

Blood Lead Testing Guidelines

Pregnant Women

Recommendations for Nebraska Healthcare Providers

- > Screen pregnant women for lead exposure risk at the earliest prenatal visit.
- > Administer the screening questionnaire below to assess risk.
- > Blood lead test is recommended for pregnant women with at least one risk factor.

Lead Risk Questionnaire for Pregnant Women

If **Yes or Don't Know** to any of the questions, blood lead test is recommended.

1. Do you or others in your household have a job or hobby that involves lead exposure?

- Examples*
- Metal manufacturing and foundries, welding, battery recycling
 - Building repair, renovation, and painting
 - Ammunition production, firing ranges, casting bullets
 - Making stained glass, pottery and glazing, auto repair

2. Do you use any products from other countries that may contain lead? Such as traditional medicines, cosmetics, spices, or glazed pottery?

- Examples*
- Traditional medicines: Ayurvedic medicine, bali gali, pay-loo-ah
 - Cosmetics and powders: surma, kohl, sindoor, kumkuma
 - Spices imported or brought in from another county
 - Glazed pottery and imported cookware

3. Do you live in a home built before 1978 that has been remodeled or renovated within the last year that created large amounts of dust?

4. Do you eat or chew on any nonfood items, such as clay, pottery, soil, or paint chips?

5. Do you live with someone with lead poisoning or an elevated blood lead level?

6. Do you have a history of lead poisoning or an elevated blood lead level?

7. Did you move to the United States from another country within the past 12 months?

Additional Information

- > Guidance on blood lead testing and management: www.dhhs.ne.gov/leadhcp
- > CDC Lead and Pregnant Women: www.cdc.gov/nceh/lead/prevention/pregnant.htm
- > CDC Guidelines for Lead Exposure in Pregnant and Lactating Women: <https://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>.

Blood Lead Management Recommendations

Pregnant Women

BLL	Recommended Actions	Follow-up Testing
<3.5 µg/dL	<ul style="list-style-type: none"> Provide anticipatory guidance and health education on sources of lead, how to prevent exposure, and nutritional information. 	None
3.5–9 µg/dL	<p>Above actions plus:</p> <ul style="list-style-type: none"> If result from capillary test, confirm with venous test. Provide counseling on possible sources of lead and information on how to reduce or eliminate exposure. Assess nutritional adequacy. For occupationally exposed women, review proper use of personal protective equipment and exposure controls. Notify public health (state or local health department). 	Retest in 1 month. Obtain a maternal BLL or cord BLL at delivery.
10–44 µg/dL	<p>Above actions plus:</p> <ul style="list-style-type: none"> For occupationally exposed women, recommend removal from exposure. Refer to an occupational medicine specialist. Refer to public health for environmental assessment. Contact state or local health department. Assist state or local health department with complete source exposure assessment. 	<p>Retest within 1 month and then every 1–3 months.* Obtain a maternal BLL or cord BLL at delivery.</p> <p>* More frequent testing may be indicated based on risk factor history.</p>
≥45 µg/dL	<p>Above actions plus:</p> <ul style="list-style-type: none"> Treat as high-risk pregnancy. Consider chelation (inpatient) in consultation with a lead poisoning expert. 	Retest within 24 hours. Consult with a lead poisoning expert to determine frequency of retesting. Obtain a maternal BLL or cord BLL at delivery.

References

CDC, 2010. Guidelines for the identification and management of lead exposure in pregnant and lactating women. <https://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>.

American College of Obstetricians and Gynecologists, 2012. Lead screening during pregnancy and lactation. Committee Opinion No. 533. Obstet Gynecol 2012;120:416–20. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/08/lead-screening-during-pregnancy-and-lactation>