Reinforcing these messages would help minimize exposure.

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Public Health

Please consider the environment before printing this e-mail.

"There are two lasting bequests we can hope to give our children: one is roots; the other is wings." Hodding Carter

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From: Wells, Eden (DHHS) [mailto:WellsE3@michigan.gov]
Sent: Friday, October 30, 2015 12:02 PM
To: Laura Carravallah
Cc: Lawrence Reynolds; PPI; Peter Levine; Valacak, Mark
Subject: Re: Breast feeding and maternal lead exposure

Looping I our toxicologist, as we ha e discussed this. Note that anyone should be using filtered or bottled water now, so that the issue of which house and which risk should already be addressed. Also- we do not have any data supporting adults with blood lead levels that high (Off top of my head) and none have been in the 40's or higher since Long before April 2014.

Regardless, Linda and I had talked about breastfeeding moms... She can help.

Eden

Sent from my iPhone

On Oct 30, 2015, at 11:33 AM, Laura Carravallah <Laura.Carravallah@hc.msu.edu> wrote:

> Thank you for your quick answer!
>
> This makes sense for pregnant moms, as there is no choice as to how the baby will get its nourishment. However, for breastfeeding moms in households in which filters will be provided, **do we know that breast milk (with possible higher maternal BLLs secondary to bone release from chronic exposure) is preferable to filtered tap water?** Does anybody know what the range of breast milk lead levels are in women

who have BLLs around 30 or 35? In the data that Dr. Reynolds and I looked at (previously attached) the BLLs didn't go that high, and it said that the breast milk levels fluctuated.

In the Ettinger paper the highest maternal BLL with a breast milk sample was 29.9 (Table 1), which is less than the level of 40 recommended in the MDHHS handout. The article said that "Breast milk lead expressed as percentage of maternal blood lead ranged from 0.4 to 9.2% (mean = 1.6%, SD = 1.2%)" – p 929. The means a less an issue than the outliers, considering some of the extremely high water lead levels that have been found in the city and also the difficulty of predicting which houses might be most at risk.

I'm not sure if there is other, better data out there that might shed some light on this? Also, your attached pamphlet does deflect patients back to their doctors, but I'm not sure that those of us in the GCMS feel that we have adequate information to advise people further.

Laura

From: Wells, Eden (DHHS) [mailto:WellsE3@michigan.gov]
Sent: Friday, October 30, 2015 11:02 AM
To: Laura Carravallah
Cc: 'Lawrence Reynolds'; '[PPI]'; Peter Levine; Mark Valacak
Subject: RE: Breast feeding and maternal lead exposure

Good morning,

Note that MDHHS/GCHD is about to send out (by emails and hopefully you all can disseminate at will to your colleagues?) a provider letter with provider resources, which will also all be on the webpage we are using. Parent letters with resources for them will be going out in hard copy through schools and daycares---all of this will be occurring in the next couple of days. Note that there is already a flyer on the Michigan.gov/flintwater webpage for pregnant moms and breastfeeding---note that, like all others including children, treatment only occurs for levels over 45, but removing lead from any environmental sources is important at all times.

We have already gotten information regarding pregnancy and lead levels from CDC: (Mary Jean Brown): "Pregnant women who work with lead should be tested (occupational, hobby, shooting ranges, renovation exposures). Worried women who want to be tested should not be refused but if their only exposure is the water the only intervention is to stop drinking the water from the river and it is my understanding that that has been accomplished. There is no medical treatment for pregnant women (chelation therapy) in the first trimester because of teratogenic concerns. At blood lead levels >=45 in later trimesters, chelation may be considered to protect the fetus but should only be done in consultation with someone familiar with chelation in early childhood and high risk pregnancies. A general alert to area OB/Gyn's