

LEAD SCREENING IN PREGNANCY

What Every Provider Needs To Know



No level of lead exposure during pregnancy is considered safe.

Even low levels of lead exposure during pregnancy can have serious health effects and complications for both the pregnant individual and their baby, including miscarriage.

Lead crosses the placenta and can affect fetal brain development, leading to long-term cognitive and behavioral issues. Despite significant public health progress, lead exposure remains a risk, particularly among marginalized populations and those living in older housing or with occupational environmental exposures.

As a provider, you are the first line of defense in identifying and addressing lead risks during pregnancy. A simple screening questionnaire and timely testing can prevent irreversible harm.

WHO?

All healthcare providers caring for pregnant individuals — especially OB-GYNs, family physicians, nurse practitioners, midwives and prenatal care teams.

WHAT?

Screen for lead exposure during pregnancy by using a risk assessment questionnaire at the first prenatal visit. Conduct a blood lead level test if the patient is at increased risk.

**Note: The American Academy of Pediatrics recommends universal screening [Pediatric Journal, Volume 154 Supplement 2], e20240678081 (October 2024)].*

WHEN?

Follow a timeline based on risk factors and clinical judgment, guided by the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) recommendations.

- **Initial Prenatal Visit:** Ask about lead exposure risks. If risk factors are identified, order a blood lead level test. Refer to the back of this sheet for a brief risk assessment questionnaire.
- **Follow-Up Testing:** Schedule immediate blood lead level test if risk factors are present or exposure is confirmed. Coordinate care with local health departments and consider environmental investigation. Monitor fetal growth and development more closely.
- **Repeat Testing:** If continued exposure is possible during pregnancy, blood tests should be repeated based on the level of exposure (*typically every 1-2 months if levels remain elevated*).
- **Third Trimester Testing:** If new risk factors arise later in pregnancy, screening and testing should be repeated regardless of initial test results. Example: Change in living situation, new exposures or symptoms.

WHERE?

Screening should occur in all clinical settings where prenatal care is provided (*i.e. clinics, hospitals, private practices and community health centers*).

WHY?

- Lead exposure during pregnancy can:
 - Harm fetal development, causing low birth weight, preterm birth and developmental delays. Increase the risk of miscarriage, preeclampsia, maternal hypertension, embolism formation, cardiomyopathy and hemorrhaging.
 - Lead can cross the placenta — no level of lead is considered safe during pregnancy.

Early identification and intervention can reduce risks and improve outcomes for both the pregnant individual and their baby.

ASK YOUR PATIENTS ABOUT RISK FACTORS:

- Ever lived, currently living in or renovating a home built before 1980
- Use of imported pottery or traditional remedies
- Occupational exposure (construction, painting, recycling)
- Recent immigration or travel to high-risk countries
- Use of non-regulated cosmetics, spices, religious items or foods (*See back page for more information*)

Note: Lead is stored in the bones. Be aware that lead may be remobilized into the pregnant person's body during the beginning of the third trimester. Individuals may not be aware of prior lead exposure.

Be proactive. Screen early. Protect two lives.



PROTECT•PREVENT•NURTURE

For guidelines and referral support, contact your local public health department.



See other side for details



ASK YOUR PATIENTS THESE QUESTIONS:

- Do you currently or have you ever lived in or frequently visited a home built before 1980 that has peeling or chipping paint or is undergoing renovation?
- Have you recently renovated or remodeled a home built before 1980?
- Do you use any imported pottery, ceramics or cookware for preparing, storing or serving food?
- Do you use traditional or imported remedies, cosmetics, or spices, such as kohl, azarcon, greta, turmeric or tamarind?
- Do you have a job, hobby or activity that involves exposure to lead (e.g., construction, painting battery recycling, stained glass, making ammunition, fishing weights)?
- Does someone in your household or close contacts work in a job or hobby that may expose them to lead and bring it home (take-home lead)?
- Were you born outside of the United States in a country or territory with known lead exposure risks?
- Have you recently traveled outside the United States to a country or territory with known lead exposure risks?
- Do you use any non-commercially produced or imported food products, candy or spices?
- Have you ever ingested non-food products (i.e., “earth” materials, soil from current environment or home country)?
- Have you or a family member ever been told you had elevated blood lead levels?

ADDITIONAL RESOURCES:

Universal Blood Lead Testing



NJ Directory of
Local Health Departments



Childhood Lead



IF YOUR PATIENT ANSWERS “YES” TO ANY QUESTIONS:

- Order a blood lead level test immediately and schedule during third trimester regardless of initial test results.
**Note: The time it takes to process blood lead test results depends on the type of test and the lab's processing capabilities.*
- Educate patient on lead exposure sources and impacts
Ask follow-up questions:
 - Are there any children residing in your household under the age of six?
 - Have they been tested for elevated blood lead levels?
- Refer patient to local public health department for follow-up if needed.

IF YOUR PATIENT ANSWERS “NO” TO ALL QUESTIONS:

- Reassess if circumstances change during pregnancy at the beginning of third trimester



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