



CDAPP Sweet Success Guidelines for Care

Table of Contents



*Sweet
Success.*

California Diabetes and Pregnancy Program

California Diabetes and Pregnancy Program Sweet Success Guidelines for Care

**Leona Shields, PHN, MN, NP and
Guey-Shiang Tsay, RN, MSN (Editors)
California Department of Public Health; Maternal, Child and
Adolescent Health Division.**

Suggested Citation

Shields, L and Tsay, GS. Editors, California Diabetes and Pregnancy Program Sweet Success Guidelines for Care. Developed with California Department of Public Health; Maternal Child and Adolescent Health Division; revised edition, updated September 2015.

Funding for the development of this toolkit was provided by:

Federal Title V Block Grant Funding through the California Department of Public Health (CDPH), Center for Family Health (CFH), Maternal, Child and Adolescent Health (MCAH) Division and was used by the Regional California Diabetes and Pregnancy Program, CDAPP Sweet Success to develop the toolkit.

The California Diabetes and Pregnancy Program (CDAPP) Toolkit “CDAPP Sweet Success Guidelines for Care” was reviewed by the California Department of Public Health; Maternal, Child and Adolescent Health Division. 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.

Copyright Information

©2015 California Department of Public Health. Originally published in July 2012, revised and updated September 2015 to reflect additional resource review. The material in this toolkit may be reproduced and disseminated in any media in its original format, without modification, for informational, educational and non-commercial purposes only. A nominal sum to cover costs of reproduction and distribution can be assessed. Any modification or use of the materials in any derivative work is prohibited without prior permission of the California Department of Public Health.



ACKNOWLEDGEMENTS

California Department of Public Health; Center for Family Health, Maternal, Child and Adolescent Health Division would like to thank the authors for their initial drafts and revisions.

Regional California Diabetes and Pregnancy Program (CDAPP) Staff
 Charlene Canger, LCSW, MFT
 Leona Dang-Kilduff, RN, MSN, CDE
 Cathy Fagen, MA, RD
 CDE Kristi Gabel, RNC, MSN, CNS
 Maribeth Inturrisi, RN, MS, CNS, CDE
 Melissa Ortiz, MA, RD, CDE
 Suzanne Sparks, RN, BSN,

CDPH CFH MCAH would like to gratefully acknowledge the contribution and review from the people listed below:

Additional CDAPP members:

D. Lisa Bollman, RNC, MSN	Nancy McKee, LCSW, MSW
Sharmila Chatterjee, MSc, MS, RD	Emmy Mignano, RD, MS, CDE
Jenny Ching, RN, BSN	Jacqueline Masullo, MSW, LCSW
Sara Corder, LCSW	Lily Nichols, RD
Geetha DeSai, MS, RD, CDE	Deidre Paulson, MS, RD
Kay Goldstein, MFT	Sibylle Reinsch, PhD, MFCC
George Knapp, RN, MS	Sadie Sacks, RN, MSN
Katina Krajniak, RN	Melissa Shin, RN, BSN, PHN
Sylvia Lane, PhD, LCSW	Trudy Theiss, RD, MS, CDE
Elaine Lee, MPH, RD, CDE	Susan Yoshimura, RD, CDE
Tracy Lewis, MSW	

CDPH CFH MCAH Division Staff, Sacramento, California:

Flojaune Griffin, PhD, MPH	Sangi Rajbhandari, MPH
Suzanne Haydu, RD, MPH	Karen Ramstrom, DO, MSPH
Janet Hill, MS, RD, IBCLC	Leona Shields, PHN, MN, NP
Maria Jocson, MD, MPH, FAAP	Guey-Shiang Tsay, RN, MSN
Connie Mitchell, MD, MPH	Cheryl Terpak, MS, RDH
Susan Wallace, RN, (MPH student, UC Davis)	

Medical experts:

Kathleen Berkowitz, MD	John Kitzmiller, MD
Barry Block, MD	Siri Kjos, MD
Roger Chene DHS(c), MPH, RD	Sherrie McElvy, MD
Conrad Chao, MD	Thomas Moore, MD
Maurice Druzin, MD	David Sacks, MD
Elizabeth Harleman, MD	Kimberlee Sorem, MD
Lois Jovanovic, MD	

Program support:

Post production resource review for the revised and updated 2015 edition completed by California Diabetes and Pregnancy Program (CDAPP) Sweet Success Resource & Training Center: Tracy Esquivel, BA; Kevin Van Otterloo, MPA; D. Lisa Bollman, RNC, MSN, CPHQ. Original formatting for the 2012 edition by Cynthia Pena MPH, MSW.



