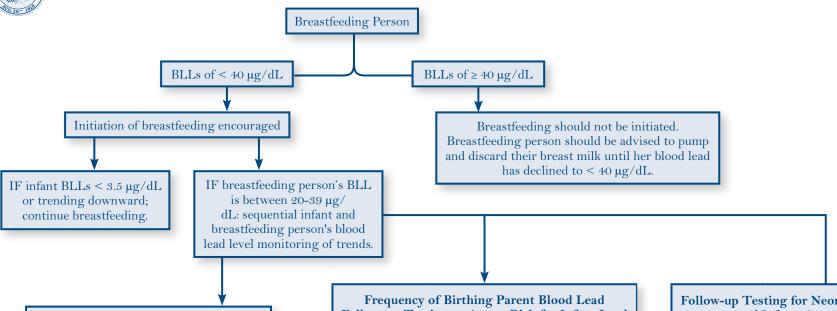
IDPH Breastfeeding and Lead Algorithm



IF environmental investigation has been conducted with no external source of lead identified and the infant's BLL is rising; check with Poison Control Center, or other lead expert to discuss consideration of temporary interruption of breastfeeding until breastfeeding person's blood lead level declines.

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

| Venous Blood Lead Level (µg\dL) | Follow-up testing Schedule |
|---------------------------------------|--|
| 3.5 – 19.9 | Every 3 months, unless infant blood lead levels are rising or fail to decline. |
| 20 – 39 .9 | 2 weeks postpartum and then at 1– to 3–month intervals depending on direction/magnitude of trend in infant BLLs. |
| ≥ 40 | 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. |

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

| Venous Blood Lead Level (µg\dL) | Perform Follow-up Testing |
|---------------------------------------|--|
| 3.5 - 24.9 | Within 1 month (at first newborn visit) |
| 25 – 39.9 | Within 2 weeks. Consultation with a clinician experienced in the management of children with BLLs in this range is strongly advised. |
| ≥ 40 | Within 24 hours, then frequent intervals depending on clinical intervention and trend blood lead levels Prompt consultation with a clinician experienced in management of children with BLLs in this range is strongly advised. |

