

CRIBSHEET

SUMMER 2003

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We are very excited to introduce the **Pregnancy Passport Program**, which will be launched this summer. The overall goals of the program are to: increase awareness of risk factors and warning signs for premature labor and high-risk pregnancy complications; empower pregnant women through increased knowledge and involvement in their own care; improve the ability of health care providers to provide high quality patient services aimed at reducing preterm labor; and enhance access to critical prenatal medical information through the use of a handheld medical record, the Pregnancy Passport.

The Pregnancy Passport is an educational tool that encourages pregnant women to become more actively involved in their prenatal health care. The Passport is also an abbreviated medical record that will allow for access to important prenatal medical information in the event of an emergency or if a woman visits a provider that does not have access to her medical records. Women will be asked to carry the Passport with them throughout their pregnancy and to bring it to all prenatal and hospital visits (planned and unplanned.)

Health care providers will give Passports to women during prenatal visits prior to 34 weeks' gestation. An important feature of the Passport is that it asks women to enter their own personal information and to answer some questions about their health and pregnancy history. Women can keep track of their prenatal appointments and enter information about their weight and

blood pressure at each visit. Providers will explain how the Passport works and discuss some key health education messages with women, including information about signs and symptoms of premature labor, high-risk warning signs, and actions to take in the event of an emergency. Providers will also complete results of initial prenatal lab tests and ultrasounds. At the end of the pregnancy, the new mother will be able to add information about the baby's delivery and health and can keep the Passport for future reference.

During the first year of the program, a limited number of prenatal care sites within the UCSD Healthcare system will be involved in the program as pilot sites. Health care providers will distribute about 1,000 Pregnancy Passports and will report the number given out each month. Evaluation of the program is essential and will help assure a sustainable plan for countywide implementation. The evaluation plan includes monthly reports of client participation, participant focus groups, and feedback from participating healthcare providers through focus groups and surveys.

We look forward to working with you to create new opportunities to improve the health care and health status of women and infants in San Diego County. We welcome your input and suggestions. If you have any questions or would like more information about the **Pregnancy Passport Program**, please contact Jessica Gorman, Program Coordinator, at 858-467-4990 or jgorman@ucsd.edu.

Incidence of Eating Disorder and Diabetes

Author: Sharmila Chatterjee, MSc, MS, RD

Type 1 diabetes is a chronic condition affecting about 0.91% of individuals in their childhood and adolescents by age 20 years, type 2 diabetes affects about 8.6% of the population above 20 years of age ¹. Eating disorders, as defined by the DSM-IV criteria, includes anorexia nervosa affecting about 0.5- 1% and bulimia nervosa affecting in 1-3% of adolescents and young women in the general population ². It is common to find these two conditions in the same young women especially women with type 1 diabetes. This occurs because the diagnosis of diabetes heralds profound changes in lifestyle including restrained eating, carefully planning the content and timing of meals, adherence to treatment regimens with regular blood sugar monitoring and multiple daily insulin injections which forms an integral part of the diabetes self management plan ². Unfortunately, rigorous requirements of this approach may pose particular problems for young women who have weight and body image concerns or who are susceptible to dietary dysregulation. In the United States some minority groups such as black women who are typically heavier than their white peers are now showing similar levels of body dissatisfaction ². Interestingly, one study found no difference in the symptoms of eating disorder between ethnic populations when Body Mass Index (BMI) was controlled. Currently, there is no data on the prevalence of eating disorder among women with diabetes from different ethnic backgrounds ².

Rodin and colleagues in a review postulated the higher incidence of eating disorders among young women with type 1 diabetes may be related to diabetes and its management. For example, a diabetic diet leads to dietary restrictions which may lead to binge eating causing weight gain and then insulin omission to achieve weight loss. Moreover, insulin therapy by itself causes weight gain which in turn leads to dietary restrictions. Increased BMI has also been found to lead to body dissatisfaction triggering a cycle of dieting followed by binge eating and purging in women whose central focus is weight and shape. Unfortunately, type 1 diabetes provides an easy but dangerous platform to prevent weight gain by the deliberate omission of insulin.

