

# MiCMRC Educational Webinar

## Diabetes and Pregnancy



# MiCMRC Care Management Educational Webinar: Enhancing Recognition and Improving Outcomes

*Expert Presenter:*

Kim Lombard, MS, RD, CDE

Public Health Consultant

Diabetes and Kidney Unit

Michigan Department of Health and Human Services





Coming in February

## MiCMRC Care Management eLearning Courses

- Free online lessons
- Learn at your own pace
- Earn CE credit

### Programs MiCMRC Supports

MiCMRC provides training and support for the following statewide Care Management initiatives:

BCBSM Provider-Delivered Care Management

BCBSM PDCM-Specialists

SIM - PCMH Initiative

Comprehensive Primary Care Plus (CPC+)

High Intensity Care Model

### Continuing Education

Select MiCMRC activities offer the opportunity to obtain free CE credits in Nursing or Social Work suitable for Michigan professional licensing requirements. [Click here for more information regarding CE activities...](#)

### MiCMRC Complex Care Management Course

The MiCMRC Complex Care Management course is designed to prepare the healthcare professional for the role of Complex Care Manager. [Read More](#)

### MiCMRC-Approved Self-Management Support Programs

MiCMRC approves Self-Management Support Programs. For a detailed summary listing program objectives, resources, tools, locations and more, [click to view or download the PDF file](#)

### Best Practices

MiCMRC spotlights the innovative care management strategies, techniques and tools being developed by practices throughout Michigan. [Read more...](#)

### Share Your Success Story

MiCMRC wants to hear about and share success stories in care management, team-based care and high intensity care management (HICM). [Click here to share yours...](#)

### Upcoming Webinars

#### MiCMRC Educational Webinar

Wednesday, February 22, 2017 - 2:00pm  
**Introduction to COPD**

Presented by  
Catherine Meldrum, PhD, MS, RN, CCRC

[Webinar Registration](#)

#### MiCMRC Educational Webinar

Wednesday, March 15, 2017 -  
2:00pm

**Team Based Care**

Presented by  
Lauren Yaroch, RN

[Webinar Registration](#)

TEAM-BASED  
CARE

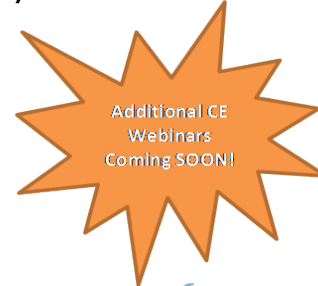
# MiCMRC Recorded Webinars - Earn FREE CE Credit!

- ❖ **What:** MiCMRC recorded webinars offering continuing education contact hours are available for CE credit at no cost.
- ❖ **Who:** CE Credit is available to both Nurses and Social Workers. Webinars are open to all.
- ❖ **When:** Recorded webinars available on demand.
- ❖ **Where:** To view all available recorded webinars and apply for CE Credit

<http://micmrc.org/continuing-ed>

## Recorded Webinars Available for CE Credit

- ❖ **Nonpharmacological Approaches for Depression**
  - Presented by Linda Keilman, DNP, GNP-BC  
\*CE credit available until June 22, 2017
- ❖ **Overview of Current Opioid Use in Michigan**
  - Presented by Catherine Reid, MD Consulting Physician for the Office of Medical Affairs, MDHHS  
\*CE credit available until June 7, 2017
- ❖ **Understanding the Complexities of Cognition**
  - Presented by Linda Keilman, DNP, GNP-BC  
\*CE credit available until April 27, 2017
- ❖ **2015 Updated BEERS Criteria**
  - Presented by Kim Moon PharmD  
\*CE credit available until February 10, 2018



For questions, please submit to [micmrc-requests@med.umich.edu](mailto:micmrc-requests@med.umich.edu)