Table of Contents

TABLE OF CONTENTS

List of Acronyms.....	10
-----------------------	----

CHAPTER 1: OVERVIEW

History of California Diabetes and Pregnancy Program (CDAPP) Sweet Success.....	1
Mission of CDAPP Sweet Success.....	1
Purpose of CDAPP Sweet Success.....	1
Goals of CDAPP Sweet Success.....	2
Funding.....	2
CDAPP Sweet Success – Role of the Team.....	3
AADE7 Self-Care Behaviors™ Framework.....	4
For More Information.....	4
References.....	5

Table

Table 1. AADE7 Self-Care Behaviors™.....	4
--	---

CHAPTER 2: PRECONCEPTION & INTERCONCEPTION CARE FOR PREEXISTING DIABETES

Introduction to Preconception Care.....	1
CDC’s 10 Healthy Habits for Preconception Health & Health Care.....	1
Family Planning.....	2
Folic Acid Supplementation.....	2
Goals of Preconception Care.....	2
Preconception Care for Preexisting Diabetes.....	3
Self-Management Behaviors.....	7
Healthy Eating.....	7
Being Active.....	7
Exercise Precautions for Women using a Continuous Subcutaneous Insulin Infusion (CSII) Pump.....	8
Monitoring of Blood Glucose.....	8
Self-Monitoring Blood Glucose (SMBG).....	8
Frequency of Testing.....	8
Blood Glucose Targets.....	9
Hemoglobin A1c (HbA1c).....	9
Continuing Glucose Monitoring System.....	10
Use of an Insulin Pump.....	10
Gastroparesis.....	10
Taking Medications.....	10
Hypertension.....	10
Recommendations for Managing Hypertension.....	11

Hyperlipidemia.....	11
Recommendations for Managing Hyperlipidemia.....	11
Preconception Medication Management of Diabetes.....	12
Oral Glucose-Lowering Agents (OGLA).....	12
Insulin	13
Continuous Subcutaneous Insulin Infusion (CSII).....	13
Problem Solving	14
Hypoglycemia	15
Hyperglycemia	15
Reducing Risks.....	16
Healthy Coping.....	16
Summary	16
References	17
Appendix.....	20

Tables

Table 1. Goals of Preconception Care.....	2
Table 2. Medical History	3
Table 3. Assessment, Physical Examination and Labs for Women with Preexisting Diabetes	4
Table 4. Exercise Precautions for Women Taking Glucose Lowering Agents.....	7
Table 5. Frequency of Self-Monitoring Blood Glucose.....	9
Table 6. Target Blood Glucose for Preconception/Pregnancy.....	9
Table 7. Preconception Antihypertensive Medications.....	11
Table 8. Lipid Lowering Interventions and Medications	12
Table 9. Preconception Recommendations for Medications with Type 2 Diabetes.....	14
Table 10. Principals for the Prevention and Treatment of Hypoglycemia.....	15
Table 11. Optimal Conditions for Conception.....	16

Appendix

A - Contraception Options for Women with Diabetes Mellitus.....	20
---	----

CHAPTER 3: MEDICAL MANAGEMENT AND EDUCATION FOR PREEXISTING DIABETES DURING PREGNANCY

Introduction	1
Goal and Objectives of Prenatal Care for Women with Preexisting Diabetes	2
Healthy Eating.....	2
Staying Active	3
Monitoring.....	3
Taking Medications	4
Insulin Management with Preexisting Diabetes	4
Insulin Requirements During Pregnancy.....	4
Types of Insulin	5
Basal.....	5
Bolus.....	5
Insulin Regimens and Delivery Systems.....	6
Intensive Multiple Daily Injections (MDI) (pen or syringe)	6
Insulin Pump (CSII) During Pregnancy.....	7

