



## GROUNDBREAKING ACOG/ASRM COMMITTEE OPINION URGES: Health Professionals Should Play Key Role in Advancing Environmental Health Through Policy and Practice

By Dr. Robert Gould, President, SF Bay Area PSR

A joint Committee Opinion released by the American College of Obstetricians and Gynecologists (ACOG) and the American Society for Reproductive Medicine (ASRM) in September titled, “Exposure to Toxic Environmental Agents,” highlights the vital role reproductive health professionals can play in reducing patient exposure to environmental chemicals. Such exposures can have adverse effects on pregnant women and their fetuses, and subsequently lead to negative health outcomes for newborns as well as long-term effects throughout the life course. ACOG and ASRM call on health professionals to take an active role in reducing individuals’ and communities’ exposure to environmental toxicants through policy advocacy and changes in clinical and institutional practice.

Everyone is exposed to numerous toxic environmental chemicals every day. For the last 15 years, scientific evidence has increasingly documented the impact that these chemicals can have on reproductive health from preconception through adulthood. More than 84,000 chemicals are used in the U.S. in manufacturing or processing or are imported, and about 700 new chemicals are introduced each year. “The scary fact is that we don’t have safety data on most of these chemicals even though they are everywhere—in the air, water, soil, our food

### COMING SOON!

#### UPDATED PEDIATRIC ENVIRONMENTAL HEALTH TOOLKIT!

SF Bay Area PSR is planning to release an updated version of our Pediatric Environmental Health Toolkit in 2014. We are working with the American Academy of Pediatrics for continued endorsement of this valuable clinical resource. We also hope to obtain funding to launch a newly designed electronic app of the Toolkit. The current Toolkit is available on our website [www.sfbaypsr.org](http://www.sfbaypsr.org): go to “What We Do” and click on “Toxics.”

supply, and everyday products,” said Jeanne A. Conry, MD, PhD, President of ACOG. In recognition of the deficiencies in our current policy to regulate chemicals in commerce, Dr. Conry observed, “To successfully study the impact of these chemical exposures, we must shift the burden of proof from the individual health care provider and the consumer to the manufacturers before any chemicals are even released into the environment.”

The Opinion normalizes environmental health as a key part of reproductive health care and highlights the need to build the capacity of reproductive health professionals to integrate an environmental health component into their patient practice. The Opinion further recommends that clinicians learn about toxic environmental substances common in their communities; take environmental exposure histories during preconception and first prenatal visits; report identified environmental hazards to appropriate agencies; advance policies and practices that support a healthy food system; and advocate for government policy changes to identify and reduce exposure to toxic environmental agents.

An important component of the Opinion is attention to vulnerable populations, who face disproportionately higher rates of exposure to toxic substances in the environment, including poor women, women of color, and immigrant women, further contributing to disparities in reproductive health outcomes. The Opinion states, “In the United States, minority populations are more likely to live in the counties with the highest levels of outdoor air pollution and to be exposed to a variety of indoor pollutants, including lead, allergens, and pesticides than white populations. In turn, the effects of exposure to environmental chemicals can be exacerbated by injustice, poverty, neighborhood quality, housing quality, psychosocial stress, and nutritional status.” By engaging with environmental issues on a clinical and policy level, reproductive health professionals have the opportunity to redress inequities and advance environmental justice as part of a larger nationwide and international movement.

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The Opinion also emphasizes the importance of healthy food systems, particularly in health care institutions, stating “Advancing policies and practices in support of a healthy food system should be pursued as a primary prevention strategy to ensure healthy pregnancies, children, and future generations... Changing procurement patterns in a hospital could leverage food system change more broadly.” Four hundred and sixty hospitals are involved in the Healthy Food in Health Care program to engage with these efforts, 127 of which are from California, representing 25% of all of the hospitals in the state.

SF Bay Area PSR applauds the Committee Opinion on this critical issue. For years, our chapter’s environmental health program has promoted the policies and practices recommended by ACOG and ASRM. Our staff coordinates the California component of Healthy Food in Health Care (HFHC), a national program of Health Care Without Harm (HCWH) that mobilizes the health care sector to work for sustainable food operations and policies, and promotes state and federal policies supporting a healthier food system. Co-Executive Director Lucia Sayre is also a coordinator of the national HFHC program. Board member Dr. Tom Newman spearheaded a two-year effort to transition UCSF’s Sustainability Task Force into a full-fledged committee of the Academic Senate. The committee promotes faculty sustainability initiatives, increases awareness of potential favorable and unfavorable effects of UC on environmental health, and recently passed a campus resolution to phase out the procurement of meat and poultry raised with non-therapeutic antibiotics. SF Bay Area PSR’s *Pediatric Environmental Health Toolkit*, distributed to more than 5,000 providers across the country, gives health professionals and patients guidance on how to prevent exposures to toxic chemicals that may affect the health of children, and identifies opportunities for age-appropriate intervention during well-child visits.

The work of our Board, staff and members has contributed to the science and substance of the ACOG/ASRM Committee Opinion itself. UCSF’s Program on Reproductive Health and the Environment (PRHE), where chapter member Patrice Sutton works as a research scientist and I am the Director of Health Professional Outreach and Education, provided extensive scientific and technical support to ACOG and ASRM in developing the Opinion. Much of the original science that initially drew attention to the issue of environmental toxicants and reproductive health can be traced to the work of Greater Boston PSR, including Dr. Ted Schettler and former SF Bay Area PSR member Dr. Gina Solomon (who was a member of Boston PSR prior to our chapter). Their research, and the work of SF Bay Area PSR Board member Dr. Sarah Janssen, are cited in the Opinion.

The Committee Opinion comes at a critical juncture, because the Chemical Safety Improvement Act (Vitter S.1009) is currently under consideration. While the Vitter bill would reform the outdated Toxic Substance Control Act (TSCA), unfortunately it has major shortcomings, including, but not limited to a lack of deadlines and minimum requirements and sweeping pre-emption that could potentially weaken California’s capacity to advance environmental health through statewide regulation.

As the Opinion states, “The incorporation of the authoritative voice of health care professionals in policy arenas is critical to translating emerging scientific findings into prevention-oriented action on a large scale.” The time is more urgent than ever for members of SF Bay Area PSR to work on effectively reforming TSCA, to ensure that chemical policy regulation of the future will decrease the impact of environmental toxics in our bodies, and on our families, communities, and planet.

*NOTE: The online companion document to the Committee Opinion includes a list of key chemical categories, sources of exposure, and clinical implications. Go to [www.acog.org](http://www.acog.org) and enter “underserved” in the search box. PRHE provides examples of an exposure history on their website. Go to [www.prhe.ucsf.edu](http://www.prhe.ucsf.edu) and search for “clinical resources.”*

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Thank you to our supporters who made a donation to the chapter in 2013! Our policy is that once you make a donation to the chapter in a calendar year, we won’t ask you again for the rest of that year. So if you have already made a donation in 2013, thank you! **If you have not made a donation yet this year, we hope you will do so to support the important work of SF Bay Area PSR.** You can find the date you last gave to the local chapter on the address label above your name. (Any donations you have made to National PSR are shared in part with the local chapter but are not reflected in the date on your label). If you would like to support the SF Bay Area PSR chapter directly, you can send a check in the enclosed remit envelope or give online at [www.sfbaypsr.org](http://www.sfbaypsr.org).