

# SSEP Update

(Sweet Success Extension Program)



Spring 2020 - Vol 15 No 2

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## Perinatal Diabetes: Defining Team Management SSEP Associate Training Conference Scheduled for April 23-24, 2020 Has been **POSTPONED** - - Date to be determined



### For Reliable COVID-19 Updates

Federal Resources - Center for Disease Control

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Twitter: @CDC.Gov

## SSEP SUPPORTS COVID-19 CAUTIONS Recognizing Opportunities: Making our Days Count Challenge

How quickly things change. A few weeks ago, it was life as usual – work, school, shopping, social gathering – and now with the COVID-19 pandemic upon us, there is uncertainty everywhere. Most of us are faced with challenges and the need for changes that will forever alter our lives. A famous Albert Einstein saying is, "In the middle of every difficulty lies opportunity." Mohammed Ali is credited with saying, "Don't count the days. Make the days count." This is a difficult time full of change and challenge, but there are many opportunities to make our days count.

You might ask, "What can I do?" One thing we can all do is follow the CDC precautions of cleaning hands often, practice social distance, go out only when necessary, stay home when sick, cover coughs/sneezes, wear face mask when sick clean and disinfect frequently to allow containment to be effective. We are all able to encourage others we communicate with to do the same. We are a strong and resilient group. As health care professional, we are respected leaders in our communities and there are many opportunities in our daily lives to make our days count. As clinicians we have integrity, drive and passion toward reaching our goals. Each small step taken adds to the overall success of our challenge as we provide positive energy to empower change in ourselves and others. Experience shows that small steps taken toward change can produce powerful outcomes.

We understand the need for change when teaching preventive measures. We know making progress is a slow process but if the need for change is heard from all of us it will become a way of life for all. Our individual small acts of encouragement and kindness can make a difference to the world's health.

[www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fprevention.html](http://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fprevention.html)

## Diabetes in Pregnancy Antepartum Care Self-Study Modules are now Available

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More info on Page 5

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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

**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

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## CDC Information: COVID-19 for Pregnancy & Breast feeding

COVID-19 is a new disease and we are still learning how it spreads, the severity of illness it causes, and to what extent it may spread in the United States.

**PREGNANCY:** We do not currently know if pregnant women have a greater chance of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result. Pregnant women experience changes in their bodies that may increase their risk of some infections. With viruses from the same family as COVID-19, and other viral respiratory infections, such as influenza, women have had a higher risk of developing severe illness. It is always important for pregnant women to protect themselves from illnesses. Pregnant women should do the same things as the general public to avoid infection.

We do not know at this time if COVID-19 would cause problems during pregnancy or affect the health of the baby after birth.

**DURING PREGNANCY & DELIVERY:** We still do not know if a pregnant woman with COVID-19 can pass the virus that causes COVID-19 to her fetus or baby during pregnancy or delivery. No infants born to mothers with COVID-19 have tested positive for the COVID-19 virus. In these cases, which are a small number, the virus was not found in samples of amniotic fluid or breastmilk.

**INFANTS:** We do not know at this time what if any risk is posed to infants of a pregnant woman who has COVID-19. There have been a small number of reported problems with pregnancy or delivery (e.g. preterm birth) in babies born to mothers who tested positive for COVID-19 during their pregnancy. However, it is not clear that these outcomes were related to maternal infection.

**BREASTFEEDING:** This interim guidance is intended for women who are confirmed to have COVID-19 or are persons-under-investigation (PUI) for COVID-19 and are currently breastfeeding. This interim guidance is based on what is currently known about COVID-19 and the transmission of other viral respiratory infections. CDC will update this interim guidance as needed as additional information becomes available. For breastfeeding guidance in the immediate postpartum setting, refer to [Interim Considerations for Infection Prevention and Control of 2019 Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#).

**Transmission of COVID-19 through breast milk:** Much is unknown about how COVID-19 is spread. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza (flu) and other respiratory pathogens spread. In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however we do not know whether mothers with COVID-19 can transmit the virus via breast milk.

**Guidance on breastfeeding for mothers with confirmed COVID-19 or under investigation for COVID-19:** Breast milk is the best source of nutrition for most infants. However, much is unknown about COVID-19. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers. A mother with confirmed COVID-19 or who is a symptomatic PUI should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow [recommendations](#) for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant.

