

Blood Lead Risk Assessment for Pregnant and Breastfeeding People

September 2025

Because evidence of lead exposure is often not apparent, it's important to assess lead risks for pregnant and breastfeeding patients regardless of clinical signs. Use this brief questionnaire to assess lead risks of pregnant patients at their first prenatal visit, or if possible, during a pre-conception visit. If you serve high-risk populations, you may want to conduct blood lead testing on all pregnant and breastfeeding patients.

If you need help accessing or understanding this information, contact ahs.vdhHealthyHomes@vermont.gov.

Risk Assessment Questions

Yes	No	Don't Know	Question
			1. Do you or others in your household have a job that involves lead exposure?*
			2. Do you or others in your household have hobbies or activities likely to cause lead exposure?*
			3. During the last 12 months, did you move to Vermont from a major metropolitan area?
			4. Do you live in a house built before 1978 that is currently being renovated, or has visible chipping or peeling paint?
			5. Do you drink or eat out of handmade or imported pottery, leaded crystal or other vintage dishware?
			6. Do you use any traditional folk medicines that are not sold in a regular drugstore or are homemade?
			7. Do you use any imported cosmetics or spices?
			8. Do you eat or chew on any non-food items, such as clay, crushed pottery soil, or paint chips?
			9. Do you have any bullets in your body from past gunshot wounds?
			10. Have you been diagnosed with lead poisoning in the past?
			11. Does your house have lead plumbing (i.e. pipes, fixtures, fittings, etc.)?

Actions

- **Questions 1-10:** Conduct a blood lead test on patients who answer “Yes” or “Don’t Know.”
- **Question 11:** Advise patients who answer “Yes” or “Don’t Know” to follow Health Department testing and treatment guidance for lead in drinking water found at www.HealthVermont.gov/water/lead.
- Conduct a blood lead test if the patient has concerns about lead that is not addressed by these questions.
- Breastfeeding is still recommended unless the patient’s blood lead level is so high that it would put the infant at risk.
 - **Patients with blood lead levels between 5 and 39 µg/dL** – breastfeed but monitor the infant’s blood lead levels. If the infant’s levels are rising or not declining, pause breastfeeding.
 - **Patients with blood lead levels of 40 µg/dL or higher** – stop breastfeeding and pump and discard breast milk until their level drops below 40 µg/dL.

*Examples of lead-related hobbies, occupations and industries

- Artists, including painters, ceramics, jewelry and stained-glass workers
- Auto repairers
- Battery manufacturers
- Construction, bridge and demolition workers
- Firing range workers and gunsmiths
- Glass manufacturers
- Lead abatement workers
- Lead manufacturers, refiners, smelters and miners
- Manufacturers of bullets, fishing sinkers, industrial machinery, and electrical components
- Painter and paint/pigment manufacturers
- Plastic manufacturers
- Plumbers and pipe fitters
- Police officers and armed forces members
- Radiator repairers
- Recyclers of metal, glass, electronics and batteries
- Remodelers and renovators of houses or buildings
- Restorers/refinishers of antique products/furniture
- Rubber product manufacturers
- Shipbuilders
- Solid waste incinerator operators
- Splicers, manufacturers and strippers of cable or wire
- Steel welders

Blood Lead Level (BLL) Actions for Pregnant and Breastfeeding Patients

BLL (µg/dL)	Recommended actions
≤ 3.5	Provide information on possible sources of lead and information on how to reduce or eliminate exposure, including nutrition information.
3.5 - 9	Above action plan plus: <ul style="list-style-type: none"> • If the result is from a capillary test, confirm with a venous test. • Attempt to determine sources of lead exposure and counsel on how to reduce the exposure(s). • For job-related exposure, ensure use of personal protective equipment. • Assess nutritional adequacy. • Perform follow-up test within 3 months. • Obtain a maternal BLL or cord BLL at delivery.
10 - 19	Above actions plan plus: <ul style="list-style-type: none"> • Perform follow-up test within 1 month and then every 2 to 3 months. • Obtain a maternal BLL or cord BLL at delivery. • More frequent testing may be indicated based on risk factor history.
20 - 44	Above actions plus: <ul style="list-style-type: none"> • Perform follow-up test within 2 weeks and then every month. • Obtain a maternal BLL or cord BLL at delivery.
≥ 45	Above actions level plus: <ul style="list-style-type: none"> • Perform follow-up test within 24 hours and then at frequent intervals depending on clinical interventions and trend in BLLs. • Obtain a maternal BLL or cord BLL at delivery. • Consider chelation in consultation with a lead poisoning prevention expert. Treat as a high-risk pregnancy.