Pregnancy, Lead, and Mercury: *Protecting our Future*

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NJ Department of Health

Public Health & Environmental Laboratories

Environmental and Chemical Laboratory Services

I have no financial or other conflicts to disclose.

The opinions expressed are my own.



Biomonitoring & Exposure Assessment Program



Chemicals, Exposure, & Biomonitoring











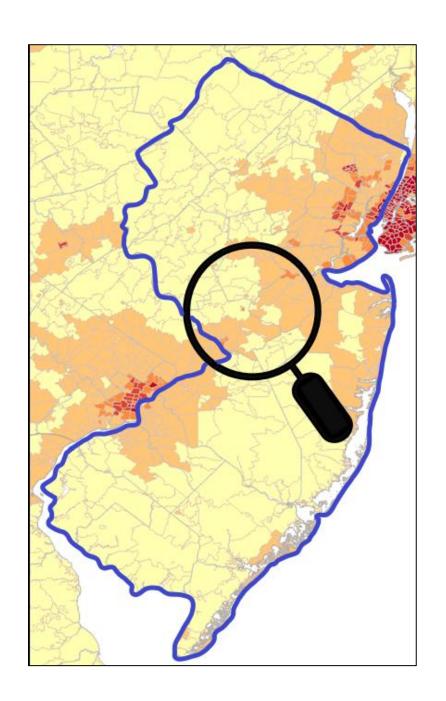




Why do Biomonitoring in NJ?

Variety of Risk Factors

- Heart of Northeast transportation corridor
- Industry, manufacturing, refining
- Shared waterways
- Hazardous sites
- External sources
- Diverse Populations





Background – Health Disparities

Causes*

- Limited transportation
- Lack of childcare options
- Housing instability
- Linguistic issues
- Incognizance of services
- Mental distress
- Racial Stigma
- Working hours

Sources: NJ Spotlight Daily Mail Online

Consequences

- Delayed health care 1st prenatal visit
- Negative health outcomes
- Significant disparity in Black maternal (>2.5X)
 and infant mortality rates
- Maternal mortality 60% are women of color NJ
- Infant mortality 1.9% for NH Black infants US
- Many with the greatest need lack access





Built on Collaborative Research

- Boston Birth Cohort (BBC) continuously funded > 20 years
- Mothers/babies enrolled at birth followed for up to 21 years
- ~9000 dyads
- >140 publications covering outcomes related to exposure









What the Research Says





- Mothers transfer lead and mercury to infants; infant mercury levels can be twice as high
- Prenatal exposure results in negative birth, early childhood, and lifelong outcomes
- Exposure tied to heart, respiratory, metabolic, neurodevelopmental, and other disorders at levels lower than current health limits (5 μg/L Hg; 3.5 μg/dL Pb)

Lead (Pb)

Toxic metal found in older buildings, pre-1980s paint, small plane exhaust, foreign goods, etc.

Exposure:

- Breathing or swallowing dirt or dust
- Drinking contaminated water
- Eating food or non-food items with lead

Culture-related increased risks:

- Lead-containing pottery
- Cosmetics
- "Earth"
- Ayurvedic medicine







Exposure Questionnaires - Continued

Learn About Lead in Remedies

ntect Your Family from Lead Poisoning



Many remedies have lead in them that can hurt your child. You cannot tell by looking at or tasting a remedy if it has lead in it.

What are Remedies?

- Remedies are known as traditional, alternative, natural, or herbal medicine that are used across the world for many reasons.
- Remedies can have herbs, minerals, metals, or animal products in them.
- Lead and other metals are sometimes put into remedies on purpose or can get into remedies during grinding, coloring, from the packaging, or if the ingredients are grown in soil with lead in it.

Can Lead in Remedies Hurt My Child?

Lead in remedies or from other sources can hurt your child or unborn baby's growth and development. It can also make it hard for your child to learn and pay attention



How Do I Know if My Child has Lead Poisoning?

Most children with lead poisoning do not look or act sick. The only way to know if your child has lead poisoning is to get a blood test for lead. If you think your child has been given one of these remedies, ask your child's doctor to test your child for lead, or reach out to your local Childhood Lead Poisoning Prevention Program (CLPPP) for more information.

Common Remedies that Contain Lead

- Greta and Azarcon
 (also known as Alarcon,
 Coral, Luiga, Maria
 Luisa, or Rueda) are
 fine powders used in
 Latino cultures for
 upset stomach and other illnesses. The
 powders are often yellow, orange, and/or
 red and have been found to contain up to
 90% lead.
- Kohl and Surma are black powders used in South Asian and Middle Eastern cultures mainly as a cosmetic, but also on the navel of a newborn child as a medicine to treat skin infections.
- Sindoor is an orange-red powder typically used by the Asian Indian community.
- Pay-loo-ah is a red powder used in Southeast Asian countries to treat children with rash or high fever.