Read CDC's full information about COVID-19 for pregnancy & breast feeding at:

[www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html](http://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html)

[www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant-women-and-children.html](http://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant-women-and-children.html)

## American Diabetes Association (ADA) & CDC Info for COVID-19 & Diabetes

**DIABETES:** The CDC has determined that COVID-19 is a serious public health threat—and older adults and people with serious chronic medical conditions, including diabetes, are at a higher risk of experiencing complications and getting very sick from it.

[Read more from the CDC](#)

### People with diabetes are not more likely to get COVID-19 than the general population.

The problem people with diabetes face is primarily a problem of worse outcomes, not greater chance of contracting the virus. In China, where most cases have occurred so far, people with diabetes had much higher rates of serious complications and death than people without diabetes—and generally we believe that the more health conditions someone has (for example, diabetes and heart disease), the higher their chance of getting serious complications from COVID-19. While the death toll is likely to rise as the virus spreads, we expect the death rate—the number of people who die from the virus as a percentage of the total number of people who contract the virus—to go down as we get better at detecting and treating this specific virus.

### People with diabetes do face a higher chance of experiencing serious complications from COVID-19.

In general, people with diabetes are more likely to experience severe symptoms and complications when infected with a virus. If diabetes is well-managed, the risk of getting severely sick from COVID-19 is about the same as the general population.

When people with diabetes do not manage their diabetes well and experience fluctuating blood sugars, they are generally at risk for a number of diabetes-related complications. Having heart disease or other complications in addition to diabetes could worsen the chance of getting seriously ill from COVID-19, like other viral infections, because your body's ability to fight off an infection is compromised.

Viral infections can also increase inflammation, or internal swelling, in people with diabetes. This is also caused by above-target blood sugars, and both could contribute to more severe complications.

When sick with a viral infection, people with diabetes do face an increased risk of DKA (diabetes ketoacidosis), commonly experienced by people with type 1 diabetes. DKA can make it challenging to manage your fluid intake and electrolyte levels—which is important in managing sepsis. Sepsis and septic shock are some of the more serious complications that some people with COVID-19 have experienced.

### The risks are similar for people with type 1 and type 2 diabetes.

In general, we don't know of any reason to think COVID-19 will pose a difference in risk between type 1 and type 2 diabetes. More important is that people with either type of diabetes vary in their age, complications and how well they have been managing their diabetes.

People who already have diabetes-related health problems are likely to have worse outcomes if they contract COVID-19 than people with diabetes who are otherwise healthy, whichever type of diabetes they have.

Read ADA and CDC's full information about COVID-19 for diabetes at:

[www.diabetes.org/diabetes/treatment-care](http://www.diabetes.org/diabetes/treatment-care)

[www.diabetes.org/diabetes/treatment-care/planning-sick-days/coronavirus](http://www.diabetes.org/diabetes/treatment-care/planning-sick-days/coronavirus)

[www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html](http://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html)



GUIDELINES-AT-A GLANCE

\*Quick references CD or Flash drive

- #1001 - \$25 - For GDM 2018: 66-pages summarizing key points for GDM management.\*
#1002 - \$25 - For Pregnancy Complicated by Preexisting Diabetes 2018: 60-pages Key points for managing preexisting diabetes during pregnancy.\*
#1003 - \$25 - For Medication Management 2017: 29-pg instructions for calculating and adjusting insulin injections; pumps/ oral meds. Includes insulin calculation practice sections.\*
#1023 - \$60 - Complete Set of 3-G-Lines-SAVE \$15/set\*
#1051 - \$35 - Diabetes & Reproductive Health Resource Manual 2016 - Over 150 health education, nutritional and psychosocial tools for patient and professionals. Useful for patient teaching and staff training. Purchaser may print and personalize for your program's use.

Membership Programs

- #1101 - \$65/yr - Individual Membership -1 member.
#1102 - \$175/yr - Organizational Mbrshp. -3 mbrs. at 1 facility
BENEFITS: Newsletter; Conference/Ed material discounts; Online standards of care 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

Patient Handouts

- #1201- Sweet Success Food Guide - English
#1202- Sweet Success Food Guide - Spanish
\$1/ea - Minimum order: 25 - Sample of each / \$5 S&H
Color coded pictorial food groups patient handouts with labeled portion along with a personalized meal plan for meals and snacks for easy use. Reproduces with permission from CDAPP Sweet Success.