## Housekeeping: Webinar Toolbar Features

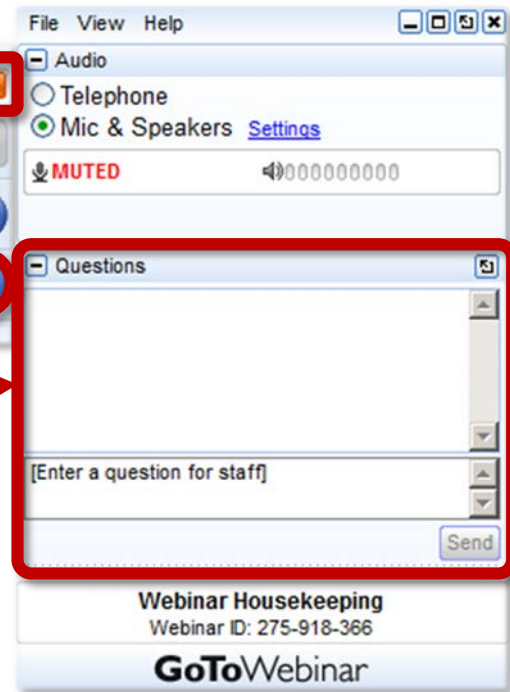
**Collapse Toolbar**



**Raise Your Hand**



**Ask a Question**

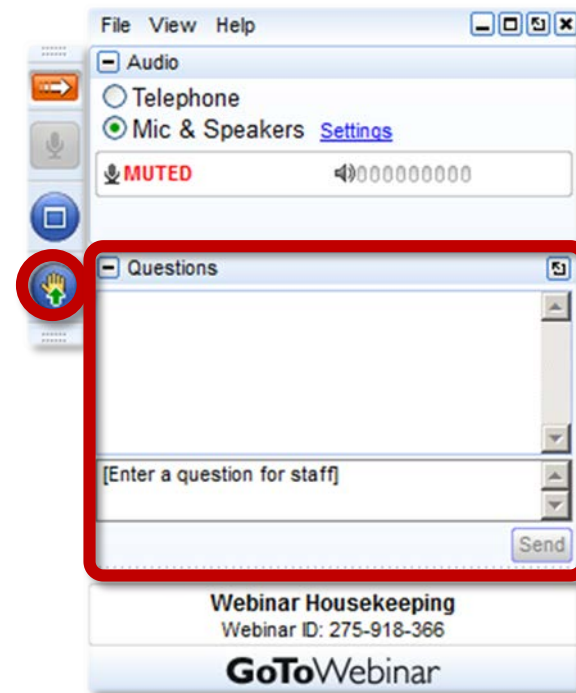


*Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.*

## Housekeeping: Time for Questions

### Your Participation

- Please continue to submit your text questions and comments using the Questions Panel
- Please raise your hand to be unmuted for verbal questions.



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# Diabetes and Pregnancy

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RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

# Objectives

- \* State the importance of good blood glucose control during pregnancy.
- \* Identify foods that have the most impact on blood glucose.
- \* Identify how many meals/snacks a woman with GDM may need each day.
- \* State a time when a referral to DSME is appropriate
- \* Identify where you can locate a DSME/DPP program in Michigan



# Defining GDM

- \* Glucose intolerance – 2<sup>nd</sup> or 3<sup>rd</sup> trimester
- \* 5% (1:20)
- \* Glucose intolerance in 1<sup>st</sup> trimester?

# Impact of Poor BG Control

- \* Larger than normal babies
  - \* Difficult delivery
  - \* Higher risk of C-section
- \* Risk for baby
  - \* Hypoglycemia
  - \* Shoulder dislocation
  - \* Future diabetes risk

# Medical Nutrition Therapy

- \* Research shows MNT is primary intervention in the management of GDM
- \* RD calculates kcal needs, establishes meal plan
- \* Monitors weight changes and adjusts meal plan accordingly
- \* RDs in OB offices or DSME programs

# General Principles of Db Meal Plan

- \* Macronutrient balance
- \* Timing of meals/snacks
- \* Frequency

# Fat

- \* Guidelines are similar to the general population.
- \* 2015 Dietary Guideline changes

# Fat

- \* Limit saturated and trans fat (<7%)
  - \* Butter, sour cream, cream cheese
- \* Polyunsaturated fats (~10%)
  - \* Vegetable oils, salad dressing
- \* Focus monounsaturated
  - \* Most nuts/seeds, avocado

# Fat

- \* Omega-3 fatty acids
  - \* Important for neural and visual development
  - \* 12 oz/week of low-mercury, fatty fish
- \* Most commonly eaten low-mercury fish:
  - \* Shrimp
  - \* Canned light tuna
  - \* Salmon
  - \* Pollock
  - \* Catfish
- \* Impact on blood glucose

# Protein

- \* No increase in protein intake until 2<sup>nd</sup> half
- \* Focus on lean proteins
  - \* Lean ground beef
  - \* Pork loin
  - \* Fish
  - \* 1% cottage cheese
- \* Minimal impact on blood glucose



# Carbohydrates

- \* Macronutrient with the greatest impact
  - \* Does not mean it should be avoided
- \* Carb counting is crucial to BG control
  - \* Some pick up on this faster than others

# What are carbs?

- \* Grains
- \* Beans
- \* Starchy vegetables
- \* Fruit and fruit juice
- \* Milk and yogurt
- \* Sweets

# Finding Carb Information

- \* Label reading
- \* Carb reference book (free)
  - \* [www.novomedlink.com](http://www.novomedlink.com)
- \* Glycemic Index (GI)

# Label Reading

# Label Reading

## Nutrition Facts

Serving Size 1 cup (228g)

Servings Per Container about 2

### Amount Per Serving

**Calories** 250      Calories from Fat 110

### % Daily Value\*

**Total Fat** 12g      **18%**

Saturated Fat 3g      **15%**

*Trans* Fat 3g

**Cholesterol** 30mg      **10%**

**Sodium** 470mg      **20%**

**Total Carbohydrate** 31g      **10%**

Dietary Fiber 0g      **0%**

Sugars 5g

**Proteins** 5g

Vitamin A

10%

# Meal Plan Recommendations

- \* 3 meals and 2-4 snacks
  - \* Why eat so often?
- \* Pregnancy hormones rise
  - \* Effectiveness of insulin blunted
  - \* Individualized to tolerance and preference
    - \* Week of gestation
    - \* Exercise
    - \* Timing of meals