More Remedies that Contain Lead

		Remedy:	Used for:
	rica	Albayalde, Albayaidle	"Empacho" (vomiting, colic, apathy, lethargy)
	atin America	Azarcon, Alarcon, Coral, Greta, Luiga, Maria Luisa, Rueda	Stomach ache
	Lat	Litarigiro	Antiperspirant and deodorant
		Anzroot	Vomiting, diarrhea
		Bint al Zahab, Bint, Bend Dahab	Diarrhea, colic, constipation, general newborn use
		Bokhoor	Calming fumes
	East	Cebagin Santrinj, Farouk	Teething powder
	Middle East	Esfand	General health, protect against evil eye
	Σ	Jawani Badeyan	Stomach ache, nausea, digestion
		Kajal, Kwalli, Kohl, Al-Kahl, Saoott, Surma, Tiro, Tozali	Cosmetic; astringent for eye injury, umbilical stump, teething powder; protect against evil eye
		Lozeena	Food coloring
		Ba Bow Sen	Hyperactivity, nightmares in children
		Daw tway	Digestion
	Asia	Hai Ge Fen	Digestive & stomach problems
		Pay-loo-ah	Rash, high fever
		Po Ying Tan	Minor illness in children
			continued on next nage

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	Remedy:	Used for:	
	Bala goli/fita	Stomach ache, dissolved in "gripe water"	
	Balguti Kesariya	Rickets, cough/cold, worms, teething, digestion	
	Deshi Dewa	Fertility	
	Gashard, Kandu, Bali Gali	Digestion, stomach ache	
dia	Ghutti	Indigestion, vomiting, teething, flatulence	
듸	Kum Kum	Ceremonial powder	
	Kushta	Disease of the heart, brain, liver, stomach	
	Pushpadhanwa	Fertility	
	Sindoor	Applied to forehead and hairline	
	Vibuthi ash/Bhasma, Pooja powder	Ceremonial powder	



For more information, visit go.cdph.ca.gov/LeadFreeKids





This is new!





Mercury (Hg) as 4 Different Chemicals

Methylmercury (MeHg)

- Extremely toxic
- Commonly found in fish/seafood
- Builds up in body



Inorganic mercury (InHg)

- Toxic
- Found in ayurvedic medicine
- Skin lightening products



Ethylmercury (EtHg)

- Toxic
- Used as a preservative (thimerosal)
- Rarely detected



Elemental mercury

- Toxic
- Found in thermometers,
 CFLs, dental amalgams,
 gold- smithing, religion
- Liquid, volatile





Effects on the Body - Mothers

Lead

- Abdominal Pain
- Fatigue
- Difficulty sleeping
- Constipation
- Anemia
- Joint pain
- Mood disorders
- Memory loss
- Reduced bone calcium
- Sterility
- Increased risk of preeclampsia
- Increased risk of high blood pressure
- Embolisms

Mercury

- Nausea and vomiting
- Anxiety/Depression
- Memory loss
- Insomnia
- Muscle weakness
- Skin rashes
- Impaired motor skills/paralysis
- Hair loss
- Organ damage (kidney, lung...)
- Mood disorders
- Endocrine disruption
- Immunological disruption
- Sterility
- Coma





Effects on Developing Fetuses: Lead

01

Neurological

Decreased brain function

Decreased nervous system function

02

Developmental

Decreased kidney function
Decreased muscle growth
Decreased bone growth
Preterm Birth
Miscarriage

03

Behavioral

Learning disabilities
Lower IQ
Antisocial behavior
Aggressive behavior
Decreased attention span
Lower educational attainment
Lower career attainment



Effects on Developing Fetuses: Mercury



Neurological

Decreased brain growth
Decreased nervous system growth
Neurological disorders
Decreased coordination



Developmental

Decreased bone growth
Kidney failure
Blindness
Deafness
Microcephaly
Preterm Birth
Miscarriage



03

Behavioral

Learning disabilities

Lower IQ

Behavioral disorders

Decreased attention span

Lower educational attainment

Lower career attainment



Translating the Research

University Hospital Standard-of-Care

- Mercury and lead screening at mother's 1st prenatal visit
 - Educational materials to all patients
 - Prescription for vitamins with calcium, iron, folate, Vitamin C and Vitamin D



- Regular blood draw for mothers; cord blood for babies
- Specimens sent to NJDOH for analysis by ICP-MS/Hg speciation
- Resources for patients











Patient Resources

HOW CAN LEAD AFFECT MY BABY?

harmful to brain ment. It can also cause nanent problems like:

- Reading and learning

CHECK FOR LEAD: 🔣 🎞

- while pregnant, your baby will need to be tested at
- your home and water for lea Find your LHD: biLly/my-LHD

HELPFUL TIPS:

- Take off your shoes before going into your home to help keep out dust or soil.
- Wash hands, toys, and play areas regularly, especially low areas where kids can reach.
- Buy and use products for your home and for self-care from the USA.
- When renovating your home, block off and clean the work area. Consider moving to lead-safe housing until the project is finished.

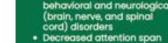
LEARN MORE:

New Jersey Poison Control Center 1-800-222-1222

- NJDOH Environmental Health: bit.ly/enviro-lead
- NJDOH Biomonitoring Program: bit.ly/biomon-prg
- Partnership for Maternal & Child Health of Northern NJ: bit.ly/lead-prev Centers for Disease Control &
- bit.ly/cdc-lead-prev

Speak to your health care provider if you have any concerns.





Kidney failure, blindness, and

HOW CAN MERCURY

AFFECT MY BABY?

Mercury is harmful to brain

. Low brain, bone, and

Reading and learning disabilities; lower IQ

· Increased chance of

nervous system growth

development. It can also cause

deafness
• Preterm (early) birth Loss of pregnancy if mercury levels are very high

CHECK FOR MERCURY:

- Mercury is checked using a blood test.
- If you have high mercury levels while pregnant, your baby will also need to be tested at birth.

WHAT IS MERCURY?

