

“This is like a bonus - a “2 for 1” opportunity – we can prevent and treat GDM in one person (Mom) and prevent serious health problems in two people (Mom and Baby).” ~ Meera Narayanan



# CHAP Weekly Update

April 9, 2021

## Gestational Diabetes Mellitus (GDM)

### Important Facts

Glucose intolerance is different for women who develop it during pregnancy (Gestational Diabetes Mellitus or GDM) compared to women who already have diabetes and then become pregnant.



The method used for GDM screening impacts the prevalence for GDM: If screening is done using the older two-step Glucose Tolerance Test (GTT), the prevalence of GDM is 2% to 6%. If it is done with the newer one-step screen, the prevalence of GDM is 15% to 20%.

### Risk Factors:

#### For developing Gestational Diabetes Mellitus

- Alaska Native / American Indian
- Age
- Obesity
- Hx of GDM with a previous pregnancy
- Giving birth to a large baby (> 9 lbs)
- Hx preeclampsia/HTN/PCOS

#### For Mom who has Gestational Diabetes Mellitus

- C-section
- Big babies
- Preeclampsia
- Increased risk of developing Type 2 Diabetes



#### For Baby whose Mom has Gestational Diabetes Mellitus

- Still birth
- Shoulder dystocia
- Increased risk of diabetes
- Hypoglycemia
- Respiratory distress



### Screening for GDM According to Risk Level

**High Risk Moms** (“High risk” mothers include Alaska Native/American Indian women, and any mother who is obese and/or older and/or those with a history of GDM, large babies, miscarriages/stillbirth)

- Screen at first prenatal visit. (You are screening for overt DM.) If a woman already has diabetes coming into a pregnancy, there are increased risks to the baby, especially in the first trimester
- OGTT is done at the first prenatal visit
- Repeat at 24-28 weeks and again at at 32 weeks

**Low Risk Moms** (“Low Risk” mothers are women who are younger than 25 years old with normal prenatal weight, and have no family history of diabetes.)

- OGTT at 24-28 weeks

### Types of Testing: One step vs Two step

**One Step** (used most of the time in Anchorage and in many regions):

- 75g OGTT (must be fasting for 8 hrs)
- The diagnosis of GDM is made if one or more of the values is high  
**Fasting**  $\geq 92$  mg/dl    **1 hour**  $\geq 180$     **2 hour**  $\geq 153$

**Two Step** (older screening test, still used in many places):

- GST (50g glucose, not necessary to fast), if BS  $\geq 140$  one hour later, then do a 100g
- 3 hr OGTT: **Fasting**  $\geq 95$  mg/dl, **1 hour**  $\geq 180$ , **2 hour**  $\geq 155$ , **3 hour**  $\geq 140$

The ADA considers the test to be positive (diagnostic of GDM) if two or more of the values are high.

Let us know what you think! aka-[CHAPCOVID-19weeklyupdates@anthc.org](mailto:CHAPCOVID-19weeklyupdates@anthc.org)

Send questions for presenters and each other, and suggest topics for discussion.





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## GDM: Prevention and Treatment

### Three Key Elements: Nutrition, Exercise, and Follow-up

For women who have GDM, 70% to 85% are able to manage their blood sugars with lifestyle changes alone. Only a few will need to add medications or insulin. Beneficial outcomes are seen quickly and help to motivate the women to continue with healthy lifestyle changes.



**1. Nutrition:** The CHAM's Wellness/Prevention and Pregnancy sections have nutrition to help with counseling Pregnant Moms about good nutrition. Every mom is different; that's why checking blood sugar is so important – to learn what works for her!

- Eliminating sugar-sweetened beverages. As an example, a trial in YK region reduced GDM from 6% to 2%!
- Breastfeeding is important in so many ways; one of them is to help decrease diabetes – so educate and encourage!