Trouble Shooting Hyperglycemia Using the Pump-CSII	7
The Problem with CSII.....	7
Problem Solving.....	7
Hypoglycemia Prevention and Management.....	7
Hyperglycemia Management.....	9
Conditions That Increase Insulin Needs.....	9
Sick Days.....	9
Diabetic Ketoacidosis (DKA) Prevention.....	9
Reducing Risk.....	11
Identify, Evaluate and Treat any Diabetic Complication.....	11
Reduce Fetal Morbidity and Mortality.....	16
Healthy Coping and Living with Diabetes.....	17
Planning for Labor and Delivery.....	17
Intrapartum Management.....	18
Timing of Delivery.....	18
Method of Delivery.....	18
Labor and Management of Pain.....	18
Glycemic Control During Labor.....	19
Cesarean Delivery.....	21
Continuous Subcutaneous Insulin Infusion (CSII).....	22
Impact of Cesarean Birth for Women with Preexisting Diabetes.....	22
Postpartum Management of Women with Preexisting Diabetes.....	23
Glycemic Control after Vaginal Birth.....	23
Glycemic Control in the Early Postpartum Period.....	23
Preexisting Diabetes: Postpartum Self Care and Medical Follow-Up.....	24
References	27
List of Appendices	31

Tables and Figures

Table 1. Targets and Self-Monitoring of Blood Glucose for Pregnancy with Preexisting Diabetes.....	3
Figure 1. Insulin Requirements During Pregnancy	5
Table 2. Indications of Hypoglycemia.....	8
Table 3. Diabetic Ketoacidosis (DKA).....	10
Table 4. Prenatal Tests, Evaluation and Rationale for Preexisting Diabetes	12
Table 5. Maternal Tests to Determine Fetal Well-Being.....	16
Table 6. Clinical Actions to Maintain Maternal Euglycemia Using Continuous Intravenous Insulin Infusion (CIII) - Drip for Women with Preexisting Diabetes.....	19
Table 7. Continuous Intravenous Insulin Infusion (CIII) - Drip During Intrapartum and Postpartum Algorithm for Women with Preexisting Diabetes.....	20
Table 8. General Principles of Continuous Subcutaneous Insulin Infusion (CSII) - Pump.....	20
Table 9. Treating Hyperglycemia and Hypoglycemia when NPO for Women with Preexisting Diabetes.....	21
Table 10. Postpartum Self-Care and Follow-Up for Women with Preexisting Diabetes.....	25

Appendices

A - Risk for Major or Minor Congenital Anomaly Based on Periconceptual A1c & Factors that Impact Blood Glucose Levels and A1c Before and During Pregnancy.....	32
B - Changes in Insulin Requirements During Pregnancy	33
C - Suggested Premeal Insulin Correction Algorithm for Patients Using MDI.....	34

**CHAPTER 4: MEDICAL MANAGEMENT AND EDUCATION FOR GESTATIONAL DIABETES
MELLITUS**

Introduction	1
Risk Assessment and Early Screening	1
Initial Prenatal Visit	3
Self-Monitoring of Blood Glucose (SMBG)	3
Timing of Self-Monitoring	3
Medication.....	4
Oral Hypoglycemic Agents (OHA)	4
Glyburide.....	4
Metformin	5
Insulin.....	5
Key Points for Initiating Insulin Therapy	6
Helping Women Prepare for Labor and Delivery	7
Timing of Delivery.....	8
Intrapartum Blood Glucose Control.....	8
Immediate Postpartum Management of GDM	8
Insulin Management	8
Looking Toward the Future	9
Monitor Health Status	10
Encourage Healthy Eating.....	11
Encourage Activity.....	11
Encourage Problem Solving.....	12
Contraceptive Considerations Following a Pregnancy with GDM.....	12
Monitoring Blood Glucose and Taking other Medications	12
Encourage Risk Reduction.....	12
Encourage Healthy Coping.....	13
References.....	14
Appendix.....	18

Tables

Table 1. High Risk Indicators for Early Screen for GDM	1
Table 2. Fetal Complications Due to Poorly Controlled Maternal Blood Glucose	2
Table 3. Blood Glucose Targets During Pregnancy.....	3
Table 4. Glyburide Protocol.....	4
Table 5. Metformin Protocol.....	5
Table 6. Insulin Calculation by Gestational Age and Body Weight for GDM.....	6
Table 7. Labor, Delivery and Postpartum Education for GDM.....	7
Table 8. GDM Protocol for Days 1 - 3 Postpartum.....	9
Table 9. Risk Factors for Recurring GDM	10
Table 10. Postpartum Recommendations for Women with GDM.....	11