Mercury is a toxic metal also known as quicksilver, it is usually found in:

oceans, ners, and axes
 fish (especially large fish)
 skin lightening creams, hair, or
 makeup products
 mercury thermometers
 compact fluorescent
lightbulbs

smoke from coal plants
 oceans, rivers, and lakes

HELPFUL TIPS:



- While you are pregnant, eating fish is very important. Fish have vitamins, minerals, and healthy fats that are good for your baby's development.
- To minimize mercury exposure, eat one serving of the following fish 2x each week:
- anchovies salmon shrimp sardines cod tilapia sardines • cod
- 1 serving = 8 oz, or about the size of the palm of your hand

LEARN MORE:



New Jersey Poison Control Center -800-222-1222 Visit Online:

- **NJDOH Biomonitoring Program:** bit.ly/biomon-prg
- **NJDOH Mercury Exposure:** o bitly/merc-exp
- NJ Department of Environmenta Protection: bit.lv/dep-fish-eat-smart
- Centers for Disease Control & Prevention: bit.ly/cdc-merc-facts

Speak to your health care provider if you have any concerns.





EXPOSURE & PREGNANCY: HOW TO PROTECT YOU & YOUR BABY

WHAT IS LEAD? ENVIRONMENT

ead is a toxic metal that may be

- · paint from before the 1980s
- · old toys
- (like cosmetics or clay pats

LEAD & PREGNANCY





Do not touch or eat peeling paint.

· Vacuum often to avoid breathing dust or dirt with lead

work, they should change their clothes or shoes before going

ITEMS AT HOME

Do not use greta and azarcon

in home remedies.

They have lead in them.

Avoid using ceramic pottery like

Avoid ayurvedic medicine as some may have lead.

· Beauty products from other

countries like makeup, kohl, or hair dyes, might have lead.

clay pots, plates, or jars, from outside the USA.















HOW TO PROTECT AGAINST LEAD

Avoid eating items that are not food, like earth, clay and paint chips.

WHAT YOU EAT

Avoid certain spices or candles that might contain lead.

· Eat a healthy, well-balanced diet that has vitamins C and D, iron, calcium, and folate. Eat small fish, meat, cereals









LEAD EXPOSURE &

PREGNANCY:

HOW TO PROTECT YOU

- Change your water filter regularly.

Use cold water for drinking and cooking. Hot water is more likely to have lead.

Run the faucet for 15 seconds to one minute if you have not turned it on in a few hours.







MERCURY & PREGNANCY

If a pregnant woman is exposed to mercury, the mercury passes from the mother to



Even though

Mercury can get into the body by:

Usina skin liahtenina creams, hair,

Exposing skin to spilled mercury.



Breathing in mercury vapors.

Eating fish that are usually high in mercury, like shark, eel, raw fish, the green gland or bile of crabs and

Do not eat anything caught in Newark Bay,



How to protect against mercury:

Do not eat seafood that is often high

wold breathing in vapors or handling items that have mercury including skin lightening creams, compact fluorescent light (CFL)

at a healthy, well-balanced diet that has vitamins C and D, Iron, alcium and folate Small fish meat cereals, beans, green leafy vegetables, and oranges are great sources.

Avoid using costume jewelry from outside the USA. It may have a pendant that contains mercury.

Do not touch liquid mercury or allow it to sit in carpeting or other outdoor

to mercury at work, change clothes before going home. Wash those clothes

General prenatal resources

- Centering/educational material
- NJDOH and UH support use of doulas
- Local community organizations
- Lead and Healthy Homes program

Post-diagnosis resources

- Medical treatment
- Diagnostic questionnaire
- Poison Center expertise
- Local DOH inspections, case management, remediation
- State Child Lead and CEOHS



Lead Follow Up Guidelines

CDC Guidelines (Endorsed by ACOG) for Maternal Lead

- < 3.5 μg/dL no follow-up needed
- 3.5-5 μg/dL education and monitoring
- 5-14 μg/dL resample within 1 month, cord blood at birth
- 15-24 μg/dL resample within 1 month, every 2-3, cord blood
- 25-44 μg/dL resample within 1-4 weeks, monthly, cord blood
- >45 μg/dL resample within 24h, frequent, consult specialist, cord

CDC Guidelines (Endorsed by AAP) for Child Lead

Blood Lead Level (µg/dL)	Time to Confirmation Testing**
≥3.5–9	Within 3 months
10–19	Within 1 month
20–44	Within 2 weeks
≥45	Within 48 hours

Venous blood lead levels (µg/dL)	Early follow up testing (2–4 tests after initial test above specific venous BLLs)	Later follow up testing after BLL declining
≥3.5–9	3 months*	6–9 months
10–19	1–3 months*	3–6 months
20–44	2 weeks-1 month	1–3 months
≥45	As soon as possible	As soon as possible



