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Introduction : Several epidemiological studies have investigated high lead (Pb) exposure and pregnancy outcomes, but few studies have investigated the association of low lead exposure and low birth weight (LBW).

Lead is a widespread environmental toxin. The behaviour and academic performance of children can be adversely affected even at low blood lead levels (BLL) of 5–10 µg/dl. An important contribution to the infant's lead load is provided by maternal transfer during pregnancy. Our aim was to determine BLL in a population of pregnant women in the SBA and to identify the factors that contribute to BLL in pregnant women.

Learning Objectives

The aims of this study were to estimate the maternal blood lead levels (BLL), to identify determinants for BLL among parturient woman and to evaluate the association of maternal BLL and LBW.

- We used bivariate correlation to evaluate the relationship first time between lead levels and newborn parameters
- then between BLL and the use of kohl in the other hand.

Methods: From July 2017 to February 2018, we carried out a case control study in the gynecology and obstetrics hospital of Sidi Bel Abbes, Algeria. Lead concentrations in maternal blood samples collected at delivery were measured in 29 mother who delivered term LBW cases group and 29 mother who give birth to a term normal weight baby matched controls. Blood lead levels were analyzed by inductively coupled plasma mass spectrometry (laboratoire CERBA, FRANCE).

- Participants were invited to provide blood sample and participate in a face-to-face interview. The questionnaire elicited on maternal information included socio-demographic factors (maternal age, education, occupation, weight and height), obstetric history and sources of lead exposure; and on newborn characteristics (weight, sex, gestational age,).

Results

Table 1: association between maternal characteristics and low birth weight cases and controls groups.

| Characteristics | | Case (N=29) | Control (N=29) | P value (%) |
|----------------------|-----------------------|-------------|----------------|-------------|
| Infant sex | Male | 11 (37,9%) | 11 (37,9%) | 1 |
| | Female | 18 (62,1%) | 18 (62,1%) | |
| Maternal age (years) | <25 | 06 (20,7%) | 10 (34,5%) | 0,259 |
| | 25-29 | 10 (34,5%) | 05 (17,2%) | |
| | ≥30 | 13 (44,8%) | 14 (48,3%) | |
| Education | Less than high school | 20 (69,0%) | 12 (41,4%) | 0,035 |
| | high school or more | 09 (31,0%) | 17 (58,6%) | |
| Pre-pregnancy BMI | Underweight | 11 (40,7%) | 05 (17,9%) | 0,056 |
| | Normal | 08 (29,6%) | 06 (21,4%) | |
| | Overweight | 08 (29,6%) | 17 (60,7%) | |
| Parity | Primiparous | 12 (41,4%) | 08 (27,5%) | 0,269 |
| | Multiparous | 17 (58,6%) | 21 (72,4%) | |
| Residence | Urban | 09 (31,0%) | 14 (48,3%) | 0,180 |
| | Rural | 20 (69,0%) | 15 (51,7%) | |
| Use of kohl | Yes | 03 (10,3%) | 10 (34,5%) | 0,028 |
| | No | 26 (89,7%) | 19 (65,5%) | |
| Occupational status | Employed | 05 (17,2%) | 03 (10,3%) | 0,446 |
| | Un-employed | 24 (82,8%) | 26 (89,7%) | |

Table 3: association between maternal BLL, birth weight and maternal characteristics.

| Variables | Lead level µg/dL | P value | Birth weight g | P value |
|----------------------|-----------------------|-------------|------------------|---------|
| Infant sex | Male | 21,30±17,89 | 2819,32 ± 680,19 | 0,987 |
| | Female | 20,54±08,92 | 2863,61 ± 575,69 | |
| Maternal age (years) | <25 | 17,84±06,62 | 3043,44 ± 515,21 | 0,108 |
| | 25-29 | 22,99±15,8 | 2657,33 ± 491,29 | |
| | ≥30 | 21,44±13,86 | 2835,56 ± 702,21 | |
| Education | Less than high school | 19,58±10,25 | 2709,22 ± 611,89 | 0,104 |
| | high school or more | 22,20±15,19 | 3016,15 ± 579,09 | |
| Pre-pregnancy BMI | Underweight | 20,84±16,27 | 2704,69 ± 552,71 | 0,296 |
| | Normal | 21,16±13,84 | 2802,14 ± 506,33 | |
| | Overweight | 20,61±09,87 | 2981,20 ± 679,89 | |
| Parity | Primiparous | 21,29±18,06 | 2773,75 ± 569,85 | 0,432 |
| | Multiparous | 20,20±08,46 | 2885,26 ± 636,91 | |
| Residence | Urban | 22,50±15,19 | 2998,48 ± 589,52 | 0,150 |
| | Rural | 19,69±10,97 | 2747,14 ± 614,04 | |
| Use of kohl | Yes | 30,45±21,34 | 3180,00 ± 459,36 | 0,020 |
| | No | 17,73±06,35 | 2750,56 ± 620,66 | |
| Occupational status | Employed | 22,50±12,77 | 2491,25 ± 813,64 | 0,103 |
| | Un-employed | 20,53±12,88 | 2903,70 ± 563,06 | |

Table : association between maternal BLL and the daily kohl use.

| variable | Total population (n=58) | | Cases LBW (n=29) | | Controls NBW (n=29) | |
|----------------|---------------------------|-------|---------------------------|-------|---------------------------|-------|
| | Correlat ion Coeffici ent | Sig | Correlat ion Coeffici ent | Sig | Correlati on Coefficie nt | Sig |
| Daily kohl use | -0,429 | 0,001 | -0,207 | 0,281 | -0,453 | 0,014 |

conclusion

We found association between maternal frequency uses of kohl and lead levels, this finding add to proof from past investigations proposing that maternal low lead exposures might be related with cosmetics product and encourage the use of lead-free kohl in order to reduce sources of lead exposure with the end goal to protect fetal health.

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