Appendix

A - Guidelines for Diagnosis of Hyperglycemia in Pregnancy.....	18
---	----

CHAPTER 5: IMPACT OF MATERNAL DIABETES ON FETAL DEVELOPMENT AND NEONATAL CARE

Introduction	1
Fetal Effects of Maternal Diabetes	3
Diabetic Embryopathy	3
Diabetic Fetopathy	3
Fetal Growth Patterns	3
Fetal Hypoxemia	3
Macrosomia and Large for Gestational Age	4
Birth Defects	4
Congenital Anomalies.....	4
Type 1 Diabetes.....	5
Type 2 Diabetes.....	5
Perinatal Complications	6
Premature Delivery	6
Perinatal Asphyxia	6
Birth Injury.....	6
Intrauterine Growth Restriction.....	6
Neonatal Diabetes-Assessment, Complications, and Management	7
Neonatal Assessment	7
Neonatal Complications	7
Hypoglycemia	7
Signs and Symptoms of Infant Hypoglycemia.....	8
Recommended Feeding Practices for Asymptomatic Infants	8
Treatment for Symptomatic Infants	8
Hypocalcemia.....	9
Hypomagnesemia	10
Respiratory Distress Syndrome	10
Transient Tachypnea of the Newborn.....	10
Polycythemia and Hyperviscosity Syndrome	10
Hyperbilirubinemia	11
Hypertrophic Cardiomyopathy.....	11
Small Left Colon Syndrome.....	12
Renal Vein Thrombosis	12
Post-neonatal Complications/Long-term Sequelae	13
Risk of Developing Diabetes	13
Neurodevelopmental Outcomes	13
Facilitation of Family Communication and Support.....	14
Psychological Impact of Abnormal Fetal Imaging and Parental Response.....	14
Guidelines for Counseling Parents Facing Abnormal Prenatal Ultrasound	
Findings	15
Guidelines for Counseling Parents of Infants with Abnormalities During the	
Postnatal Period.....	15
Counseling Parents About the Newborn’s Diabetes Risk.....	16
References	17

Tables

Table 1.	Risk Ratios of Deleterious Effect of Poor Glycemic Control of Type 1 Diabetes.....	1
Table 2.	Perinatal Mortality and Neonatal Morbidity in Infants of Diabetic Mothers.....	2
Table 3.	Congenital Anomalies Associated with Infants of Diabetic Mothers.....	5

CHAPTER 6: EXERCISE

Introduction	1
Benefits and Potential Risks of Exercise	1
Physiological Changes During Pregnancy and Exercise	2
Cardiovascular Changes	2
Maternal Blood Flow Changes	2
Fetal Responses to Maternal Exercise	3
Metabolic Changes	3
Musculoskeletal Changes	4
Thermoregulatory Changes.....	5
Maternal Thermoregulatory Control.....	5
Fetal Thermoregulatory Control.....	5
Decrease in Exercise Performance During Pregnancy.....	5
Pre-Exercise Evaluation	6
Exercise Recommendations	6
Preconception	6
Exercise During Pregnancy	7
Exercise Considerations	9
When to Exercise/When to Avoid Exercise	10
Special Considerations for Women Using Insulin.....	10
Balancing Snacks, Insulin and/or Oral Hypoglycemic Agents.....	10
Precautions and Safety Considerations	11
Postpartum Exercise.....	12
References	13
Appendices	15

Tables

Table 1.	Maternal and Fetal Benefits and Potential Risks of Exercise During Pregnancy	1
Table 2.	General Preconception Exercise Guidelines for a Woman with Preexisting Diabetes	7
Table 3.	Prenatal Exercise Guidelines for a Woman with Diabetes	8
Table 4.	Blood Glucose Value and Carbohydrate Needs for Physical Activity During Pregnancy for Women with Preexisting Diabetes.....	9

Appendices

A - Suggested Strengthening Exercises for a Pregnant Woman with Diabetes	15
B - Appropriate Modes of Exercise for Pregnancy Complicated by Diabetes.....	16

