

#### PHTHALATES IN THE NICU

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#### In the Neonatal Intensive Care Unit: the preterm infants.

- 1/10 born < 37 weeks, 15 million babies each year
- Adverse outcome if born < 32 weeks</li>

Cognitive impairment:

40%: x 2

Motor impairment:

10-20%: x 10



Behavior/Social impairment: x 2-10



#### Impact on neurodevelopment after preterm birth

**Parents** 

**Gestational** age **Birthweight** Gender Infections Lung disease Genetic Pain

Developmental care Sound/noise Music/voice Nutrition Sleep





## Neonatal Intensive Care Unit NICU

#### **Chemical presence:**

Drugs Cleaning solutions Hand disinfection Medical devices Diapers Nutrition





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## Phthalates in medical devices: the survey

- 2014-2017
- Systematic examination of all medical devices
- Contact with providers/industry

- Plasified devices (n=354):
  - 10% with DEHP
  - 13% unknown
- Mainly ventilation equipment





Fischer Fumeaux et al., Phthalate exposure in the neonatal intensive care unit, Arch. Ped 2014



## Neonates and phthalates: what is known

- Publications
- Doses:
  - Leaching
  - Temperature, lipids
- Procedures at risk:
  - ECMO, transfusion
    - Long-term ventilation
- Crtically ill infant: up to 160'000 x the hepatotoxic limit , 4000x reproductive toxicity

Table 5. Estimated daily DEHP exposures for a critically ill 2-kg infant;
hazard quotients calculated for each DEHP source using a
reproductive ADI <sub>inf</sub> of 0.0037 mg/kg per day, and liver toxicity ADI <sub>inf</sub> of
0.0001 mg/kg per day.

Source	Daily exposure, 2-kg infant <sup>a</sup> (mg/kg per day)	Hazard quotient (HQ) <sup>b</sup>	
		Reproduction <sup>c</sup>	Liver <sup>d</sup>
Lipid emulsion	6.5	1757	65,000
PRBC	0.15"	-40	1407
FFP	0.87 <sup>e</sup>	235	8686
Platelets	0.18°	50	1840
Endotracheal tube	8.22	2221	82,167
Feeding tube	0.33 <sup>9</sup>	89	3300
Total	16.3	4391	162,459

Mallow EB et al, Journal of Perinatology 2014





## Neonates and phthalates: what is known

- Animal models: gestation, birthweight, behavior et...
- Human epidemiology
  - Prenatal exposure: association with
    - Gestational length
    - Birthweight
    - Endocrine disruption: males > females (Anogenital distance, spermatogenesis, endometriosis)
  - Postnatal exposure: possible association with
    - Bronchopulmonary dysplasia
    - Necrotising enterocolitis
    - Retinopathy of prematurity
    - Neurodevelopment?
  - Biological plausibility

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Fischer et al, Phthalates in the NICU: Is it safe?, J. Paed. Child Health 2012



- Neurodevelopmental outcome after:
  - Preterm birth
  - Birth asphyxia
  - Antidepressant treatment
  - Migration

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- Congenital infections

- And phthalate exposure as well!

Increased risk of: Autistic spectrum disorder Hyperactivity +/- attention deficit

- Bias? Systematic error? Recruitment? Methodology?
- Administrative databases



- DOHAD: Developmental Origins of Health and Disease
- Brain: 400g-1.2 kg in 2 years
- Maturation
- Connections
- High lipid content
- Blood-brain barrier
- Vulnerability

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Kugelman A. Pediatrics 2013



- Animal models:
  - cell damage, apoptosis
  - $\searrow$  learning and spatial memory
- Neonates
  - Term neonate possible association with maternal urinary
  - Preterm: better scores associated with infant urinary (???)
- Children:
  - Association between maternal urinary and cognition: conflicting results
  - Association between child urinary and cognition: possible negative association in prospective cohort

Stroustrup et al, NICU phthalate exposure and Infant neurobehavior, 2018







- Behavior/social
  - Clinical diagnoses
  - Questionnaires
- Possible association with child urinary
  - Conflicting results
- In summary:
  - Possible neurodetrimental effect
  - Mainly in boys
- Biological plausability
- Heterogeneity



Bickle Graz et al, Phthalates and neurodevelopmental toxicity, 2015





### Phthalates in the NICU: who knows?

- Survey senior neonatologists level III NICU:
- France-Belgium-Switzerland
- Had heard about phthalates: 53%



## **Doctors in Neonatology**



Phthalate + human

Phthalates in the NICU: a survey. Bickle-Graz M, Tolsa J-F, Fischer Fumeaux CJ. Arch Dis Child Fetal Neonatal Ed 2020;105:F110–F111.

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# Take home

- Preterm/critically ill neonates: increased vulnerability :
  - Increased skin/bodyweight ratio
  - Immature metabolic pathways
  - Cocktail effect
- Long hospitalisation
- High doses, > toxicity levels
- Possible longterm effects
  - Neurodevelopment

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- Endocrine, lungs, eyes etc
- Neonatal specialists not aware

#### **Questions:**

Intensity of exposure and levels? Intensity of exposure and outcome Alternate and safe MD? Biomonitoring with small volumes?



Let's do it!

