Prenatal Lead Risk Evaluation Questionnaire (PLRQ) Algorithm

All confirmed venous blood lead levels of ≥5 μg/dL will receive case management services from IDPH.

Administer PLRQ during pre-conceptual counseling and to pregnant person.

Response to PLRQ

NO

Answer of "Don’t Know", recommended to follow same guidelines as "YES" response.

IF in Pre-natal Counseling: Give education regarding effects of lead exposure to fetus and children and ways to reduce lead exposure.

DONE

No further action required.

IF Pregnant: Follow-up Testing Needed

Venous Blood Lead Level (μg/dL) | Perform Follow up Testing |
--- | --- |
5 – 14 | • Within 1 month |
15 – 24 | • Within 1 month, then every 2-3 months |
25 – 44 | • Within 1 – 4 weeks, then every month |
≥ 45 or more | • Within 24 hours, then frequent intervals depending on clinical intervention and blood lead level trends |
| • Consult a clinician experienced in managing blood lead levels in pregnancy |

Venous Blood Lead Level ≥ 5 μg/dL

Test newborn via cord blood or venous draw.

Lead Level < 5 μg/dL

Lead Level ≥ 5 μg/dL

All newborns of pregnant persons with a BLL ≥ 5 μg/dL must be tested at birth.

Report ALL blood lead level results to IDPH.
Fax: 217-557-1188

DONE
No further action required.

Lead Level < 5 μg/dL

Lead Level ≥ 5 μg/dL

IF Pre-conceptual Counseling:

DONE
No further action required.

IF Pregnant: Re-test prior to delivery (3rd trimester)

IF Pregnant: Follow-up Testing Needed

DONE
No further action required.

Answer of YES to any question

Perform Venous Blood Lead Test: Give education regarding effects of pre-natal and childhood lead exposure if test is refused.

Report ALL venous blood lead level results to IDPH.
Fax: 217-557-1188

DONE
No further action required.

See IDPH guidelines for neonates and infants with blood lead test results ≥ 5.
**IDPH Breastfeeding and Lead Algorithm**

**Breastfeeding Person**

- **BLLs of < 40 μg/dL**
  - Initiation of breastfeeding encouraged
  - IF infant BLLs < 5 μg/dL or trending downward; continue breastfeeding.
  - IF breastfeeding person’s BLL is between 20-39 μg/dL: sequential infant and breastfeeding person’s blood lead level monitoring of trends.

- **BLLs of ≥ 40 μg/dL**
  - Breastfeeding should not be initiated.
  - Breastfeeding person should be advised to pump and discard their breast milk until her blood lead has declined to < 40 μg/dL.

**Frequency of Birthing Parent Blood Lead Follow-up Testing to Assess Risk for Infant Lead Exposure from Birthing Parent**

<table>
<thead>
<tr>
<th>Venous Blood Lead Level (μg/dL)</th>
<th>Follow-up testing Schedule</th>
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<tbody>
<tr>
<td>5 – 19</td>
<td>Every 3 months, unless infant blood lead levels are rising or fail to decline.</td>
</tr>
<tr>
<td>20 – 39</td>
<td>2 weeks postpartum and then at 1- to 3-month intervals depending on direction/magnitude of trend in infant BLLs.</td>
</tr>
<tr>
<td>≥ 40</td>
<td>Within 24 hours postpartum and then at frequent intervals depending on clinical interventions and trend in BLLs. Consultation with a clinician experienced in the management of lead poisoning is advised.</td>
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**Follow-up Testing for Neonates (<1 month of age) and Infants (<6 months of age)**

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<td>25 – 39</td>
<td>• Within 2 weeks. • Consultation with a clinician experienced in the management of children with BLLs in this range is strongly advised.</td>
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Did birthing parent have an elevated blood lead level of ≥5 μg/dL or higher during pregnancy?

**YES**

Test at birth via umbilical cord or infant venous blood sample.

If BLL is < 5 μg/dL

No further testing, reassess at next wellness check-up

If BLL is ≥ 5 μg/dL

Follow-up Testing for Neonates (<1 month of age) and Infants (<6 months of age)

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**NO**

• Did birthing parent ever have a venous blood lead level of ≥5 μg/dL or higher?
• Does anyone in the family use home remedies, folk medicines, or Ayurvedic medicines or creams? Were any of these used during pregnancy?
• Does someone residing in or frequently visiting the home have a job or hobby that may involve lead?

Report ALL venous blood lead level results to IDPH.
Fax: 217-557-1188

Did birth parent have an elevated blood lead level of 5 μg/dL or higher during pregnancy?

YES

NO

Test at birth via umbilical cord or infant venous blood sample.

If BLL is < 5 μg/dL

No further testing, reassess at next wellness check-up

If BLL is ≥ 5 μg/dL

Follow-up Testing for Neonates (<1 month of age) and Infants (<6 months of age)

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**YES**

Administer Blood Lead Test

If BLL is ≥ 5 μg/dL

No further testing, reassess at next well child visit

If BLL is < 5 μg/dL

No testing, reassess at next well child visit

**NO**

No further testing, reassess at next wellness check-up

All confirmed venous blood lead levels of ≥5 μg/dL will receive case management services from IDPH.
Childhood Lead Risk Questionnaire (CLRQ) Algorithm

All confirmed venous blood lead levels of ≥5 μg/dL will receive case management services from IDPH.

Child presents for annual well-child visit at 12 and 24 months, and 3, 4, 5, and 6 years of age.

ALL children should be given CLRQ at above ages—or automatically tested based on high-risk zip code or enrollment into an HFS medical program.

***Reminder: All children residing in a high-risk zip code, Medicaid-eligible, or enrolled in HFS medical programs must have a blood lead test at 12 and 24 months of age.

Report ALL venous blood lead level results to IDPH.
Fax: 217-557-1188

All answers of “NO”

Response to CLRQ

Any answers of “YES” or “DON’T KNOW”

Did the child have a blood lead test at both 12 and 24 months of age?

NO

YES

Blood Lead Test Required

Were both lead test results 4.9 μg/dL or less?

NO

YES

Has there been a change in address of the child’s home/residential building, child care facility, school, or other frequently visited facilities? OR Has there been a change in any risks of exposure?

NO

YES

No further testing, reassess at next wellness check-up

Capillary Blood Lead Level (μg/dL)

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No further testing, reassess at next wellness check-up

No testing, reassess at next well child visit