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

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

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

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

Answer of YES to any question

IF Pregnant: Follow-up Testing Needed

Venous Blood Lead Level (μg/dL) | Perform Follow up Testing
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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

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

Test newborn via cord blood or venous draw.

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

IF Pre-conceptual Counseling:

Done
No further action required.

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

Lead Level ≥ 5 μg/dL

DONE
No further action required.

IF Pregnant: Follow-up Testing Needed

Lead Level < 5 μg/dL

Done
No further action required.

Lead Level ≥ 5 μg/dL

Done
No further action required.

Lead Level < 5 μg/dL

Done
No further action required.

See IDPH guidelines for neonates and infants with blood lead test results ≥ 5.