**2. Exercise:** Reduces the risk for developing Type 2 diabetes

- Decreases blood sugar
- Safe for the fetus and recommended by ACOG
- Associated with lower risk for GDM

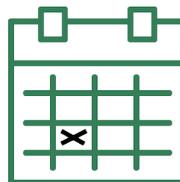


**3. Follow-up**

- Add to Tribal Health Registry (of Alaskans at risk for developing DM) – These women are at high risk of developing diabetes within 10 years
- Yearly follow-up

### Postpartum Follow-up

- Test for DM at four to 12 weeks
- Screening and prevention education at least every 3 years
- Intensive lifestyle education



### What Can a CHA/P Do?

- PREVENT/DELAY diabetes!
- Know your patients and communities
- Make sure to screen / treat (nutrition, exercise, follow-up)



### CHA/P on Facebook



Check out news stories, information and accomplishments of Health Aides around the state. See and share photos of our program and people.

Community Health Aide/Practitioner Facebook page:

[www.facebook.com/groups/AlaskaCommunityHealthAidesPractitioners](https://www.facebook.com/groups/AlaskaCommunityHealthAidesPractitioners)

### Diabetes Education Basics

#### A CE Course for Health Aides through the ANTHC Diabetes Program.

Diabetes Education Basics: Supporting a Person with Diabetes to Live Healthy in Their Community

- An interactive, hands-on VIRTUAL course designed for CHA/Ps
- Focuses on teaching diabetes education to people with diabetes who live in rural Alaska
- 7 interactive/virtual classes (12pm – 1pm) May 4, 6, 10, 13, 17, 19, 25
- 7 CE Credits for CHA/Ps

Registration forms can be found at the [Distance Learning Website](#).

Contact [Teresa Hicks](#) to register by this **Friday, April, 16, 2021**



# CHAP Weekly Update

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## COVID-19 Update

## Alaska Vaccine Updates

### Question we asked our State colleagues:

**Q:** Did any of the ruined batch of J&J vaccine come to Alaska?

**A:** No. The error was discovered in their factory and none of the ruined batch was distributed.



### Vaccines and Children

Vaccine trials in children are showing promising results so far! Pfizer and Moderna are testing their vaccines in children age 12 - 15 years, with results expected before the next school year. Trials are also beginning for 6 months to 12-year-olds. J & J is also beginning to expand trials in children.

### Updated CDC Recommendations

 New CDC recommendations include less restrictive travel guidelines for fully immunized people. Alaska should be announcing any changes they plan to make in our existing advisories soon.

- Alaska is **No. 4** in the US in percent of population fully vaccinated
- COVID-19 vaccines authorized for emergency use are safe and effective
- Alaskans fully vaccinated: **25.8 %**
- Alaskans vaccinated with 1+ doses: **33.4%**



### [Schedule Your Appointment Today](#)

Call 1-907-646-3322 from 9 a.m. - 6:30 p.m. on weekdays, and 9 a.m. - 4:30 p.m. on weekends. Free language interpretation services are available.

## COVID BY THE NUMBERS

- Alaska cases as of April 8, 2021: **63,785**
- Alaska COVID-19 deaths: **299**
- Alaska average daily cases: **23.9** per 100,000 people.  
**Very large number of new cases**
- More information at [Coronavirus.dhss.alaska.gov](https://coronavirus.dhss.alaska.gov)



## SAVE THE DATE



April 13, 2021

Dr. McLaughlin and his colleagues from the state will facilitate a discussion/update about COVID-19.

Alaska's COVID-19 case numbers are going up. Our vaccination rates started out great, but are now plateauing. We are trying to understand why this is happening so that we can provide you with the information you need to help promote vaccine confidence (and vaccinations!) in your communities.

**Please complete this [COVID-19 Vaccination in Remote Alaska Survey](#) to help us understand how to better protect our people.**

You can also [e-mail us](#) or come prepared to ask questions you have or have heard from others about the COVID-19 vaccines.

Thank you to Meera Narayanan, Director, Diabetes Surveillance, for presenting valuable information on Gestational Diabetes.  
[mnarayanan@anthc.org](mailto:mnarayanan@anthc.org).



Thank you also to Joe McLaughlin, Bryan Fisher, Coleman Cutchins from the State, and to Jose Flores, who has been hosting our teleconferences since we merged our CHA/P Weekly Updates with the Rural Health ECHO. Jose has done an outstanding job keeping all of us organized and informed. He is moving from Alaska to New York. We thank him for all of his great work and wish him well in this next chapter of his life.

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ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM