



# *CDAPP Sweet Success Guidelines for Care*

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## Chapter 1

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## Overview



*Sweet  
Success*

California Diabetes and Pregnancy Program

## **California Diabetes and Pregnancy Program Sweet Success Guidelines for Care**

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# 1 Overview

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# 1 Overview

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## HISTORY OF CALIFORNIA DIABETES AND PREGNANCY PROGRAM (CDAPP) SWEET SUCCESS

CDAPP Sweet Success began as a pilot project in San Francisco in 1982, originally funded by the March of Dimes. Based on the success of that pilot project, the inland counties in southern California became the first CDAPP regional program funded by the federal Title V Block Grant through the California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division.

From 1984 through 2006, the number of CDAPP Sweet Success regional programs gradually expanded to ten. Regional CDAPP staff recruited, trained, supported and retained local CDAPP Sweet Success Affiliates who provided health care services to pregnant women with preexisting or gestational diabetes. Prior to CDAPP Sweet Success, pregnant women with diabetes received minimal intervention. Today, CDAPP Sweet Success Affiliates are widely available across the state, providing care for thousands of pregnant women each year.

CDAPP Sweet Success regional programs were originally established based on the regional perinatal health systems model. The regional program consisted of a multidisciplinary team that ideally included a diabetes nurse educator, a registered dietitian, and a behavior medicine specialist who worked in conjunction with a regional medical director. Due to budget shortfall, funding for ten regional CDAPP Sweet Success programs ended in June 2012. A new statewide CDAPP Sweet Success Resource and Training Center was established starting July 1, 2012 to support and train our CDAPP Sweet Success Affiliates.

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## MISSION OF CDAPP SWEET SUCCESS

The mission of CDAPP Sweet Success is to promote best practices of care for pregnant women who have preexisting or gestational diabetes. CDAPP Sweet Success strives to optimize maternal and neonatal birth outcomes, slow or prevent ongoing diabetes among women with gestational diabetes, and reduce complications of diabetes among women with preexisting diabetes.

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## PURPOSE OF CDAPP SWEET SUCCESS

The purpose of CDAPP Sweet Success is to improve maternal and neonatal birth outcomes through health education and promotion, and disease prevention. The CDAPP Sweet Success Resource and Training Center staff recruit, support, retain and provide resources for the training of Sweet Success Affiliates who provide health care services to pregnant women who have preexisting or gestational diabetes using the *CDAPP Sweet Success Guidelines for Care*. The Resource and Training Center staff assess education and training needs and coordinate efforts to assist local Sweet Success Affiliates to plan, develop and deliver care for pregnant women with diabetes.

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## THE GOALS OF CDAPP SWEET SUCCESS

The goals of CDAPP Sweet Success are to:

1. Promote quality medical management, psychosocial and nutrition interventions for women with diabetes or for women who develop diabetes during pregnancy so their pregnancy outcomes match those of women in the general population with respect to:
  - ❖ Intrauterine growth patterns
  - ❖ Birth defects
  - ❖ Morbidity and mortality of both mother and infant
2. Promote healthy lifestyle changes in order to prevent recurrent gestational diabetes or development of diabetes after pregnancy and to prevent the complications of diabetes among women who have overt diabetes.

The overall CDAPP Sweet Success goals are accomplished by:

- ❖ The CDAPP Sweet Success Resource and Training Center which develops and maintains web-based training and disseminates diabetes resources. The Center provides web-based information to affiliated health care professionals and clinics who provide services to pregnant women with preexisting diabetes or women who develop diabetes while pregnant.
- ❖ CDAPP Sweet Success Affiliates who promote optimal management of diabetes, before, during, and after pregnancy. Affiliates are encouraged to:
  - Use the *CDAPP Sweet Success Guidelines for Care*.
  - Utilize interdisciplinary health care teams to provide preventive and health promoting strategies that are culturally appropriate and research-based.
  - Collect and analyze clinical data for validation of services to patients and for quality improvement (QI) activities.

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## FUNDING

CDAPP Sweet Success Resource and Training Center is a project of CDPH/MCAH. MCAH State Program Consultants for CDAPP Sweet Success, provide direction and oversight in communicating the Title V goals and objectives to the CDAPP Sweet Success Resource and Training Center.

The CDPH/MCAH Division allocates Title V Block Grant Funds to support the work of CDAPP Sweet Success Resource and Training Center in order to accomplish the Program's mission and goals.