CHAPTER 7: MEDICAL NUTRITION THERAPY

Introduction	1
Medical Nutrition Therapy for Pregnancy Affected by Diabetes	1
Nutrition Assessment.....	2
Individualized Medical Nutrition Therapy Plan.....	3
Preconception and Interconception Nutritional Care	4
Normoglycemia for Preconception.....	4
Preconception Weight Goals	5
Determining Preconception Energy Needs.....	5
Calculating Nonpregnant Estimated Energy Requirement.....	6
Determining Physical Activity Coefficients.....	6
Pregnancy Care	7
Energy Needs During Pregnancy.....	7
Energy Recommendations for Multifetal Pregnancy.....	7
Body Mass Index.....	8
BMI Cut-Offs.....	8
Determining Appropriate Weight Gain Based on Prepregnancy BMI Categories.....	9
Monitoring Weight Gain.....	10
Excess Weight Gain.....	10
Inadequate Weight Gain.....	11
Multiple Gestation Weight Gain	11
Nutrition Needs For Preconception and Pregnancy	12
Omega-3 Fatty Acids.....	15
Meal Plan Design	16
Meal Plan Recommendations	16
Carbohydrate Sources to be Limited	17
Recommended Carbohydrate Sources	18
Breakfast.....	18
Snacks	18
Glycemic Index in the Management and Prevention of Diabetes.....	19
Use of Diabetes Medications	20
Women Using Insulin	20
Glyburide and Meal Planning.....	20
Metformin.....	20
Nutrition Education	21
Education Materials	21
Gestational Diabetes Mellitus	21
Optimizing Glycemic Control	22
Evaluation of Medical Nutrition Therapy Goals	23
Special Nutrition Issues in Diabetes and Pregnancy	24
Dyslipidemia.....	24
Chronic Hypertension.....	24
Post-Bariatric Surgery	24
Planning Pregnancy After Bariatric Surgery	25
General Guidelines for Post-Bariatric Surgery.....	26
Ketosis.....	27
Sick Day Nutrition Management.....	27
Postpartum Nutrition Issues	28
Postpartum Nutritional Issues for Women with GDM	28
Preexisting Diabetes.....	29
Pre-diabetes.....	29

Healthy Eating During Lactation	30
Weight Loss to Attain a Normal BMI	31
Snacks	31
Alcoholic Beverages	32
Nonnutritive Sweeteners	32
Supplements	32
Use of Herbs and Other Supplements	33
References.....	34
List of Appendices.....	41

Tables

Table 1. Components of a Nutrition Assessment.....	3
Table 2. Energy Needs for Pregnancy Based on Gestational Age.....	7
Table 3. Calculating Body Mass Index.....	8
Table 4. IOM Prepregnant BMI Categories and Cut-Offs with Recommended Weight Gain.....	8
Table 5. Weight Gain During Twin Pregnancy.....	12
Table 6. Dietary Care Guidelines for Preconception and Pregnancy.....	13
Table 7. Outcome Goals for Diabetes and Pregnancy.....	23
Table 8. General Suggestions for Healthy Eating While Lactating.....	31

Appendices

A - Prenatal Weight Gain Grids	
A1 - Pre-pregnancy Normal Weight Range.....	42
A2 - Pre-pregnancy Under Weight Range.....	43
A3 - Pre-pregnancy Over Weight Range.....	44
A4 - Pre-pregnancy Obese Weight Range.....	45

CHAPTER 8: BREASTFEEDING

Introduction	1
General Breastfeeding Education Guidelines	1
Supportive Policies for Breastfeeding.....	2
Breastfeeding Guidelines for Women with Diabetes	4
Reducing Risks	4
Benefits of Breastfeeding with Regard to Diabetes.....	4
Type 1 Diabetes and Breastfeeding Benefits	5
Type 2 Diabetes/GDM and Breastfeeding Benefits	5
Breastfeeding Benefits for the Offspring.....	6
The Risk of Bottle-Feeding.....	6
Avoiding Newborn Hypoglycemia with Early Breastfeeding	7
Maternal Self-Monitoring of Blood Glucose with Breastfeeding.....	8
Type 1 Diabetes.....	9
Type 2 Diabetes.....	9
Taking Medications During Lactation.....	10
Insulin.....	10
Oral Agents	10
Other Medications	11
Breastfeeding and Psychiatric Medication	12
Antidepressants	12
Mood Stabilizers	13

Anxiolytics	13
Antipsychotics	13
Treatment Guidelines	13
Problem Solving While Breastfeeding.....	14
Mastitis	14
Contraception	14
References.....	15
Appendix.....	19

Tables

Table 1. Basic Breastfeeding Education.....	2
Table 2. Resources for Breastfeeding Support.....	2
Table 3. Summary of 2005 Model Hospital Policy Recommendations	3
Table 4. Risks of Not Breastfeeding for Infants and Mothers	4
Table 5. Immediate Interventions to Avoid Hypoglycemia in the Newborn.....	7
Table 6. Blood Glucose Targets for Breastfeeding.....	8
Table 7. Oral Hypoglycemic Agents' Lactation Risk Category.....	11
Table 8. Other Medications' Risks During Lactation	11
Table 9. Some Psychiatric Medications' Lactation Risk Category.....	12

