Spring 2007
Volume 5, Issue 1

SWEET SUCCESS NEWSLETTER for DIABETES AND PREGNANCY

Region 1
North Coast Region
(415) 476-9877

Region 2 and 3
Northeast Region
(916) 733-7053

Region 4
Mid-Coastal California Region
(650) 723-5763

Region 5
San Joaquin/Sierra Region
(559) 244-4546

Region 6.1
Miller Children's Hospital Perinatal Outreach Education Program
(562) 595-7930

Region 6.2
Harbor/UCLA Medical Center South Bay
(310) 222-3651

Region 7
Inland Counties Region
(909) 558-3996

Region 8
Orange County Region
(714) 456-6706

Region 9
San Diego & Imperial Counties
(858) 536-5090

Region 10
Kaiser Permanente System-North
(408) 366-4102

Region 11
Kaiser Permanente System-South
(951) 353-3569

This Project is supported in part by funds received from the State of California, Department of Health Services, Maternal, Adolescent and Child Health Branch

Beyond the Numbers: ACOG Addresses Perinatal Depression

Charlene Canger, MFT, LCSW/ Region 4

Raising our awareness and skills in identifying and intervening with perinatal depression has been a major psychosocial thrust this past year in Sweet Success. For years, solid research has been available on depression's negative impact on glucose control, patient self-efficacy, and her ability to fully participate in a diabetes management program. During childbearing years, a woman is susceptible to depression in pregnancy and during the postpartum period. Depression's negative influence affects her overall well-being, and that of her children's with far-reaching psychological and developmental consequences. Yet 80% of cases go unrecognized and only 4% of the total number of patients identified received treatment, a sobering statistic on ACOG's website notes.

ACOG's Website

ACOG 's website notes that the Agency for Healthcare Research and Quality (AHRQ) in collaboration with the Safe Motherhood Group has released a report on screening instruments and the effectiveness of interventions for women suffering from perinatal depression.

ACOG has also been involved with this initiative through the National Prenatal Depression Partnership, a collaborative effort of 50 federal and non-profit organizations developed to address the issues highlighted in the report.

Useful Information

Visiting ACOG's website will significantly assist concerned professionals' desire to increase their

Continued on page 3

An Objective Measurement of Patient Adherence

Susan Rasmussen, RN, CDE and Leona Dang-Kilduff RN, MS, CDE

During a pregnancy with diabetes, a woman's adherence to recommendations can mean the difference between a healthy baby or a baby that ends up in the neonatal intensive care unit or worse. As practitioners, we are expected to look at everything a woman does or does not do and figure out how to fix it in a half hour. With a growing fetus we do not have the luxury of time. So how do we determine who is not adhering to their program and needs intervention. Well Susan Rasmussen and her team developed the Compliance Scale. Even though 'compliance' is not in style. This is the word her medical staff are used to. And change can be difficult. This tool provides measurable objective information regarding a woman's participation in her Sweet Success Program. This scale also provides guidelines on what to do and ask, and when to refer for intervention.

Patient adherence is measured on her third Sweet Success Visit. This delay in utilizing the compliance scale

Continued on page 5

Dare to Dream…A Look at Entrepreneurship
Use the Coach Approach to Enhance Your Client Counseling Outcomes

Jean Caton, MS, MBA, RD

Jean Caton, MS, MBA, RD is chair-elect of the Nutrition Entrepreneurs DPG. This article is a revision from the spring 2006 Ventures Newsletter of the NE DPG. For more information on coaching, Please visit www.nedpg.org

Coaching is a process that supports an individual's desire to change in essentially any area of personal or business life. Among the top reasons people report that they will pay someone to support their efforts to change are money, weight, relationships, and career. This makes the addition of coaching skills to the RD's toolbox a smart decision.
A look at the coach approach:

- Partnership.
- Client is responsible for outcome.
- Client has a need. RD will support client to discover required shift.
- RD spends more time listening, relating, asking powerful questions, and helping client discover a way to become a person who is motivated from within to live a healthy lifestyle.
- Internal drivers.

Shifting to the coach approach from the telling/advising approach is challenging. Time limitations require you to be creative and design innovative strategies to support the client's progress outside of the appointment. Website tools, e-mail, or group teleconferences can extend the reach of your face-to-face counseling.

The Sweet Success the Finished Product

Core Skills of a Coach.
Questioning. Powerful questions are the core of effective coaching. A coach asks questions that move the client forward; she/he does not simply gather information. Good questions are succinct and direct. They provide clarity and focus.
Application: Examples of open-ended questions: How does continuing this behavior/habit/way of eating serve you? What are the consequences of doing nothing?
Relating. Connect with your client. There is not learning without trust. Create a safe environment. You cannot "understand" what it is like to be the client unless you too have walked in their shoes, but you can empathize with the challenges their situation presents.