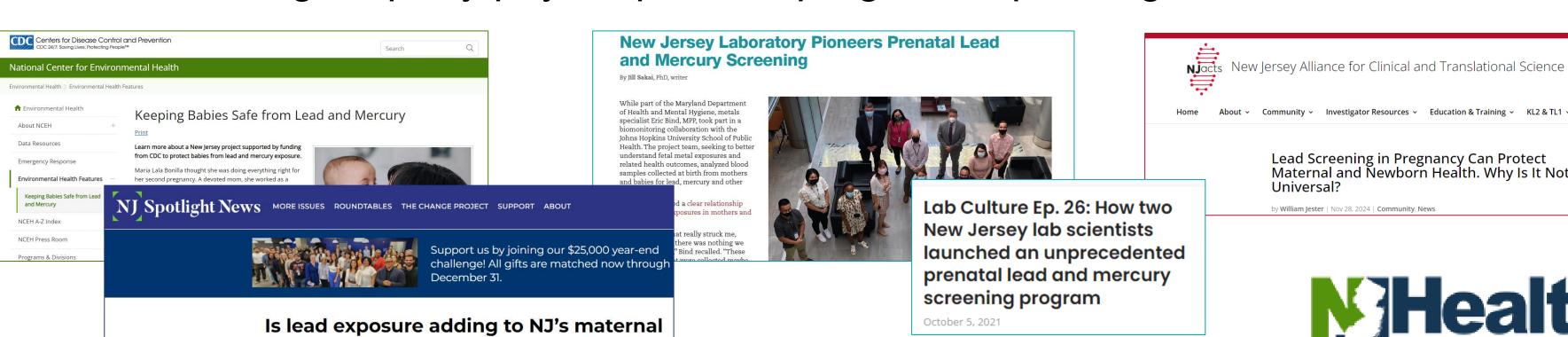
How it's Going

Program started June 2019

- > 27K tests including follow ups
- > 1650 elevated results

deaths?

- Thousands of families have received educational materials
- Medical and environmental interventions implemented
- Pursuing 3rd party payer options program expanding







Investigator Resources v Education & Training v KL2 & TL1 v Clin

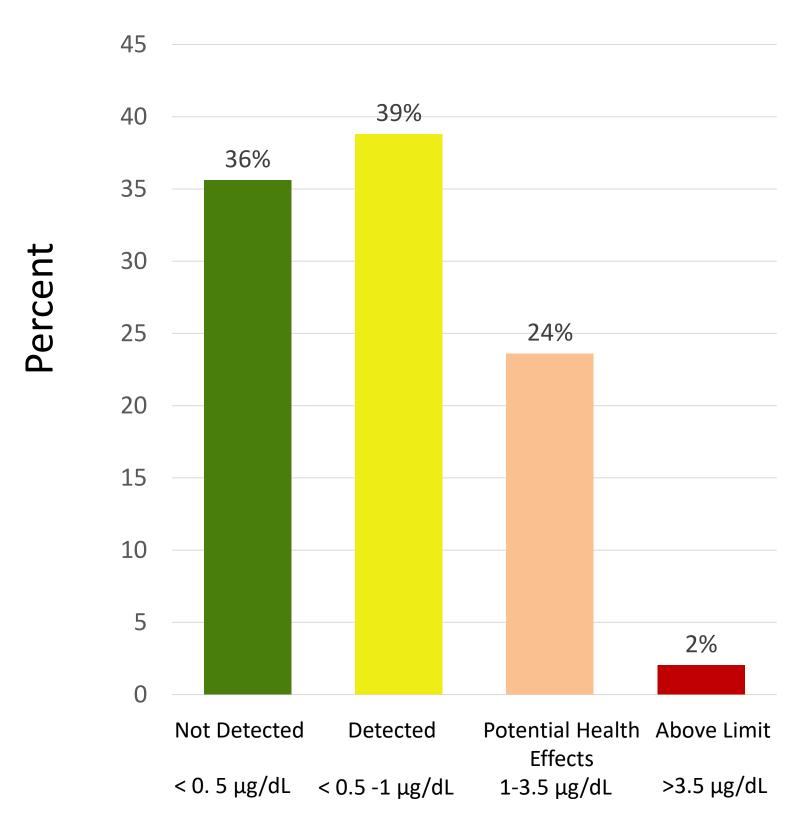
Lead Screening in Pregnancy Can Protect Maternal and Newborn Health. Why Is It Not

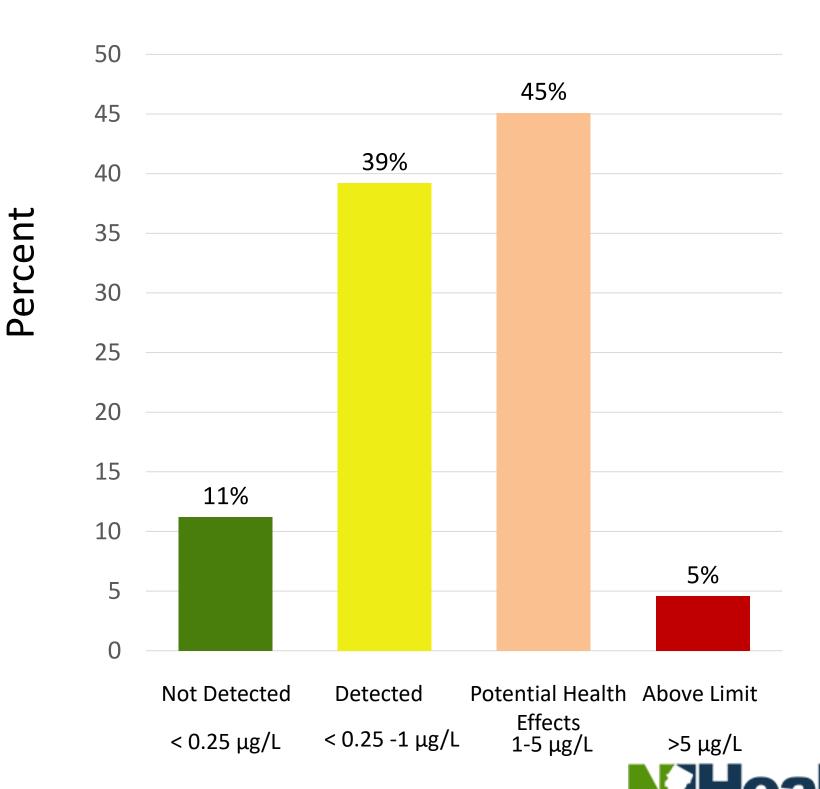
Universal?