Appendix

A - Dr. Hale's Lactation Risk Category	19
--	----

CHAPTER 9: BEHAVIORAL AND PSYCHOSOCIAL COMPONENTS OF CARE

Introduction	1
Changes in Psychosocial Care of Pregnant Women with Diabetes.....	1
Patient Empowerment	1
Professional Psychosocial Services.....	2
Self-Efficacy and Patient Provider Relationship.....	2
Readiness for Change: Motivational Interviewing	3
"Stages of Change" Model.....	3
Pre-Contemplation.....	4
Contemplation.....	4
Preparation.....	4
Action.....	4
Maintenance	4
Lapse/Relapse.....	4
Asking Open Ended Questions.....	5
Psychosocial Assessment.....	5
Psychosocial Barriers	6
Perinatal Depression	6
Depression and Maternal-Child Attachment.....	7
Edinburgh Postnatal Depression Scale (EPDS)	7
Administering and Scoring EPDS	8
Modes of Treatment for Perinatal Depression	8
Postpartum Assessment.....	9
Resources and Websites-Perinatal Depression and Anxiety	9
References.....	10

CHAPTER 10: CULTURAL COMPETENCY

Introduction 1

Culture, Pregnancy and Diabetes 1

 Acculturation 1

Utilizing an Interpreter 2

The LEARN Model 2

 Listen..... 3

 Explain 4

 Acknowledge 5

 Recommend 6

 Negotiate..... 6

Postpartum Care with Cultural Considerations..... 7

Cultural Diversity in Breastfeeding..... 7

Summary 8

References 9

LIST OF ACRONYMS

AADE	American Association of Diabetes Educators
ACOG	American Congress of Obstetricians and Gynecologists
ADA	American Diabetes Association
A1c	Hemoglobin A1c
BG	Blood Glucose
BMI	Body Mass Index
BMS	Behavioral Medicine Specialist
CDAPP	California Diabetes and Pregnancy Program
CDC	Centers for Disease Control
CDE	Certified Diabetes Educator
CGMS	Continuous Glucose Monitoring System
CHO	Carbohydrate
CSII	Continuous Subcutaneous Insulin Infusion (i.e. insulin pump)
DBW	Desirable Body Weight
DKA	Diabetic Ketoacidosis
DM1	Diabetes Mellitus, Type 1
DM2	Diabetes Mellitus, Type 2
DPN	Distal Peripheral Neuropathy
EER	Estimated Energy Requirement
EPDS	Edinburgh Postnatal Depression Scale
FBG	Fasting Blood Glucose
FPG	Fasting Plasma Glucose
GDM	Gestational Diabetes Mellitus
GCT	Glucose Challenge Test
GI	Glycemic Index
HAPO	Hyperglycemia Adverse Pregnancy Outcome
I:CR	Insulin to Carbohydrate Ratio
IFG	Impaired Fasting Glucose, AKA pre-diabetes
IGT	Impaired Glucose Tolerance, AKA pre-diabetes
IUGR	Intra-uterine Growth Restriction
LGA	Large for Gestational Age
MDI	Multiple Daily Injections (of insulin)
MNT	Medical Nutrition Therapy
MSW	Master of Social Work
NSVD	Normal Spontaneous Vaginal Delivery
OGLA	Oral Glycemic Lowering Agent
OGTT	Oral Glucose Tolerance Test
OHA	Oral Hypoglycemic Agents
PCOS	Polycystic Ovary Syndrome
PDM	Preexisting Diabetes Mellitus
PPD	Post Partum Depression
PTH	Para Thyroid Hormone
RD	Registered Dietitian
RDS	Respiratory Distress Syndrome
SGA	Small for Gestational Age
SC	Subcutaneous
SMBG	Self-Monitoring of Blood Glucose
TDD	Total Daily Dose (of insulin)
TTN	Transient Tachypnea of the Newborn

For more information:

California Department of Public Health, Center for Family Health,
Maternal Child and Adolescent Health Division,
California Diabetes and Pregnancy Program (CDAPP) Sweet Success
(916) 650-0300

<http://www.cdph.ca.gov/programs/CDAPP>

or

California Diabetes and Pregnancy Program (CDAPP) Sweet Success
Resource and Training Center
Tracy Esquivel, BA
(714) 921-9755

<http://www.CDAPPSweetSuccess.org>