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**CDAPP SWEET SUCCESS  
- ROLE OF THE TEAM**

The CDAPP Sweet Success Affiliates care for pregnant women with diabetes using a multidisciplinary team. The team is comprised of various health care professionals, depending on the health care setting, and can include physicians, nurse educators, nurse practitioners, certified nurse midwives, health educators, physician assistants, behavioral medicine specialists (social workers, marriage/family therapists, and clinical psychologists), registered dietitians, and medical assistants. The roles of these team members may overlap in some cases, but all team members work closely with the woman throughout her pregnancy. Team members need understanding of the physiology and management of pregnancies complicated by diabetes as well as experience in educating women about diabetes-related issues.

MCAH provides:

- ❖ Title V federal funding for CDAPP Sweet Success Resource and Training Center.
- ❖ Program Consultants who deliver direction and oversight in communicating the MCAH Title V goals and objectives to the CDAPP Sweet Success Resource and Training Center.

CDAPP Sweet Success Resource and Training Center provides:

- ❖ The *CDAPP Sweet Success Guidelines for Care*.
- ❖ The CDAPP Sweet Success Resource and Training Center Website.
- ❖ The CDAPP Sweet Success materials and brochures to affiliates and providers in electronic formats.
- ❖ Monthly web-based educational trainings for existing and new CDAPP Sweet Success Affiliates.
- ❖ Assistance to affiliates in order to maintain their Memorandum of Understanding (MOU) and inclusion in the online CDAPP Sweet Success Affiliate Directory.
- ❖ Collection of CDAPP Sweet Success Affiliate On-line Annual Surveys including number of clients served.
- ❖ Annual Certificates of Affiliate Status that can be displayed verifying the site has met requirements.
- ❖ An Annual Report to the MCAH Division.

CDAPP Sweet Success Affiliates provide:

- ❖ A health care team knowledgeable about the *CDAPP Sweet Success Guidelines for Care* which utilizes these guidelines in their current practice.
- ❖ Patient management based upon participation in CDAPP Sweet Success training programs.
- ❖ Comprehensive clinical preconception and pregnancy care for women with diabetes.
- ❖ Clinical competency by ongoing participation in monthly educational programs.
- ❖ Data collection about the care they provide to clients in order to self-monitor and evaluate their clinical practices.
- ❖ Feedback and sharing of their goals and plans with the CDAPP Sweet Success Resource and Training Center staff through an annual on-line site survey.



- ❖ Promotion of diabetes awareness in the community and participation in diabetes educational programs.

CDAPP Sweet Success affiliates can be located at:

<http://www.cdappssweetsuccess.org/Affiliates/AffiliateLocator.aspx>

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**AADE7 SELF-CARE BEHAVIORS™ FRAMEWORK**

The American Association of Diabetes Educators (AADE) created a framework known as the AADE7 Self-Care Behaviors™ Model.<sup>1</sup> This AADE7 Self-Care Behaviors™ Framework will be utilized throughout the *CDAPP Sweet Success Guidelines for Care*. It also is listed in the table below:

<b>Table 1 The AADE7 SELF-CARE BEHAVIORS™<sup>1</sup></b>
1. Healthy Eating – Understanding the best times of the day to have meals, controlling portion size and choosing nutritious food for daily snacks and meals
2. Being Active – Important for overall fitness and reduces risk for DM2
3. Monitoring – Including SMBG, blood pressure, urine ketones and weight
4. Taking Medication – Use of medications from oral to injections
5. Problem Solving – Ability to recognize signs and symptoms and make informed decisions
6. Reducing Risks – Keeping up with preventative care such as routine dental, foot and eye exams as well as discontinuing unhealthy habits such as smoking
7. Healthy coping – Psychological and social elements can hinder or motivate a diabetic individual. A diabetes educator should allow a patient the opportunity to express patient fears or anxieties and offer coping mechanisms for things out of their control.

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**FOR MORE INFORMATION**

The *CDAPP Sweet Success Guidelines for Care* are intended to assist members of the health care team to provide optimal health education and care during preconception for women with preexisting diabetes and during pregnancy for women with preexisting diabetes or gestational diabetes mellitus (GDM). They were developed from a careful review of current literature and in collaboration with recognized experts in the field. The authors and editors hope the reader will find these guidelines provide accurate and useful basic-level information about the health care of pregnant women with diabetes. The toolkit is considered a resource, but does not define the standard of care in California. Readers are advised to adapt the guidelines and resources based on their local facility’s level of care and patient populations served and are also advised to not rely solely on the guidelines presented here.



**REFERENCES**

1. American Association of Diabetes Educators. AADE7 Self-Care Behaviors™. American Association of Diabetes Educators Web site. <https://www.diabeteseducator.org/patient-resources/aade7-self-care-behaviors>. September 10, 2015.

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