

Six months after FDA warnings about DEHP, John Muir Medical Center NICU is proudly DEHP-free

John Muir Medical Center in Walnut Creek, California is a 330-bed private, not-for-profit community hospital and trauma center. It has the busiest birth center in the county that it serves.

Dr. Brian Linde, a pediatrician at John Muir Medical Center, sits on the California Chapter 1, American Academy of Pediatrics (AAP) Committee on Environmental Health. In 2000, it had come to the committee's attention that DEHP was a potential toxicant to the fetal and early infant reproductive tract, and that a National Toxicology Program expert report raised serious concerns about the PVC plasticizer. When presented with the information, the local California committee was very receptive to exploring these issues further.

As part of that exploration, members of the committee attended a joint CDC/AAP Pediatric Environmental Health conference in 2001, where information about DEHP and other phthalates was presented. Later that year, Dr. Katherine Shea was a plenary speaker at the National AAP conference in San Francisco, where she spoke about phthalates, including DEHP, and the risks for pediatric patients.

Subsequently, Dr. Linde presented information about the potential risks of DEHP exposure at an Intensive Care Nursery (ICN) Committee meeting at John Muir Hospital. At the time, all in attendance wanted to hear more about concerns with DEHP, especially from agencies such as the FDA or AAP, whose analysis could provide grounds for changing to phthalate-free equipment in the ICN.

A few months later, Dr. Ted Schettler came to California to speak to the local AAP

Committee on Environmental Health, and also toured the John Muir Neonatal Intensive Care Unit (NICU) and presented grand rounds on phthalates and other environmental toxicants. His presentation and walk through spurred the ICN staff to look more closely at how to reduce the potential risks of DEHP.

When the FDA released a public health notification letter in 2002, the last barriers were broken down and it became easy for the NICU staff to start looking at what they might do to reduce DEHP exposure.

The action on DEHP was eased in part by an important precedent the John Muir NICU had established with the elimination of mercury thermometers. Several years earlier, based on a recommendation by the AAP regarding mercury in vaccines, the Pediatrics Department reviewed the use of mercury thermometers. A Memorandum of Understanding had been entered into by the American Hospital Association, the EPA, and Health Care Without Harm to remove mercury thermometers from hospitals by 2005. The Pediatric Department at John Muir approached the issue as a "no brainer"—a straightforward proposition—to stop the customary practice of providing families with mercury thermometers. It took but a few days for the hospital to obtain the information, review and price alternatives to mercury, and make the switch to safer thermometers.

With that precedent in responding to a potential pollutant with health risks, the NICU set out to review DEHP use and alternatives. Because of Dr. Linde's involvement with AAP, he had significant contact with a nonprofit organization that had developed some expertise on DEHP

reduction strategies. Through an ongoing conversation, they were able to evaluate the NICU's product list, and identify which products contained DEHP and which were DEHP-free. Because of the willingness of experts to assist in identifying alternative products, they were able to relieve nursing administration of the work to determine which products contained DEHP.

John Muir's NICU Clinical Nurse Specialist, Valerie Briscoe, led the DEHP reduction effort. As a clinical nurse specialist, Ms. Briscoe is responsible for adapting new medical information into health care practice. Working together with the medical and nursing staff, Ms. Briscoe was able to successfully move the DEHP reduction efforts forward. She called purchasing and obtained the product lists and spent her own time going through the NICU storeroom to identify current products in use and meeting with pediatricians, other staff, and experts to think through a DEHP-reduction plan from a short-term and long-term perspective.

John Muir's process took less than six months from the time the FDA came out with its public health notification and the time that Ms. Briscoe could proudly announce that John Muir's NICU was virtually DEHP-free. In fact, this is an accomplishment that the entire NICU staff is proud of, because "we believe in providing the best care to patients and the best service to the community that we possibly can," said Dr. Linde. He added, "one important part of our success in dealing with the issue of phthalate exposures is that John Muir is a large enough institution to have personnel, like Valerie Briscoe, who bring enormous expertise and dedication to our birth center, but we are small enough to move with remarkable speed and flexibility. The support of an outside health advocacy group was the other important part of our success. The staff of that group was sensitive to the hospital's concerns and thus forged a strong working relationship with hospital staff."



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