Teaching PowerPoint Presentations - \*CD or Flash Drive
#1501 - \$25 - 2016 - Tests for Screening and Diagnosis for 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 2017
Part 1: Insulin Injections & Part 2: Insulin Pump Therapy. Includes insulin analogues, calculating & adjusting insulin for both injections and pump use during pregnancy.\*

PATIENT HANDBOOKS

- #1601 Eng / #1602 Sp - GDM Patient Handbook 2016
28 pgs - diabetes, pregnancy, testing, labor/delivery, breastfeeding and followup.
#1603 Eng - 2015/ #1604 Sp - 2012 - Type 2 DM in Preg. Pt. Handbook. 44 pgs - before/during/after pregnancy.
#1601-04: Average (5th - 6th grade) reading level.
Mix & Match - GDM/Type 2/Eng/Sp
< 10 = \$3.50/ea 50-199 = 2.75/ea
10 - 24 = \$3.25/ea >200 = 2.50/ea
25- 49 = \$3/ea

#1301 - SSEP SELF-STUDY SERIES CE COURSES

Available Online - UPDATED- 2018

Includes Guidelines at a Glance for GDM 2018; Links to Current ADA Recommendations & CDAPP 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-Medication Management
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
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#1302 - Diab in Preg Antepartum Care Sels Study

Self-Study Modules - UPDATED- 2020

Includes Guidelines at a Glance for GDM 2018; Links to Current ADA Recommendations & CDAPP Guidelines for Care 2015

5 Hours

- 02- Medical Nutrition Therapy
04-Self-monitoring Blood Glucose
05-Medication Management
06-Hypoglycemia
07-Maternal/Fetal Assessment
11-Exercise

Set of 6 modules [20 hrs] - \$149

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#1401 - FREE - SSEP - SWEET SUCCESS ASSOCIATE

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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 neither SSEP nor PEC has commercial conflict of interest.

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Registered Dietitians/Dietetic Technicians: Registered: The 12 SSEP Self Study Modules have been approved by the Commission on Dietetic Registration for up to 20 or up to 40 CPEUs for RDs and DTRs. Qualifies for CDE Renewal.

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SSEP ORDER FORM

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## Undiagnosed Type 2 Diabetes during Pregnancy is Associated with Increased Perinatal Mortality: a Large Population-Based Cohort Study in Ontario, Canada

D. Lee<sup>1</sup>, G. L. Booth<sup>1,2,3,4,5</sup>, J. G. Ray<sup>1,2,3,4</sup>, V. Ling<sup>3</sup> and D. S. Feig<sup>1,2,3,6,7</sup>

1-Department of Medicine, University of Toronto, Toronto, Ontario, Canada, 2-Institute of Health Policy, Management, and Evaluation, University of Toronto, Toronto, Ontario, Canada, 3-ICES, Toronto, Ontario, Canada, 4-Keenan Research Centre, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Ontario, Canada, 5-Division of Endocrinology and Metabolism, St. Michael's Hospital, Toronto, Ontario, Canada, 6-Division of Endocrinology and Metabolism, Department of Medicine, Sinai Health System, Mount Sinai Hospital, Toronto, Ontario, Canada and 7-Lunenfeld Tanenbaum Research Institute, Sinai Health System, Mount Sinai Hospital, Toronto, Ontario, Canada

Accepted 23 January 2020

### Abstract

#### Aim:

To compare perinatal outcomes in women with undiagnosed diabetes with gestational diabetes alone, pre-existing diabetes and women without diabetes, and to identify risk factors which distinguish them from women with gestational diabetes alone.

#### Methods:

This population-based cohort study included administrative data on all women who gave birth in Ontario, Canada, during 2002–2015. Maternal/neonatal outcomes were compared across groups using logistic regression, adjusting for confounders. A nested case control study compared women with undiagnosed type 2 diabetes with women with gestational diabetes alone to determine risk factors that would help identify these women.

#### Results:

Among 995,990 women, 68,163 had gestational diabetes (6.8%) and, of those women with gestational diabetes, 1772 had undiagnosed type 2 diabetes (2.6%). Those with undiagnosed type 2 diabetes were more likely to be older, from a lower income area, have parity > 3 and BMI ≥ 30 kg/m<sup>2</sup> compared with gestational diabetes alone. Infants had a higher risk of perinatal mortality (OR 2.3 [1.6–3.4]), preterm birth (OR 2.6 [2.3–2.9]), congenital anomalies (OR 2.1 [1.7–2.5]), neonatal intensive care unit admission (OR 3.1 [2.8–3.5]) and neonatal hypoglycaemia (OR 406.0 [357–461]), which were similar to women with pre-existing diabetes. The strongest predictive risk factors included early gestational diabetes diagnosis, previous gestational diabetes and chronic hypertension.

