



IDPH Evaluation and Testing Recommendations for Pre-conceptual counseling, Pregnancy, and Breastfeeding

Pregnant people that are exposed to lead not only pose a risk to their health during pregnancy but to their developing fetus and nursing infant. Past and present lead exposure to a pregnant or lactating person is a concern as bone lead stores are released into the blood and breast milk affecting the fetus and newborn infant.

All Medical Care Providers should consider the possibility of lead exposure in individual persons during pre-conceptual counseling and during pregnancy by evaluating risk factors for exposure as part of a comprehensive health risk assessment using the Prenatal Lead Risk Questionnaire (PLRQ).

Pre-conceptual Counseling

- Persons receiving pre-conceptual counseling should be evaluated with the PLRQ.
- A blood lead test (if indicated) should be given as early in the pre-natal counseling as possible.
- Education regarding effects of lead exposure should be given if a lead test is declined or test result is ≥ 5 $\mu\text{g}/\text{dL}$.

Pregnancy

- Persons presenting for a prenatal visit should be evaluated with the PLRQ.
- Use the PLRQ to determine if a blood lead test is needed. A blood lead test is needed if the response to any of the questions is “yes.” A possible lead risk exists if any answer of “don’t know” is given, so the opportunity to have a lead test should be offered.
- Education regarding effects of lead exposure and sources of lead exposure should be given if a lead test is declined or test result is ≥ 5 $\mu\text{g}/\text{dL}$.
- If the PLRQ indicates a blood lead test is needed, obtain a test as early as possible in the pregnancy. A second blood lead test should be obtained prior to delivery, even if the first test result was < 5 $\mu\text{g}/\text{dL}$.
- All blood lead testing of adults should be conducted using venous blood lead tests. If a capillary test is conducted and the result is ≥ 5 $\mu\text{g}/\text{dL}$, a confirmatory venous test is needed.
- All pregnant persons with a venous blood lead level (BLL) ≥ 5 $\mu\text{g}/\text{dL}$ should receive follow-up blood lead testing. See IDPH pregnancy testing follow-up guidelines.
- Newborns of all birthing parents with a venous BLL ≥ 5 $\mu\text{g}/\text{dL}$ should receive venous or cord blood testing for blood lead level at birth.
- Blood lead levels of both birthing parent and child must be submitted to IDPH Lead Program in accordance with the Illinois Poisoning Prevention Act, and should be entered into both the birthing parent’s and infant’s medical records.

Breastfeeding

- A person with a venous BLL ≥ 40 $\mu\text{g}/\text{dL}$ should not initiate breastfeeding. They should be advised to pump and discard their breast milk until their blood lead has declined to < 40 $\mu\text{g}/\text{dL}$.
- Initiation of breastfeeding should be encouraged for persons with BLLs of < 40 $\mu\text{g}/\text{dL}$.
- At breastfeeding person's blood lead levels between 20-39 $\mu\text{g}/\text{dL}$, breastfeeding should be initiated accompanied by sequential infant blood lead levels to monitor trends.
- Breastfeeding should continue for all infants with BLLs < 5 $\mu\text{g}/\text{dL}$ or trending downward.
- When a breastfeeding person's BLL ≥ 20 $\mu\text{g}/\text{dL}$ with infant BLL ≥ 5 $\mu\text{g}/\text{dL}$, and an environmental investigation has been conducted with no external source of lead identified and the infant’s BLL is rising, please check with the Poison Control Center, or other lead expert to discuss a consideration of temporary interruption of breastfeeding until breastfeeding person's blood lead level declines.

References

Centers for Disease Control and Prevention. Guidelines for the Identification and Management of Lead Exposure in Pregnant and Lactating Women. <https://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>. Published November 2010. Updated 2012. Accessed May 9, 2019.

The American College of Obstetricians and Gynecologists Women's Health Care Physicians. Lead Screening During Pregnancy and Lactation. Committee Opinion No 533. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Lead-Screening-During-Pregnancy-and-Lactation>. Published August 2012. Accessed May 9, 2019.

ALL lead test results, regardless of level, are required to be reported to the IDPH Lead Program.

If a capillary test is conducted and the results are ≥ 5 $\mu\text{g}/\text{dL}$, a confirmatory venous test is needed.

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