Application: Avoid stereotyping clients. Don't put them in a BOX; do pay attention to their behavior.
Listening. Active listening is listening beyond words. Pay attention to tone, tempo, word choice, images, and/or analogies.

Application: Use what you hear through active listening to move the client forward. Tell the client if you hear a conflict – 'Let me tell you what I heard.'

Vision and Strategizing. Ask the questions that will get the client dreaming and excited about the vision of what is deep in their heart. Have client talk about goals.

Application: Take time to get the client to the innermost compelling reason to change eating and lifestyle habits.

Your assignment: What one change will you make to incorporate the coach approach into your practice because of reading this article?

⌘⌘⌘⌘

Beyond the Numbers: ACOG Addresses Perinatal Depression

CONTINUED FROM PAGE 1

understanding of perinatal depression, develop their screening skills in using the Edinburgh Depression Scale (EPDS), and expand their knowledge of available resources for diverse ethnic populations. Typing in "perinatal depression" in the search area links the user to a training curriculum for www.perinataldepression.org developed by Virginia Department of Health and an expert panel of public and private providers, professional organizations (AAP, AAFP,APA, AWHONN) and consumers. The goal of the learning modules is to "enhance the quality of perinatal mental health services and increase the capacity of the healthcare system to identify and treat perinatal patients". CME's are also offered upon completion of the modules.

Content of the Online Curriculum

Topics in the learning modules include:

- Overview of perinatal depression
- Impact of perinatal depression on fetus/baby, women, & family
- Barriers to identification and treatment of perinatal depression (including culture)
- Tutorial for the Edinburgh Postnatal Depression Scale (EPDS) & case studies
- Treatment options
- Resources for families

Resources for Healthcare Providers and Patients

The website of www.perinataldepression.org also lists other relevant websites, organizations, literature, and screening tools for professionals and families. The list is quite comprehensive although some are specific to Virginia. The Antenatal EPDS can be downloaded in various languages from this site. Another comprehensive website is www.mhcs.health.nsw.gov.au or the Multicultural Health Communication Service for New South Wales. There is a wealth of patient information for a multitude of important topics, although some are again locale specific. The Edinburgh Postnatal Depression Scale (EPDS) can be downloaded in several languages including Chinese, Vietnamese, Hindi, Tagalog, and Spanish (I did so successfully).

☹ ☹ ☺ ☹ ☹ ☺

Considerations for Continuous Subcutaneous Insulin Pump Therapy: Before and During Pregnancy

Trudy Theiss M.S.,R.D.,CDE

HOW TO

Give an individualized meal plan.

Calculate Calories for the meal plan using the DRI equations for women, plus extra Calories for pregnancy needs in the second and third trimesters.

Take a detailed diet history and interview the woman regarding:

a) food choices
b) eating habits
c) work schedule
d) activity and planned exercise
e) current insulin doses and injection routine
f) patient's understanding of DM self care, insulin activity and the relationships between insulin doses and carbohydrate intake.

Assure the woman that Calories will be adjusted as needed to prevent weight gain (if preconception) and to achieve appropriate weight gain if pregnant. Use urine ketone testing to evaluate adequacy of the meal plan, and, of course, if there are persistent blood glucose elevations and potential onset of DKA.

Warn the woman that improved blood glucose control can result in unwanted weight gain. The woman who has been in poor blood glucose control just prior to achieving euglycemia may be accustomed to eating lots of extra Calories. Discuss how Calories are lost in the urine when blood glucose levels are high. If her diet stays the same, she will gain weight as her blood glucose control improves. She may need to eat less to prevent unwanted weight gain as her blood glucose control improves. With optimal insulin/diet and blood glucose management, there will be minimal or no lost Calories in the urine. If the woman follows here meal plan, her weight should

Continue on page 4

Considerations for Continuous Subcutaneous Insulin Pump Therapy: Before and During Pregnancy

Continued from page 3

be manageable.

Optimally it is best to start pump therapy preconception. Always start with the lowest calculated basal insulin rates and boluses, and titrate insulin doses as needed to achieve optimal blood glucose control. This is always a more relaxed process if the woman is preconception, since it is less necessary to achieve rapid euglycemia. There are also no negative influences or discomforts of pregnancy. Just the same, the woman who decides to choose insulin pump therapy after becoming pregnant can very successfully convert to using an insulin pump instead of multiple daily injections. Be sure to calculate insulin needs based on gestational age (0.6u/kg for pre pregnancy; 0.7u/kg for 2-16 weeks: 0.8u/kg for 16-26 weeks; 0.9u/kg for 26-36 weeks; 1.0u/kg for 36-40 weeks). Be very cautious about low blood glucose between 8-15 weeks gestation when insulin needs transiently dip.

Overly aggressive start-up insulin doses can cause excessive weight gain due to resulting hypoglycemia and the extra Calories needed to treat low blood glucose levels. Low blood glucose reactions can be very discouraging and sometimes frightening to the woman and she might give up on insulin pump therapy before she really gets started.

Slight deviation from the Sweet Success medical nutrition therapy protocol is OK. Snacks are not always mandatory. In fact, it is easier to set basal rates if no snacks are included initially. Once basal and bolus insulin doses are set, snacks can be added in when desired and as needed. Since a major focus of pump therapy is on carbohydrate counting, focus on food groups and appropriate nutrient intake can be overlooked.

Discussion of food guides for women and instruction on getting all the necessary nutrients will need to be a priority when designing the meal plan. Continuous attention should be given to evaluation of food records for nutrients as well as carbohydrates. The woman will need to include all recommended foods over the course of the day. Structure the meal plan to include 130 grams of total daily carbohydrate preconception and 1st trimester. Increase to $\geq$ 175 grams of carbohydrate in the second and third trimesters.

Carbohydrate counting will be of primary importance so that the appropriate insulin-to carbohydrate ratios can be established. Carbohydrate counting and blood glucose monitoring are key to establishing these ratios. Ratios can be different for different meals during the day. Once established, ratios can be programmed into the pump so that variable pre meal and pre snack boluses can be calculated for each meal and snack (based on carbohydrate intake).

Allow the patient to be involved in the design of her meal plan. Agree on what will work. Encourage the woman to measure foods and read labels. Those women who have had diabetes for many years are often resistant to measuring foods, but this re-training can prove to be a valuable and sometimes surprising exercise.
Emphasize consistency, especially at the start. Assure each patient that a strict regimen at the start will allow for more flexibility later.

Establish target blood glucose levels …individualize. (Use the targets in the Sweet Success Guidelines for Care as a guide).
Check basal rates. This may require skipping some snacks and waiting at least 5 hours between food consumption during the day. It also requires checking the blood glucose levels at midnight and 3 am.

Establish the total daily insulin dose. Use available formulas based on weight, but also consider current insulin doses if the woman is insulin resistant and is in good control prior to a pump start. The current daily dose should be decreased by 25% if the woman is on multiple daily injections. Remember to always start with the lowest calculated insulin dose and increase as needed. Evaluate carbohydrate intake and establish bolus doses based on the glucose response to food. Establish insulin-to-carbohydrate ratios. Calculate a sensitivity factor for correction insulin doses based on the woman's total daily insulin dose (use the 1700 rule). Divide the total daily dose by 1700. Program "insulin on board" (this

Continued on page 5

Considerations for Continuous Subcutaneous Insulin Pump Therapy

From page 4

will usually be 3-4 hours if using an insulin analog in the pump).

Teach the patient self care skills.

Teach clear and detailed record keeping skills. Teach the woman to record times of meals, times of taking food and correction boluses, and times of blood glucose tests.

Communicate daily with the patient in the beginning.

As the woman learns to work with her own sensitivity to carbohydrate, she will become an expert in matching insulin doses to meals of any size and composition. Based on the programmed information of the woman's specific needs, the pump will suggest "compensatory" insulin boluses whenever the woman experiences unexplainable blood glucose elevations. The pump will keep track of insulin that is still circulating (insulin-on-board) and make suggestions for adjustments. The new pumps will subtract insulin from a recommended dose to compensate for low blood glucose levels or if there is still extra active insulin on board.

An understanding of insulin peaks and lag periods of insulin action is essential for those assisting patients with blood glucose management. Other essentials are to know how different foods, stress and exercise impact blood glucose level. These factors cannot be ignored.

Exercise should be worked into the picture once basal rates and bolus doses are established.

All team members can learn a part and assist the patient with decisions about insulin pump therapy.

An Objective Measurement of Patient Adherence

from page 1

is to give women time to assimilate the complex information and treatment recommendations required by their Sweet Success program. Many women require repeated clarification and re-education. The learning process is impacted by a woman's education level, learning barriers, language, culture and so on.

The following criteria will be evaluated on every visit thereafter, and will be communicated to the healthcare provider via the visit record. The point system scale is simply 1 for yes, 0 for no.