The reviewers recently conducted a study with 356 girls aged 12-19 years with type 1 diabetes and 1098 case-matched controls. They found that the incidence of eating disorders that met the DSM-IV diagnostic criteria (mostly bulimia nervosa) was 2 times more common in girls with diabetes compared to their non-diabetic peers (10 % Vs 4 %). They also found that the subjects with type 1 diabetes had a higher BMI compared to the non-diabetic group, showing consistency with the established risk factor of body dissatisfaction associated with increased BMI. They indicated that bulimia nervosa and binge eating are the two most common eating disorders found among women with diabetes. Further, a 4 year follow-up study of 91 girls aged between 12-18 years, who had a mean duration of diabetes of 7yrs at baseline, reported disordered eating behavior including

dieting in 38% of sample, binge eating in 45%, insulin omission in 14% and self induced vomiting in 8%. These behaviors were more common at follow-up when their ages were higher and were in the high risk age group for eating disorder. More than half of the sample reported dieting for weight loss and binge eating at follow-up while one-third reported deliberate insulin omission to prevent weight gain. The incidence of insulin omission to control weight increased from 1% of girls in their preteen years to 34 % when they reached their adolescence and young adulthood. Several other studies have also reported the incidence of deliberate insulin omission to prevent weight gain ranging between 13-39% ².

In contrast, the incidence of eating disorders in type 2 diabetics is relatively low when compared to type 1 diabetics. This may be due to the fact that the usual age of onset of type 2 diabetes is higher than the age of onset for eating disorder and type 1 diabetes. However, it has been found that the majority of type 2 diabetics are overweight and therefore can be at risk for binge eating disorder. In one study, about 21% of women with non-insulin dependent diabetes demonstrated higher scores on a self-reported measure of binge eating³. Two studies found poor metabolic control of diabetes to be associated with binge eating and one study found that cognitive behavior therapy reduced the incidence of binge eating with significant improvement in glycemic control ^{3,4}.

Hence, given the strong relationship that exists between diabetes and eating disorders, it is clear that health care providers need to screen especially the teen and young type 1 pregnant diabetic, who have poor metabolic control prior to conception for eating disorders. This will help achieve a better pregnancy outcome since many women at risk for eating disorders would be very concerned with their weight and body image during pregnancy.

There are several assessment tools that can be used to determine the prevalence of eating disorders in women with pregnancy complicated by diabetes as well as women with pre-existing diabetes seeking preconception care. The most commonly used assessment tools are the Diagnostic Survey for Eating Disorders-Modified for Diabetes (DSED-Modified), the Eating Disorder Inventory (EDI), and the Eating Attitudes Test (EAT-26). Out of the three tools, EDI is the only tool that is actually copyrighted and requires purchase from its distributor. It is also the most widely used tool to screen eating disorders. The appropriate tool to use in our pregnant diabetics may be the DSED-Modified.

References:

¹ American Diabetes Association: National Diabetes fact sheet, Nov 6, 2002. Website address:



The California Perinatal Transport System (CPeTS) is excited to announce its new and improved website! Located at www.perinatal.org, CPeTS features an improved user-friendly configuration, its new logo and updated information for the Southern Region office.

CPeTS is currently in the process of implementing a web-based, on-line, self-reporting bed locator system. Once completed, hospitals will have the capability of reporting the number of available bed space in their respective NICUs on the internet. This self-reporting mechanism will ensure the most up to date information is available to medical facilities needing to transport patients to the most risk appropriate hospital.

We invite you to visit the site soon and welcome all comments or suggestions for improvement.

CPeTS is also embarking on a statewide survey to assess the transport practices for maternal and infant patients. The survey will analyze trends such as the instructions guidelines used in developing transport policies and procedures, fetal/neonatal conditions that prompt transports out/accepted in medical facilities, and qualifications of the transport team members. The survey will be coupled with Quality improvement components including the Regional Cooperation Agreement (RCA) survey questions.

CPeTS and the Regional Perinatal System will be scheduling site visits to conduct the surveys throughout the summer. We look forward to meeting with you and discussing the important transport issues in our community.

Upon completion of the survey, a regional continuous quality improvement (CQI) task force will be developed to review the survey findings and identify future quality improvement processes. Those interested in the survey results and/or participating in the CQI task force should feel free to contact Cathreena San Juan Kang, Southern Region Program Coordinator at csanjuankang@ucsd.edu or call (858) 467-4990 ext. 113.

The Regional Perinatal System is the contractor to manage the distribution and evaluation of the *Kit for New Parents* on behalf of the First 5 Commission of San Diego. The goal is to distribute over 43,000 Kits to new parents in the county annually.

The *Kits for New Parents* became available in San Diego in January 2002. Since then we have ordered **64,400 Kits** for our Partners to distribute to new parents. Distribution Partners are agencies that serve pregnant families and parents of children less than five years of age. Our Partners have incorporated Kit distribution into their work in creative ways, and we thank them for all they do to get the Kits to San Diego's new parents.

Currently, the **videos in the Kit** are in VHS format. Many people are wondering whether they will be available in DVD format as well. The answer is: First 5 California is looking into offering DVD format, perhaps within the next year or two.

The Welcome Baby Program is in the process of **evaluating San Diego parents' response** to the basic Kit. Over 1,000 parents have completed a baseline survey. Parents are being contacted after six weeks after receiving the Kit. Preliminary data indicates parents are appreciative of the Kit, use it and learn from it. The full analysis of data will be completed this summer.

Parents have also been asked about extra items that could potentially be added to the basic Kit. The Welcome Baby Program is also developing a list of local resources for parents of children 0-5 years old that could be added to supplement the statewide *Parent Guide*.

Recommendations about ways to adapt the Kit to meet local needs have been forwarded to the First 5 Commission of San Diego.

Look for a **new poster** highlighting the First 5 California toll-free number to order a Kit. Posters in English and Spanish will be disseminated around the county to alert parents to the availability of this free resource.

Every new parent in San Diego County is entitled to a **free** Kit.
New parents can order a Kit by calling:

800-KIDS-025 or 800-5-0-NINOS

Maternal and Newborn Nursing Care Summer Session

The next session of the Maternal & Newborn Nursing Care (MNNC) course will be held July 17, 2003 thru August 22, 2003. Classes will be held every Thursday and Friday over the six week period. This course prepares nurses, with little or no obstetric background, for clinical preceptorship in the labor and delivery setting. Classes will be held at Paradise Valley Hospital and are taught by clinical nurse educators from the San Diego community. Approximately 72 nursing continuing education credit hours will be provided. The course fee is \$550.00.

For registration information, please contact Lisa Cardenas at (858) 467-4990 ext. 115.

March of Dimes Magazine "mama" Free to Perinatal Providers

For information about having a healthy baby, the March of Dimes Pregnancy & Newborn Health Education Center developed a fantastic resource called "mama – your guide to a healthy pregnancy." The magazine provides new and expecting parents with helpful articles such as nutrition and exercise, tips on being a good parent and the role of fathers during pregnancy. This quick reference and information guide is available in both English and Spanish, and is free to providers. 100 copies can be requested free of charge, please contact Cathreena San Juan Kang at RPS office at 858-467-4990 ext. 113 or visit the March of Dimes website at www.marchofdimes.com

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http://www.diabetes.org/main/info/facts/facts_natl.jsp.

² Rodin.G, Olmsted MP, Rydall AC, Maharaj SI, Colton PA, Jones JM, Biancucci LA and Daneman D. Eating disorders in young women with type 1 diabetes mellitus. *J Psychosom Res.*2002 Oct; 53 (4):943-49.

