This issue of the SSEP Update newsletter is dedicated to Deborah A. Rice, SSEP Office Manager from Jan. 2000 to April 2015.

Debby loved her work with SSEP, especially the conferences across the nation where she met and worked with many wonderful people. She especially loved the annual research conference held in California each November, and was already preparing for this year’s event when she became ill in April. Each year she commented how much she was looking forward to this conference and how much she appreciated everyone that supports the SSEP activities.

She was a kind, compassionate and a very giving person. If she could send us a message now, I know it would be to be patient and kind, be true to yourself, and live life to the fullest.

Debby was my daughter. A kidney infection that led to septicemia took her from us much too soon.

She is survived by her husband, son, father, mother, many other relatives and lots of friends. She loved life and she will live in our hearts forever.

by M. Joann Henry

Sweet Success Express: Vision for the Future
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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.

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Embassy Suites Anaheim South, CA
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NIH Report: MANY NEW MOTHERS REPORT NO PHYSICIAN ADVICE ON INFANT SLEEP POSITION, BREASTFEEDING & OTHER RECOMMENDATIONS

Released on Release: Monday, July 27, 2015 - NIH-funded survey finds consistent advice lacking on infant care recommendations. Many new mothers do not receive advice from physicians on aspects of infant care such as sleep position, breastfeeding, immunization and pacifier use, according to a study funded by the National Institutes of Health.

Health care practitioner groups have issued recommendations and guidelines on all these aspects of infant care, based on research which has found that certain practices can prevent disease and even save lives.

The study authors surveyed a nationally representative sample of more than 1,000 new mothers, inquiring about infant care advice they received from doctors, nurses, family members and the news media.

Roughly 20 percent of mothers said they did not receive advice from their doctors regarding current recommendations on breastfeeding or on placing infants to sleep on their backs -- a practice long proven to reduce the risk of sudden infant death syndrome (SIDS). More than 50 percent of mothers reported they received no advice on where their infants should sleep. Room-sharing with parents -- but not bed-sharing -- is the recommended practice for safe infant sleep.

The study appeared in Pediatrics and was conducted by researchers at Boston Medical Center, Boston University, and Yale University, New Haven, Connecticut.

"Earlier studies have shown that new mothers listen to their physicians," said Marian Willinger, Ph.D., of the Pregnancy and Perinatology Branch at NIH’s Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), which funded the study. “This survey shows that physicians have an opportunity to provide new mothers with much-needed advice on how to improve infant health and even save infant lives.”

African American women, Hispanic women and first time mothers were more likely to receive advice from their physicians than were white women and mothers of two or more children.

"As a physician, these findings made me stop and really think about how we communicate important information to new parents," said the study’s first author, Staci R. Eisenberg, M.D., a pediatrician at Boston Medical Center. "We may need to be clearer about the recommendations and provide parents with more information." When it was given, advice from physicians tended to be consistent with recommendations. However, 10 to 15 percent of the advice given on breastfeeding and pacifier use was not consistent with recommendations, and slightly more than 25 percent was not consistent with recommendations for sleep position or location. Interestingly, of the women who reported physician advice on sleep position that was inconsistent with recommendations, 85 percent reported being advised to place the infant on his or her back and at least one other position -- usually the side (which confers increased risk for SIDS relative to back position). In comparison, of the more than 32 percent of mothers reporting family advice regarding infant sleep position that was inconsistent with recommendations, 51 percent had been told to place infants to sleep on their stomach (stomach sleeping has been associated with the greatest increased risk for SIDS).

Physicians and others in a position to offer advice to mothers may fail to do so because they do not know about recommendations or because they disagree with a recommendation, the study authors wrote. Physicians also may be reluctant to give a recommendation they believe is controversial or one that might lead to a lengthy conversation, especially if they are facing time constraints during busy office hours.

The online version of this news release contains two images.

Image of a mother and child sharing a room:

This NIH News Release is available online at:
Updated 08/01/2015

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A new technology that tracks the electrical activity of the fetal heart offers no advantages over conventional technology in preventing birth complications, according to a new study by the National Institutes of Health.

The technology provides electrocardiogram (ECG) readings of a fetus’s heart during the birth process. An ECG records the heart’s electrical activity -- the signal that spreads from the top of the heart to the bottom, causing the heart to contract and pump blood. ECGs are typically used to detect abnormal heart rates, heart attacks, and other heart problems, but they are not commonly used to monitor fetuses in the United States. Traditionally, physicians have monitored only the fetal heart rate, the pace at which the heart is beating, during labor.

The findings appear in the New England Journal of Medicine. The study’s principal investigators are Michael A. Belfort, M.D., Ph.D, of the University of Utah Health Sciences Center in Salt Lake City when the study began, and now at Baylor College of Medicine, Houston, and George Saade, M.D., of the University of Texas Medical Branch in Galveston.

The new technology is referred to as fetal ST segment analysis, named for the ST interval—the time after a heartbeat, when the heart cannot contract again until the heart cells recover from the electrical impulse that triggered the beat. The idea behind fetal ECG ST monitoring was that additional information about the heart would alert delivery room staff earlier than would heart rate monitoring alone, allowing them to intervene earlier to prevent potential complications.

“Even though a new treatment or technology may appear promising, it really isn’t possible to know whether it provides any benefits unless it’s tested in a research study,” Dr. Reddy said. “Our study didn’t find any benefit for ECG ST monitoring in term births.”