- Keeps appointment as scheduled
- Self monitoring blood glucose testing as instructed
- Records blood glucose results and dietary intake in record book with 80% accuracy
- Follows meal plan as instructed
- Exercising as instructed, and as approved by referring healthcare provider.

*If the patient is on Insulin and/or oral medication for glycemic control, add

- Takes medication as directed

Our Goal is for compliance = 80% or better. Patient scores 1 for yes, which means ≥ 80% of the scores are yes. Again they score 0 for a no. (see the chart in next column).

Scoring patient adherence

Without meds	Points	On Insulin/ meds
--	6 points	100%
100%	5 points	84%
80%	4 points	67%
60%	3 points	50%
40%	2 points	34%
20%	1 point	17%

Compliance Scale - Parameter Definitions

1. Keeps appointments

a. Weekly appointments
   i. Patients on medication for glucose control
   ii. Unstable blood sugars and/or weight gain
   iii. As requested by Sweet Success Team

b. Every two weeks
   i. Stable GDM not on medication
   ii. Stable preexisting diabetics, demonstrating greater than 80% compliance, being managed by an Endocrinologist and/or referring MD other than Sweet Success Perinatologists

c. Criteria for Measurement
   i Keeps 80% of appointments scheduled, demonstrating a pattern of appointment adherence
   ii Count reschedules and no shows

Continued on page 6

An Objective Measurement of Patient Adherence

Continued from page 5

Parameter Definitions: (continued)

iii Accumulative score, and rescored with every visit

**Hospitalized patients are excluded

2.Self monitoring blood glucose testing

a. Tests with accuracy 80% of the time
   i. Number of tests per day
   ii. Timing of tests

3. Self monitoring blood glucose test results and documents dietary intake in food record

b. With 80% accuracy

4. Follows meal plan

a. Verbalizes understanding of meal plan
b. Follows meal plan with 80% accuracy.
c. Weight gain or loss
   i. Not more than 1-2 lbs. per week
   ii. Greater than 6.5 lbs. weight gain per month is excessive and
   iii. less than a 2 lbs. gain per month in 2nd and 3rd trimester, unless
   iv. BMI is greater than 29

5. Exercise

d. As directed by Sweet Success Team, and approved by referring healthcare provider.
e. If exercise is contraindicated by healthcare provider, the criteria measured becomes non applicable and the p

6.Takes medication as directed patient scores 1.

Overall Compliance and Outcome Data

As part of the outcome data collection process, the total scores of all compliance scale ratings will be averaged and documented on the outcome data collection sheet.

*If the patient refuses medication, as per Sweet Success/MD recommendations, she does not qualify for compliance measurement. She scores zero for her total score. If the patient agrees to a return visit, implement the plan of action for an overall **score of 2** or 3 or less. Persistent refusal of medication may require discharge from service.

*If the referring healthcare provider chooses not to use the Sweet Success Guidelines of care for medication management the patient will be transferred back to the referring physician for follow up. Provide the referring healthcare provider with Sweet Success educational materials and resources, to better orient him or her to the Guidelines of Care. Remain available to the patient and physician to answer questions and clarify recommendations. Continue to provide the patient with dietary consultation and injection/medication instruction on an as needed basis. Remain a resource to both.

Action Plans:

Based on the patient's total score, one of the following action plans shall be implemented:

#1 - Score of 4 or better:

- ✓ No action required
- ✓ Provide positive reinforcement and encouragement
- ✓ Continue current regimen
- ✓ Document on the visit record; communicate to healthcare provider

#2 - Score of 2 or 3 points

- ✓Assess changes in life stressors
- ✓Assess for:
  - Fabricated records
  - Disordered eating patterns
- ✓Comes to appts. without bringing meter
- ✓Have patient return demonstration of:
  - Meter use and calibration
  - Verbal demonstration of Meal Plan
    - Define food groups, recognition of food pictures
  - Insulin use- Return demo of device
    - Repeat self injection of sterile water
- ✓Interview patient to determine any changes that may be hindering adherence. Include the following in this assessment:
  - Disability, Illiteracy
  - Financial Stressors
  - Increase in martial or relationship discord
  - Decrease in social supports or resources
  - Difficulties at work
  - Changes in affect, responsiveness, etc. during appointments that persists and is noticeable to staff
  - Cultural/Family influences
  - Housing
  - Support Network
  - Transportation
  - Fear of Insulin
- ✓Have patient complete the 'Lend A Hand' Interim Stress Check

