAL OFFER

Diabetes in Pregnancy Self-Study Modules

Updated in 2018 - 40 CE / CPEU

\$169 (Save \$20 (Reg price \$189))

**Ordered online, by mail
by emailing ssep1@verizon.net or
calling 800.732.2387**

**Mention "SS Module -
Winter Special Offer"**

Valid through 02/28/2020

**SSEP, PO Box 7447, Chico,
CA 95927,
ssep1@verizon.net or Ph
800-732-2387**

WINNERS of 2019 Member Drawing

Each year SSEP holds a drawing for our Members. There are 5 winners and 5 prizes

The following is a list of the winners and the prizes

1st Place Winner - 2 day registration to the Annual Sweet Success Express Research Conference

Rosie Armendariz - Pampa, TX

2nd Place Winner - Cash prize of \$75

Turusew Gedebu-Wilson - Riverside, CA

3rd Place Winner - Cash Prize of \$50

Jennifer Appleby - DriveLaurel, MD

4th Place Winner - \$50 Gift Certificate For SSEP Products & Services

Susan Benfield - St. Paul, MN

5th Place Winner - \$25 Gift Certificate For SSEP Products & Services

Shannon Santo - Glendale, AZ

Additionally, several door prizes are provided at the annual November Sweet Success Express Research Conference including education materials and a 50% discount for Registration to a SSEP Conference within a year.

For more Benefits and fees for SSEP Membership, see "SSEP Membership" section on page 4.

SSEP MEMBERSHIP BENEFITS

Benefits include:

- ✍️ FREE education product each year (\$25.00+ value)
 - ✍️ Newsletter subscription
- ✍️ Online/phone standard of care consults
 - ✍️ Conference registration discounts
 - ✍️ Discounts on education materials
 - ✍️ Monthly email updates
- ✍️ Name entered in Summer Member Drawing
 - ✍️ Personalized membership card
- ✍️ Membership fee tax deductible to the extent of the law
 - ✍️ Membership fee supports member services

Cost: Individual - \$65/yr
Organizational - \$175/yr
(Includes 3 members)

For more info visit

www.sweetsuccessesexpress.org

on the **Products Page** or see **Order Form** on page 3
This is your invitation to Join

Or email ssep1@verizon.net for more information

Guidelines at a Glance for Preexisting DM - 2018

Now available for purchase - See Order Form on page 3 or at www.sweetsuccessesexpress.org - on products page

Item #1002 - still only \$25

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>.

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.sweetsuccessesexpress.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/>.

NOW AVAILABLE

Sweet Success Food Guides

**Patient hand out - color coded pictorial food groups
Personalized meal plan for meals and snacks
Easy for patient teaching & use - in English & Spanish**

at \$1/each - minimum order \$25 / \$5 S&H



Looking for diabetes in pregnancy patient handouts?

Check out free downloads for Patient Education from California Diabetes in Pregnancy Program:

www.CDAPPSweetSuccess.org

Click on "Free Patient Education"

Available Handouts: Nutrition, Breastfeeding, Exercise, Contraception, Blood Sugar Levels, Postpartum Nutrition and many more

Support SSEP at No Cost to You

When you shop on Amazon - call up smile.amazon.com and put SSEP as your contribution destination - your transaction doesn't change at all, but SSEP gets a contribution from Amazon.

By clicking on the link below SSEP will automatically be your contribution destination.

<http://smile.amazon.com/ch/34-2044369>

Pass along to friends and let's make the donations grow