November 5, 2018

VIA ELECTRONIC SUBMISSION

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS-D74
Atlanta, Georgia 30329

Re: Docket No. ATSDR-2018-0007; Proposed Data Collection Submitted for Public Comment and Recommendations: Prenatal Assessment of Environmental Risk (PAER)

Dear Mr. Zirger:

The American College of Obstetricians and Gynecologists (ACOG) and the University of California San Francisco Program on Reproductive Health and the Environment (PRHE) appreciate the opportunity to provide written comments on the Agency for Toxic Substances and Disease Registry’s (ATSDR) proposed data collection project titled “Prenatal Assessment of Environmental Risk (PAER).” This proposed web-based data collection aims to provide information on behavioral risks for environmental exposures to patients and their reproductive health care professionals.

There is significant need for information on prenatal environmental exposures
Leading medical and scientific organizations (including the Endocrine Society,¹ ACOG,² and the International Federation of Gynecology and Obstetrics³) have concluded that prenatal exposure to toxic environmental agents can have profound and lasting effects on health across the life course. These organizations have also called for improved data collection to better address environmental exposures, and the National Academies of Sciences, Engineering, and Medicine recommends collecting information about human exposures to environmental chemicals on a regular basis.⁴

The proposed project will provide practical information that will benefit women and children’s health
The public, scientific and clinical communities will benefit from the adoption of the PAER web-based information collection system. Obstetrician-gynecologists and other reproductive health care professionals will ultimately have readily accessible and reliable environmental exposure assessment data available to counsel individual patients on exposures and associated risks. The information gathering system would also provide population-level data to identify behaviors and environmental risks that may be specific to certain regions or communities. This data will advance the current knowledge on prenatal environmental risk and inform recommendations to reduce and prevent harmful exposures.

Exposure to toxic environmental agents is ubiquitous among all patient populations, yet many environmental factors harmful to reproductive health also disproportionately affect vulnerable and underserved populations and are subsumed in issues of environmental justice.⁵ In order to maximize the practicality of information collected, we recommend expanding the topic areas to include occupational exposure, and to develop the survey in a way to enable information collection and data analysis
regarding vulnerable populations, environmental disparities, and factors outside of patient behavior affecting exposure.

In addition, we appreciate ATSDR’s commitment to basing survey questions on sound evidence and ensuring that the questions do not introduce false information or create unwarranted risks, such as prompting patients to push for additional – but unnecessary – testing. We recognize and appreciate the challenge this presents, as there remains limited data on certain exposures, and limited interventions or access to safer alternatives for some populations. Our hope is that this survey, in conjunction with ongoing work to advance our understanding of exposures and available alternatives, will result in reduced harmful exposures and improved maternal outcomes.

The data collection format and content are appropriate for ease of use and to minimize burdens on participants’ time

All data is collected electronically, through a 17-question web-based survey for patients and through online modules for health professionals. The short survey is expected to take 10 minutes for patients, and the online modules will take about 30 minutes per patient for health professionals. In order to maximize the response rate and encourage participation from as many health professionals as possible, we recommend finding ways to reduce the time burden for health professionals.

In conclusion, we support this information collection request, Prenatal Assessment of Environmental Risk, and believe that the data gathered will allow for action to identify and reduce exposures to toxic environmental agents, ultimately benefitting the health of women of childbearing age, pregnant women, and children.

We appreciate the opportunity to provide public input. Please do not hesitate to contact Rachel Tetlow at ACOG at rtetlow@acog.org or 202-863-2534 or Veena Singla at PRHE at veena.singla@ucsf.edu or 415-476-3203 with any questions regarding these comments.

Sincerely,

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