³ Kenardy J, Mensch M, Bowen K, Green B and Walton J. Group therapy for binge eating in type 2 diabetes a randomized trial. *Diabet Med.* 2002 Mar; 19(3):234-39.

⁴ Mannucci E, Test F, Ricca V, Pierazzuoli E, Barciulli E, Moretti S, Di Bernardo, Travaglini R, Carra S, Zucchi T, Placidi GF and Rotell CM. Eating behavior in obese patients with and without type 2 diabetes mellitus. *Int J Obes Relat Metab Disord.* 2002 Jun;26(6)848-53.

Survey Tools

1. DSED-Modified (for type 1 diabetes)

Rodin, G., Craven, J., Littlefield, C., Murray, M., Daneman,D. Eating disorders and international insulin undertreatment in adolescent females with diabetes. *Psychosomatics*, 1991,32(2);171-178.

2. Eating Attitudes Test (EAT-26)

Garner, DM., Olmsted, MP., Bohr, Y., Garfinkel, PE. The Eating Attitudes Test: Psychometric features and clinical correlates. *Psychological Medicine.* 1982,12;871-878.

3. Eating Disorder Inventory-2 (EDI-2)

Professional manual by David M. Garner, Ph.D. Psychological Assessment Resources, Inc. P.O Box 9987 Odessa, Florida 33556.

Order Form and Mailing List Update

Name/Credentials

Agency/Affiliation

Mailing Address

City

State

Zip

Phone

Fax

Email

Please send me RPS information about:

- Board and Advisory Council
- Committee Activities
- Perinatal Nurse Leaders Council
- Perinatal Nurse Educators
- Maternal & Newborn Nursing Care
- Educational Opportunities
- Other _____

- Classes
- Affiliation
- Guidelines for Care
- Education Material
- GDM Screening & Diagnosis Worksheet
- Other _____

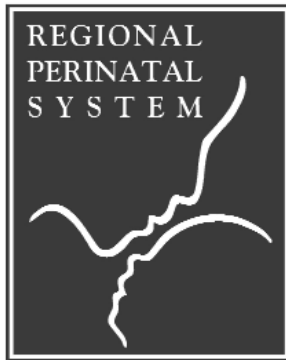
Please send me information about
The Kit for New Parents on:

- Becoming a Distribution Partner
- Ordering Kits
- Other _____



Mail or Fax to:

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UPCOMING CONFERENCES

AWHONN
June 1 - 4, 2003
Milwaukee, WI

Visit website for conference information at:
www.awhonn.org

LEADERSHIP CHALLENGES IN A
COLLABORATIVE PARTNERSHIP
July 16, 2003

National University-Balboa Campus
To register call or email:
Abbe Smith 858-292-5702
npsolutions@npsolutions.org

MEASURING THE IMPACT YOU MAKE
Presented by First 5 Commission of SD
SD Workforce Partnership
The California Endowment
June 27, 2003
For more information call:
858-514-5123

UPCOMING CLASSES

MATERNAL NEWBORN NURSING CARE
SAVE THE DATE: **July/August 2003**
call RPS at 858-467-4990

ANTEPARTUM & INTRAPARTUM
MANAGEMENT
Presented by UCSF
June 12-14, 2003
Grand Hyatt, Union Square
Registration Information:
415-476-5808

NPA's 2003 Annual Clinical Conference:
"The ABC's of Improving Maternal and Child Health"
October 23-25, 2003
Bethesda, Maryland
For more information call or go to:
888-971-3295
www.nationalperinatal.org

March of Dimes 2004 Conference:
"The Challenge of Prematurity"
SAVE THE DATE: January 22-24, 2004
Westin in Long Beach, CA
For more information call: 1-888-4-BABIES
Or visit: www.marchofdimes.com