by William Jester | Nov 28, 2024 | Community, News

Lead vs. Mercury in Mothers

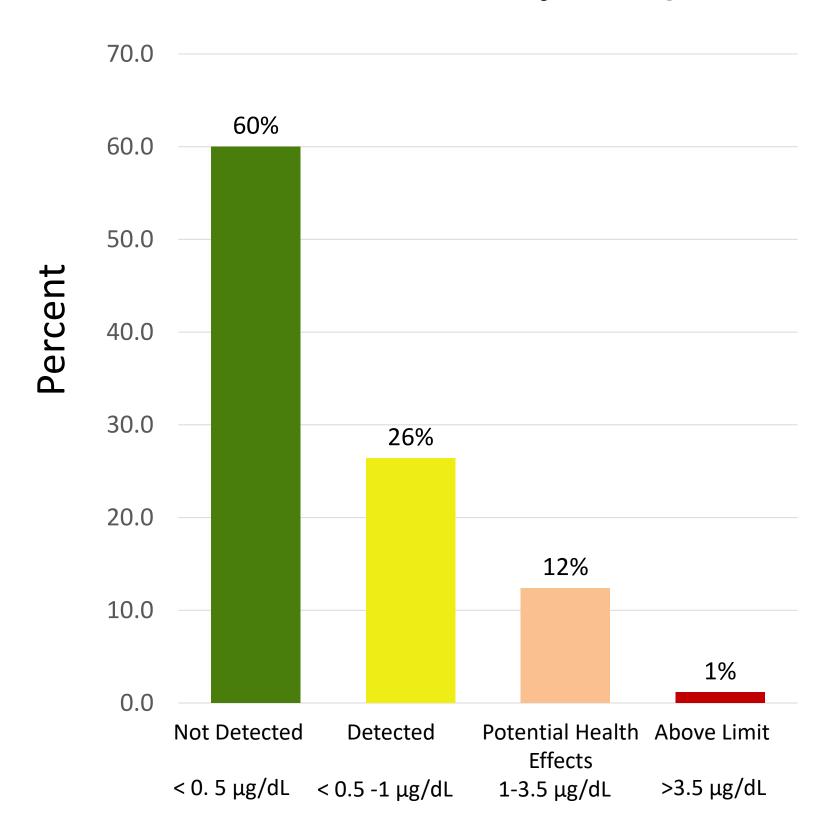
University Hospital, Newark NJ (2019-2023) n=6688