# More Meal Plan Recommendations

- \* Minimum of 175 gms/day carbs and less than 45% of energy
- \* If BG control not adequate medication maybe needed
- \* Pay attention to nutrient composition
  - \* Need balanced intake
  - \* Carb counting can make it easy to lose sight of balance

# Carbs to be Limited

- \* Rapidly absorbed carbs (limit or avoid):
  - \* Sugar, honey, molasses, sugary desserts
  - \* Fruit juice, regular soda, energy drinks, sports drink, sweetened coffee beverages
  - \* Highly processed breakfast cereals, instant noodles



# Recommended Carbs

- \* Slowly digested carbs:
  - \* Old-fashioned oatmeal, whole grain breads, dried cooked beans, lentils
  - \* Fresh fruit (limit to 1 exchange/15 grams) per meal/snack
  - \* Liberal amounts of fresh vegetables
  - \* Milk (1% or fat-free) 4-8 oz per meal/snack

# Breakfast Considerations

- \* Most insulin resistant/most sensitive to carbs
- \* 15-30 grams restriction may be needed
- \* Avoid:
  - \* Instant cereal/ready-to-eat cereal
  - \* Fruit/juice
  - \* Milk
  - \* Bagels and croissants
  - \* Rice porridge (cream of rice)

# Snack Considerations

- \* Both fruit AND milk during the same snack can lead to hyperglycemia
- \* Allow 2-3 hours between meals and snacks (unless medication dictates otherwise)
- \* Snacks should have fewer carbs than lunch and dinner
- \* Recommend bedtime snack of 7 gms protein with 15-30 gms carbs
- \* Bedtime snack and breakfast  $\leq$  10 hours apart

# Other Considerations

- \* Nonnutritive sweeteners
  - \* Aspartame (NutraSweet<sup>®</sup>, Sugar Twin<sup>®</sup>, Equal<sup>®</sup>)
  - \* Acesulfame potassium (Sweet One<sup>®</sup>)
  - \* Saccharin (Sweet'N Low<sup>®</sup>)
  - \* Sucralose (Splenda<sup>®</sup>)
  - \* Neotame (Newtame<sup>®</sup>)
- \* Considered safe during pregnancy within ADI
  - \* [Table of ADI for Sweeteners](#)

# Other Considerations

- \* Stevia based sweeteners
  - \* GRAS list – therefore considered safe in pg
  - \* EXCEPT – insufficient evidence stevia in its whole herb form during pg
- \* Caffeine
  - \* High intakes have been linked to adverse outcomes
  - \* Sensible advice: discourage intake  $\geq$  200 mg/day
    - \* 2-6 oz cup of coffee

# Postpartum Considerations

- \* Women with GDM at increased risk of T2
- \* Breastfeeding can reduce the risk
- \* Postpartum testing
  - \* NEW GUIDELINES – 4-12 weeks
  - \* OGTT not A1c

# Postpartum Referrals

- \* To reduce risk of developing T2
  - \* Diabetes Prevention Program
- \* For those with persistent diabetes (T2)
  - \* Diabetes Self-Management Education
- \* <http://mihealthyprograms.org>

# Who reimburses for the DSME?

## **DSME**

- \* Medicare
- \* Michigan Medicaid
- \* Most private/commercial insurers



# Medicaid Reimbursement Requirements

- \* Accreditation
  - \* American Association of Diabetes Educators
- \* Recognition
  - \* American Diabetes Association
- \* OR
- \* Certification
  - \* Michigan Department of Health and Human Services
  - \* Earned by meeting the 10 National Standards

# Where are the Programs Offered?

## DSME

- \* Medicaid
  - \* Hospitals
  - \* Local health departments
- \* Medicare
  - \* More liberal – for example:
    - \* Community settings
    - \* Senior centers

# What does the benefit look like?

- \* Initial benefit
  - \* 10 hours
  - \* Lifetime benefit
- \* Annual benefit
  - \* 2 hours
- \* Provided in
  - \* 1:1 sessions
  - \* Groups sessions

# Typical Structure

## **DSME**

- \* One 1:1 assessment
- \* 9 hours of group
  - \* Multitude of combinations

# Who are the Facilitators?

## **DSME**

- \* Healthcare professionals
  - \* Nurses
  - \* Dietitians
  - \* Pharmacists
  - \* May/may not be CDEs

# 4 Critical Times for DSME Referral

- \* At diagnosis
- \* Annually
- \* When new factors influence self-management
- \* When transitions in care happen


# Locating a Program

\* <http://mihealthyprograms.org>

# References

- \* [Standards of Medical Care in Diabetes 2017](#)
- \* [CDAPP Sweet Success Guidelines for Care 2015](#)



- 
- \* Kim Lombard
    - \* DSMT Certification Program Coordinator
  - \* Michigan Department of Health and Human Services
    - \* [lombardk@Michigan.gov](mailto:lombardk@Michigan.gov)



\* Thank you!