#### Conclusions:

Women diagnosed with gestational diabetes who develop diabetes within 1 year postpartum are at higher risk of adverse pregnancy outcomes, including perinatal mortality. This highlights the need for earlier diagnosis, preferably pre-pregnancy, and more aggressive treatment and surveillance of suspected type 2 diabetes during pregnancy.

Diabet. Med. 00, 1–9 (2020)

## BREASTFEEDING MAY REDUCE TYPE 2 DIABETES RISK AMONG WOMEN WITH GESTATIONAL DIABETES, NIH STUDY SUGGESTS - Feb. 14, 2020

CONTACT: Robert Bock or Meredith Daly, 301-496-5134, e-mail:[nichdpress@mail.nih.gov](mailto:nichdpress@mail.nih.gov)

**WHAT:** The longer a woman with gestational, or pregnancy-related, diabetes breastfeeds her infant, the lower her risk for developing type 2 diabetes later in life, suggests an analysis by researchers at the National Institutes of Health and other institutions. The study was conducted by Cuilin Zhang, M.D., Ph.D., of NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), and colleagues. It appears in *Diabetes Care*.

In addition to health risks for mothers and babies, gestational diabetes [www.nichd.nih.gov/newsroom/news/051619-maternal-health-research-advances/slide3](http://www.nichd.nih.gov/newsroom/news/051619-maternal-health-research-advances/slide3) increases the risk for type 2 diabetes [www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes/type-2-diabetes](http://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes/type-2-diabetes) 10 to 20 years after pregnancy. Type 2 diabetes increases the risk for heart disease, stroke and other health problems.

The researchers analyzed data from the Nurses' Health Study II [www.nurseshealthstudy.org/](http://www.nurseshealthstudy.org/), a long-term study of risk factors for chronic diseases in women. Of more than 4,000 women in the study who had gestational diabetes, 873 developed type 2 diabetes over the course of 25 years. Compared to women with gestational diabetes who had not breastfed, those who breastfed for six to 12 months were 9% less likely to develop type 2 diabetes, those who breastfed for one to two years were 15% less likely, and those who breastfed for more than two years were 27% less likely.

The researchers suggested that clinicians may want to encourage patients with gestational diabetes to breastfeed if they are able to, to potentially reduce their type 2 diabetes risk.

The analysis was funded by NICHD with additional support from NIH's National Institute of General Medical Sciences.

**WHO:** The study's senior author, Cuilin Zhang, M.D., Ph.D., of the NICHD Epidemiology Branch, is available for comment.

**ARTICLE:** Ley, SH. Lactation duration and long-term risk for incident type 2 diabetes in women with a history of gestational diabetes mellitus. *Diabetes Care*. 2019. <<https://doi.org/10.2337/dc19-2237>>.

This NIH News Release is available online at: [www.nih.gov/news-events/news-releases/breastfeeding-may-reduce-type-2-diabetes-risk-among-women-gestational-diabetes-nih-study-suggests](http://www.nih.gov/news-events/news-releases/breastfeeding-may-reduce-type-2-diabetes-risk-among-women-gestational-diabetes-nih-study-suggests).

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## Diabetes in Pregnancy Antepartum Care Self-Study Modules

**GOAL:** The goal of the 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 can help meet legislative, regulatory and clinical practice guidelines.

### OVERALL OBJECTIVES:

- Describe the current antepartum management of gestational and preexisting diabetes during pregnancy
- Describe the benefits of a multidisciplinary team approach to care
- Discuss nutritional guidelines for women with diabetes and pregnancy
- Describe the benefits and potential risks of exercise during a pregnancy complicated by diabetes
- List three factors that place a woman with GDM at increased risk for developing type 2 diabetes later in life

**Explanation of Module Numbering:** By request for a shorter set of modules, this set contains the 6 antepartum module from the full, 40 CE Diabetes in Pregnancy Self-Study Modules (Modules 2,4,5,6,7 & 11)

### 6 MODULES:

- |  |                                       |
|--|---------------------------------------|
| 2. Medical Nutrition Therapy - 5 C-Hrs | 6. Maternal Hypoglycemia - 3 C-Hrs    |
| 4. SMBG - 3 C-Hrs                      | 7. Maternal/Fetal Assessments 3 C-Hrs |
| 5. Insulin Therapy - 3 C-Hrs           | 11. Exercise 3 C-Hrs                  |

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## For Reliable COVID-19 Updates

**Federal Resources - Center for Disease Control**

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

**Twitter: @CDC.Gov**

## 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.sweetsuccessexpress.org](http://www.sweetsuccessexpress.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/>.

## 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>

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