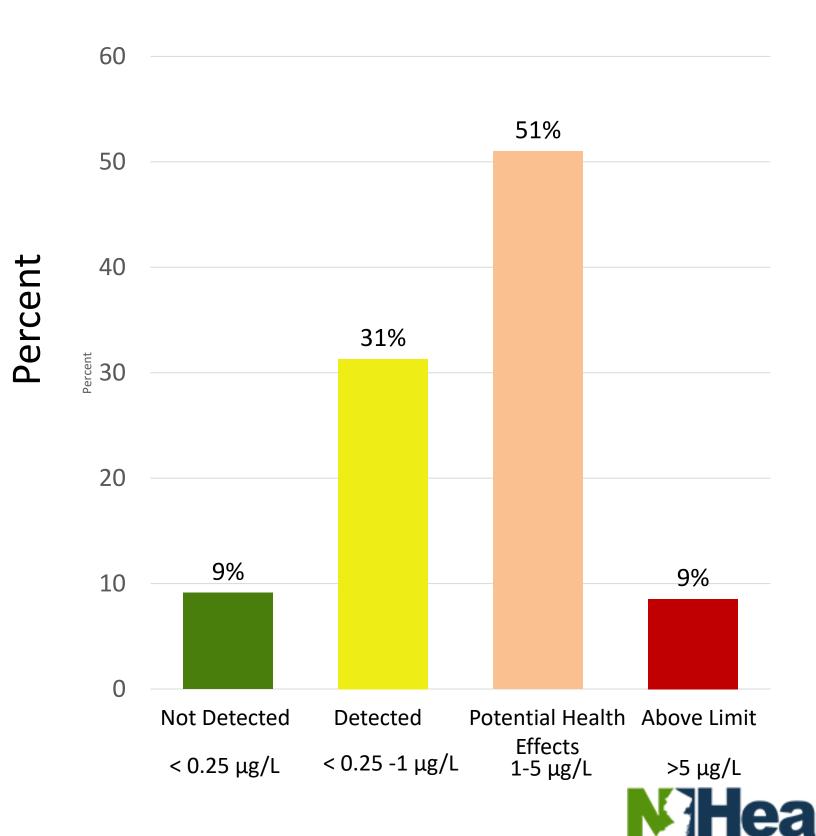




Lead vs. Mercury in Newborns

University Hospital, Newark NJ (2019-2023) n=6090

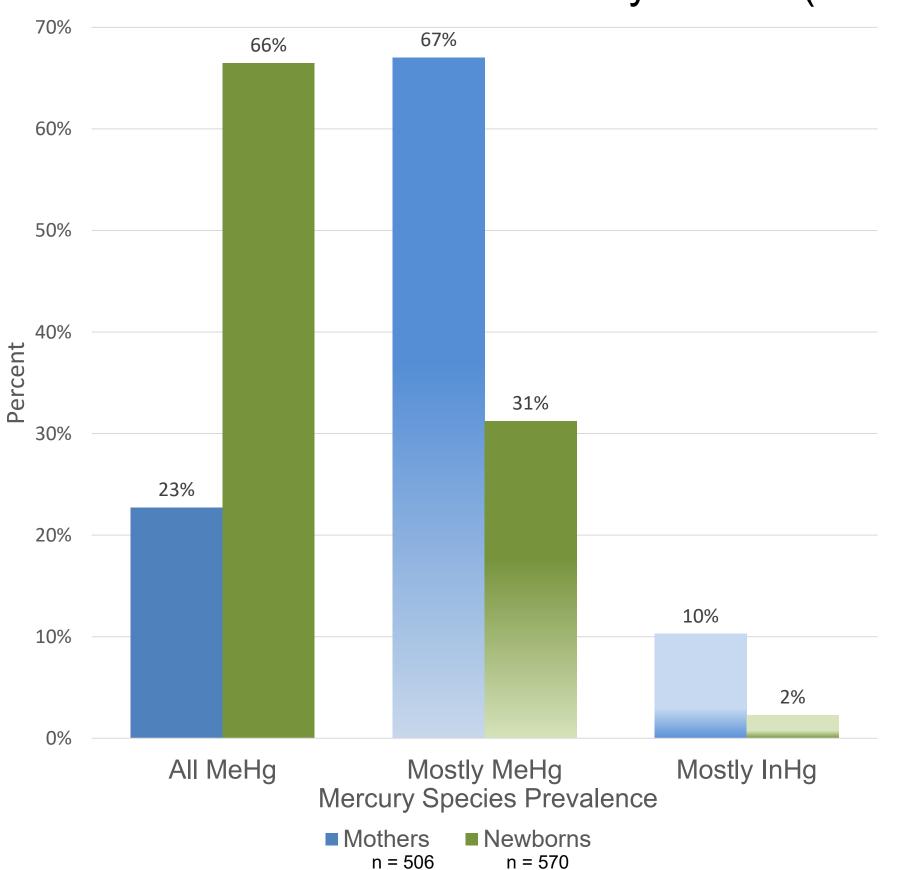




^{*} New CDC Lead Reference Value approximately doubles percent above limit

Mercury Species in Mothers and Babies

Data from Patients with Elevated Mercury Levels (2019-2024)





The case for prenatal screening

- 1st prenatal visit at 10 weeks gestation
- Source: large fish educated and switched to smaller fish

Mom						Baby
	40 w					
Hg (µg/L)	44.7	13.8	7.8	5.56	3.41	7.3 7
% MeHg	95 %					100%

• Baby born with up to 90% less mercury due to intervention







The case for newborn screening

- Foreign-born mother language/transportation concerns
- •No prenatal care first test at delivery

	Mom	Baby
Lead (ug/dL)	49.5	65.1
Mercury (ug/L)	0.345	1.10

- Hospital medical care; NJ Poison consultation, police transportation, LDOH – case management and inspection
- Baby hospitalized and chelated same day
- Baby's lead came down to $< 3.5 \mu g/dL$ and baby is health
- Eating "earth"







The lead challenge

Second Pregnancy – 27 Months Apart

Mom						Baby
Baby 1	05/28	07/02	08/27	09/24	10/14	10/14
Pb (μg/dL)	33.1	43.7	28.2	22.8	43.9	46.8
Baby 2			09/23	12/15	01/12	01/12
Pb (μg/dL)			14.6	21.5	21.3	21.4

- Lead is released from bone with calcium as part of remodeling
- Baby 2 born with <1/2 levels as Baby 1
- Different than mercury where you can see >90% reduction







The case for third trimester screening

Second Pregnancy – 12 Months Apart

	Baby		
Baby 1	Visit 1	Delivery	Delivery
Pb (µg/dL)	1.50	1.38	< 1
Baby 2	Visit 1	Delivery	Delivery
Pb (µg/dL)	0.57	36.3	34.1

- Baby 2 flown to NYC for emergency heart surgery
- Family moved 3 times during second pregnancy
- Plates broke during move, new plates had high levels of lead







Risk Factors and Outcomes

Preliminary data analysis on elevated mothers(n=79) and reference mothers(n=102)

Mothers	Elevated	Reference	p-value
Age (years)	30.8 (5.68)	24.2 (5.35)	<0.0001
Immigrant	74.7%	20.2%	<0.0001

Preliminary data analysis on elevated babies(n=78) and reference babies(n=79)

Babies	Elevated	Reference	p-value
Newborn screen hit	30.8%	5.06%	<0.0001
ICU admission	35.4%	20.5%	0.037







Early Interventions Program (EIP)

- Newborn was referred to Early Intervention and exhibited delays in adaptive behavior, communication, motor skills, and cognition at the 4month evaluation.
- Improvements were observed across these areas by the 16-month assessment following Early Intervention.