Continued on page 7

An Objective Measurement of Patient Adherence

Continued from page 6

- ✓Have patient complete the Edinburgh Postpartum Depression Screen in the third trimester of pregnancy
- ✓Assess need for referrals to:
  - Social Services
  - Public Health Nurse
- ✓Consider a Toxicology Screen,
  - Patient consent required
  - MD order required
- ✓Develop patient specific goals and tasks to help patient overcome these obstacles.
  - Use small, easily understood 'baby steps' toward meeting these goals. Document in the patient log
- ✓Document on the visit record and missed appointment form
- ✓Communicate to healthcare provider

 # Score of 2 or less

- ✓Same as for 2-3 points, plus:
- ✓Consider recommending hospitalization for stabilization
- ✓ Develop a plan of action in conjunction with the referring healthcare provider
- ✓ Document in the patient record

#4 - Scoring 0 in any parameter, but reaching the overall goal of 4 or greater:

- ✓ Inquire as why the patient is not able to accomplish this task
- ✓ Assess changes in life stressors
- ✓ Develop tasks with this patient to overcome this obstacle
- ✓ Provide positive reinforcement and encouragement
- ✓ Continue current regimen
- ✓ Document in visit record; communicate to healthcare provider

***For more information please contact Susan Rasmussen at* 805-546-7915**
susan.rasmussen@tenethealth.com

★★★★★

SAMPLE of Compliance Addendum Record (modified formatting)

Sweet Success Pregnancy and Diabetes Management Program
Visit Record Addendum – Compliance Needing Improvement

Compliance Scale:

Score	Action Plan #	Percentile

Comment:_____

Without meds	Points	On Insulin/ meds
--	6 points	100%
100%	5 points	84%
80%	4 points	67%
60%	3 points	50%
40%	2 points	34%
20%	1 point	17%

Score of 2-3 points **Score of less than 2 points** **Score of 0 in any parameter**
(Check all that apply)

	Assess for changes in life stressors:
	Assess for:
	Fabricated records
	Disordered Eating Patterns
	Comes to appointments without meter
	Return demonstration of:
	Meter use and calibration
	Verbal demonstration of meal plan
	Insulin Use
	Return demonstration of device
	Repeat self injection
	'Lend a Hand' Stress Check and patient interview
	Referrals to:
	❑ **WIC**
	❑ **Social Services**
	❑ **Public Health Nurse**
	Recommendations:
	❑ **Hospitalization for stabilization**
	❑ **Patient discharge from service**

Additional Comments:

SWEET SUCCESS
NEWSLETTER FOR DIABETES AND PREGNANCY

Table of Contents

Topic	Page
Beyond the Numbers	1,3
An Objective Measurement of Patient Adherence	1,5-7
Dare to Dream	1-2
Considerations for Continuous Subcutaneous Insulin Pump Therapy	3-5
Conferences	8

CALIFORNIA DIABETES AND PREGNANCY PROGRAM

On the web at:
www.llu.edu/llumc/sweetsuccess

Conferences/Events

March 28 - 29, 2007. Diabetes and Pregnancy Affiliate Training, Harbor-UCLA Medical Center - call for info 310. 222-3651

April 17, 2007. Sweet Success Advanced Affiliate Training, San Francisco, CA.
Call 650-498-5347 or email: leonad@stanford.edu

April 19-21, 2007. California Dietetic Association (CDA) Meeting. Oakland, CA For more information go to www.dietitian.org

April 25, 2007. Sweet Success: Diabetes and Pregnancy Affiliate Training; *and* Sweet Success Advanced Training.
Call San Diego at (858) 536-5090 or email: ersimon@ucsd.edu for more information.

June 5 - 6, 2007. Diabetes and Pregnancy Affiliate Training. Long Beach, CA Call 562-595-7930 or email: cfagen@memorialcare.org for more information

June 22 - 26, 2007. American Diabetes Association 67th Scientific Sessions. Chicago, Illinois.
For more information go to: professionaleducation@diabetes.org

August 1 - 4, 2007. American Association of Diabetes Educators. 34th Annual Meeting, St. Louis, Missouri.

November 1-3, 2007. Sweet Success 2007. Sweet Success 2007: Charting a Course for Excellence. Orange, CA For more information go to: www.sweetsuccessexpress.com/conferences.htm

Looking for a Speaker?
Call your California Diabetes and Pregnancy Regional Program. We want to spread the word!!!

The California Department of Health Services is pleased to announce the posting of a more web accessible ***California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today*** and the Plan's summary document. Please visit www.dhs.ca.gov/CAObesityPrevention>www.dhs.ca.gov/CAObesityPrevention