

and maternity clinics that patients should not drink water from the river, would be advisable.”

Eden

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From: Laura Carravallah [<mailto:Laura.Carravallah@hc.msu.edu>]
Sent: Friday, October 30, 2015 10:51 AM
To: Wells, Eden (DHHS)
Cc: 'Lawrence Reynolds'; '[REDACTED] PPI'; Peter Levine; Mark Valacak
Subject: Breast feeding and maternal lead exposure

Dear Eden,

Our county medical society is in the process of drafting a “fact sheet” specifically for our physician members to try and help them help their patients. We are endeavoring to keep the content consistent with the other messaging going out, but to use as many channels as we can, and to make this very easy for physicians to digest (i.e. brief and pertinent to their patients). I am attaching our draft to this email, as well as some of the articles that we have found.

One of the questions that came up is what to tell lead-exposed mothers who are pregnant or breastfeeding. We have pulled a number of articles that talk about lower maternal BLLs, but these are usually in the context of lower lead levels in drinking water. We are not sure if these recommendations still hold in our situation: the water is variable, the mothers are not routinely tested (should they be?), and lead is released from maternal bone for a long time. We also read that the lead levels fluctuate. All of this is to say, we are not certain that breastfeeding is safer than using filtered water in our situation (though it pains us as pediatricians and family docs to suggest this) and also, what the safe BLL is for a mother? The MDHHS recommendation of 40 in the recent Lead Week Toolkits seemed high, considering the fluctuating BLL and bone storage.

You had previously asked your toxicologist about the copper levels for us, and I was hoping you might pose this question to them as well.

Thank you for your help!

Laura Carravallah, MD

~~<def>flintwater-breastfeedingandlead_503281_7.pdf
leadandpregnancy CDC 2010.pdf~~