	Date: 02/16/23	Date: 02/07/24	
	Chronological Age: 4	Chronological Age: 16	
	months	months	
Developmental	Domain Score (Average =100)		
Domain			
Adaptive	75	90	
Personal / Social	85	100	
Communication	73	65	
Motor	70	113	
Cognitive	73	87	







EIP – Low Level Mercury (5-7.5 μg/L)

- 7 patients received initial and annual evaluation
- 80% of these patients showed cognitive improvement
- 43% showed improvement in communication
- 43% showed improvement in personal-social behavior
- No significant improvement seen in gross and fine motor











What it Means

Prenatal screening is an efficient tool

- Identifies emergency cases that would otherwise go undiagnosed
- Education is key to reducing exposure

Health concern from mercury in NJ – echoing other studies across U.S.

Proactive approach to limit exposure, address disparities, and *improve health outcomes*

High need – high ROI



What About...

Communities in NJ?

- Communities are likely not aware of risks
- Communities are likely being exposed
- May experience negative health outcomes
- Families are not being treated or changing behavior

	Newark, NJ	New Jersey	United States
Population	311,000	9.3 million	342 million
Composition	45% Black 36% Hispanic 8% White (NH) 2% Asian 9% Other/two plus	12% Black 22% Hispanic 51% White (NH) 10% Asian 5% Other/two plus	13% Black 19% Hispanic 58% White (NH) 7% Asian 3% Other/two plus
Poverty	24% poverty	9.7% poverty	12.5% poverty
Foreign-born	37%	24% Cities as high as 60%	16% Cities as high as 74%



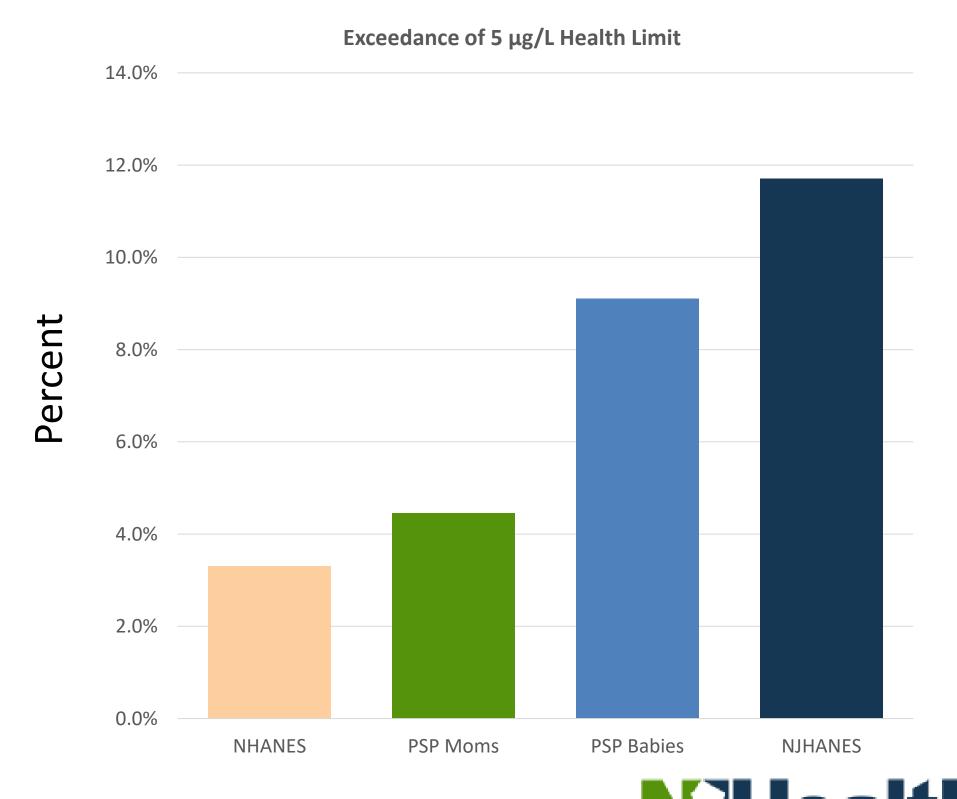


Mercury in NJ



Fig. 1 Four-year-old girl with excessive muscular hypotension especially of the pectoral and pelvic girdles due to chronic inorganic mercury intoxication (acrodynia)

From Benz & Seung-Hee, Eur Journal of Pediatrics, 2011



Current Screenings

Child Lead

- NJ endorses 1- and 2-year Pb screens and at school enrollment
- Recommended as universal nationally, but varies by state
- No routine screening for mercury

Prenatal Screening

- Standard screens for STDs, iron, etc.
- Risk-based metals; prenatal intervention is rare

