Lead Poisoning

HEALTHY HOMES
& LEAD POISONING
PREVENTION PROGRAM

Lead and Nutrition

Feed Your Child Foods That Get Ahead of Lead

Protecting Your Child

Good nutrition and hygiene can help reduce the amount of lead a child absorbs in their body.

Prevent lead from mixing with food

- Wash hands after play and before meals, snacks & naps
- Don't eat food that has fallen on the floor
- Eat meals & snacks at the table
- Avoid using dishes that contain lead (ex. glazed pottery)
- Use cold water for cooking, drinking & making formula

Give children healthy snacks

- Fresh fruits & veggies
- Whole grain crackers
- Cheese slices
- Yogurt

Feed children 4-6 small meals daily

- Children absorb less lead on a full stomach

Bake or broil foods, don't fry

- Avoid high fat foods which make the body absorb more lead

Wash toys, hands, and play spaces often

- Clean child's hands, toys, stuffed animals, bottles & pacifiers often
- Keep child's play areas free of dust and dirt

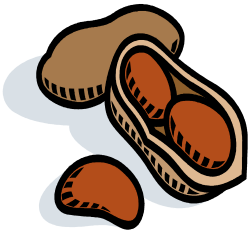
CALCIUM

Helps protect against storing lead in the bones

- Milk & yogurt
- Cheese & tofu
- Juice with added calcium
- Leafy green veggies (kale, broccoli & spinach)
- Food made with milk (hot cereal & pudding)
- Ice cream
- Cottage cheese

IRON

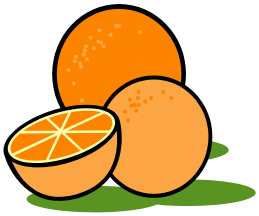
Iron deficiency associated with lead poisoned children



- Lean meats
- Iron fortified cereals (Cheerios & Kix)
- Fish (tuna*, clams, oysters & sardines)
- Beans
- Eggs
- Dried fruits (raisins & apricots)
- Bread & pasta
- Peanut butter & nuts
- Molasses
- Leafy green veggies

VITAMIN C

Helps the body take in Iron



- Oranges & grapefruit
- Melons & berries
- Tomatoes
- Cauliflower & broccoli
- Green peppers & sweet potatoes

*Mercury in fish can damage a growing brain. Children under 7 can safely eat 1/2 can of albacore/white tuna or 1 can of light tuna per week.

March 2019

NH Department of Health & Human Services, Division of Public Health Services

1-800-897-LEAD or LeadRN@dhhs.nh.gov

LEAD POISONING

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LEAD AND NUTRITION

More Resources to Help with Nutrition

Good nutrition is important for reducing the absorption and the effects of lead. Adequate calcium and iron intake, regular meals and healthy snacks are important in reducing lead absorption.

WIC PROGRAM

Low to moderate-income families with children under the age of 5 years old should be referred to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to receive nutritious foods, nutrition education, breast feeding support, and health care referrals.

Eligibility Requirements

Must reside in New Hampshire, be income eligible and be one of the following:

- Pregnant
- Breastfeeding women up to 12 month after the infant's birth
- Non-breastfeeding women up to 6 months after the infant's birth
- Infants, and children up to their 5th birthday

For more information about New Hampshire's WIC Program, parents can call **1-800-WIC-4321**.

Local WIC Agencies

- **Community Action Program Belknap-Merrimack Counties**
  WIC and CSFP (Belknap, Coos, Grafton & Merrimack)
  603-225-2050 or 1-800-578-2050
  http://www.bm-cap.org/wic.htm
- **Goodwin Community Health**
  WIC and CSFP (Carroll & Strafford)
  603-332-4358 or 1-855-332- 4358
  http://goodwinch.org/services/wic
- **Southwestern Community Services**
  WIC and CSFP (Cheshire & Sullivan)
  Tel 603-352-7512 or 1-800-529-0005
  http://www.scshelps.org/wic.htm
- **Southern New Hampshire Services**
  WIC and CSFP (Hillsborough & Rockingham)
  1-800-256-9880
  http://www.snhs.org/programs/health-food-nutrition/women-infants-and-children-wic/

MORE RESOURCES

Families can also be referred to community health centers, child health programs in local community agencies (e.g., Visiting Nurse Associations), or other professional and community resources for nutrition education.

For information on local resources, contact the Family Resource Connection at 1-800-298-4321.

Most children with elevated blood lead levels do not look sick.

The *only* way to know if your child has an elevation is to get tested.

- NH children are to be tested at age 1 year and ***again*** at age 2 years.
- Children 3 to 6 years old who have not previously been tested, should be tested.

March 2019