Newborn Screening

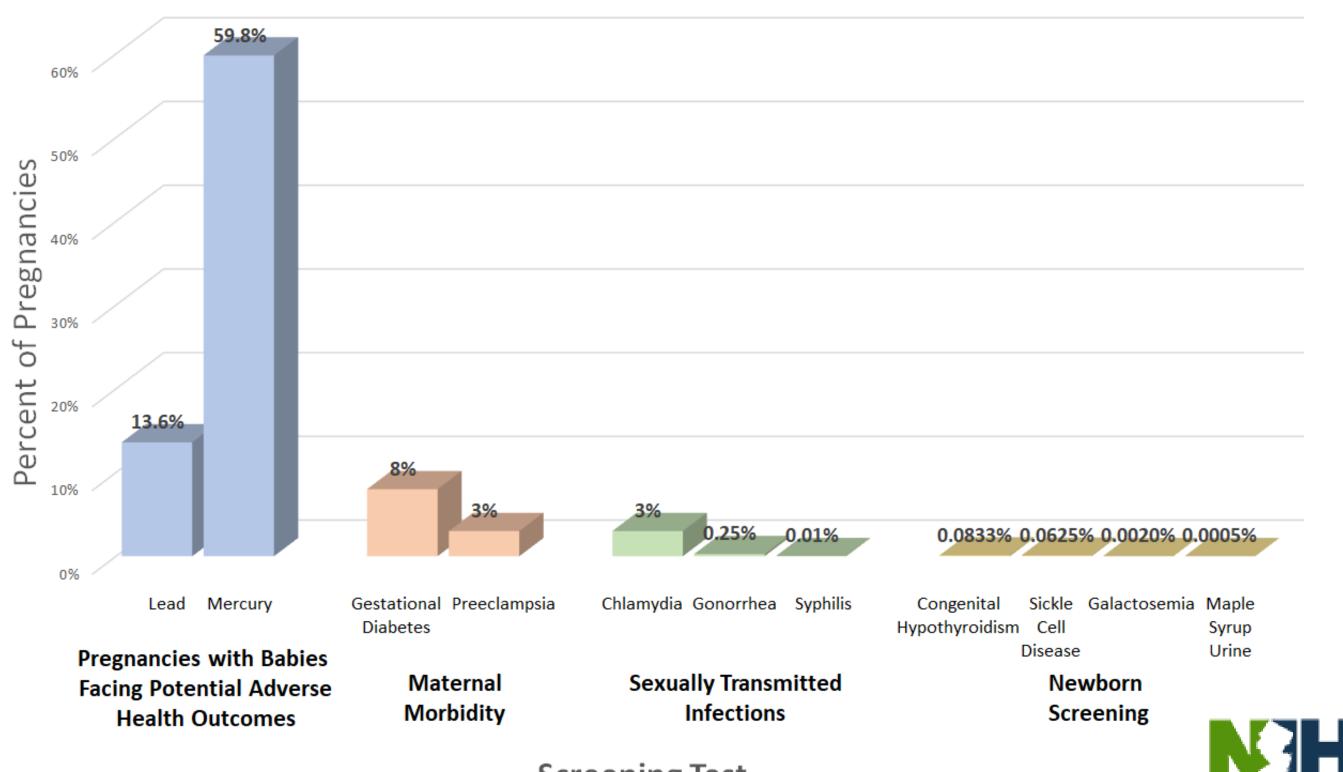
- Universal requirement
- 60+ genetic diseases





How Does it Compare?

Prevalence of Select Prenatal and Newborn Screening Data



Screening Test

Lead as a Public Health Success Story

Lead... is a pathway through which racial inequality literally gets into the body.

- Dr. Robert Sampson

US has seen a 93% reduction in blood lead levels since the 1970s; however, disparities exist in the way levels went down.

Lead Levels in Children Childhood blood lead levels (BLLs) have fallen dramatically since the phaseout of leaded gasoline, once the primary source of lead exposure, began in 1973. **LEAD IN U.S. CHILDREN AGES 1-5** Median and 95th percentile blood concentrations, 1980-2016 1980 95th percentile Median 2016 1985 2010 DATA: Centers for Disease Control and Prevention; National Center for Health Statistics and National Center for Environmental Health; National Health and Nutrition **Examination Survey**

SOURCE: EPA

PAUL HORN / Inside Climate News



Legislation - Bills A4848/S3616

Provider responsibility

- The bill requires a physician or registered professional nurse to assess each pregnant person for possible risk factors for lead exposure and elevated blood lead levels
- If they identify at least one risk factor, they must perform lead screening on the patient
- If a provider receives laboratory test results indicating elevated blood lead level, they must:
 - Notify the patient
 - Provide an explanation
 - Ensure that any of the patient's household members <6 are screened for lead
- First visit and 3rd trimester screening
- *Patient may refuse test

Laboratory responsibility

• The laboratory must report the results to NJDOH, the local health department, and the provider within 5 days

NJDOH shall adopt rules and regulations necessary to carry out the provision of the act







What We Can Do for Our Communities

- Understand risks
- Improve messaging and distribution
- Hold constructive dialog about alternative practices
- Educate medical providers, expectant mothers/WCBA, public health professionals, and communities
- Reduce demand for and supply of harmful chemicals
- Advocate for reviewing screening policies
- Advocate for and establish pre- and perinatal screening programs
- Highlight resources available



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Newborn Screening

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NJ Biomonitoring Commission

NJ Department of Environmental Protection

Newark DOH & CW

First Lady Murphy, Stephanie Lagos, Lauren Lalicon, Shannon McGee

Association of Public Health Laboratories (APHL)

APHL Environmental Health Committee

National Biomonitoring Network

NJ Branch of the American Academy of Pediatrics (NJAAP)

NJ Obstetrical & Gynecological Society (NJOGS)

Pediatric Environmental Health Specialty Units (PEHSU)

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Health Connect One (Doulas)

Maternal and Infant Health Innovation Authority

The Cooperative/Family Health Initiatives

Central NJ Lead and Healthy Homes Coalition

Partnership for Maternal and Child Health of Northern NJ

Interagency Taskforce for the Prevention of Lead Poisoning

Governor's Council for the Prevention of Developmental Diseases

NJDOH/NJDEP Toxics in Biota Committee

Lead Free NJ,

WE ACT for Environmental Justice

Zero Mercury Working Group

THANK YOU!

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