



Maternal and Paternal Preconception Endocrine Disrupting Chemicals Exposure and Birth Outcomes

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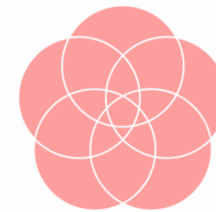
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CONCLUSIONS (CM)



Works to understand how the Environment impacts reproductive health from the very earliest stages of life – from the formation of gametes and embryos – to the birth of infants and throughout child health and development.

Our mission is to Use cutting-edge evidence to inform clinical practice, translate science into policy action, and implement prevention strategies to improve the health of mothers, fathers, and their children.



SEED

**Scientific Early Life
Environmental Health &
Development Program**



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01

BACKGROUND



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Pregnancy and Birth

Couple-based outcome

Birth Outcomes

Prenatal period

Preconception period

Preconception Period

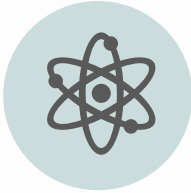
Oogenesis

Spermatogenesis

Uterine receptivity

Overall health





EDCs

Exogenous chemicals that interfere with any aspect of endocrine system or hormonal action



PHTHALATES

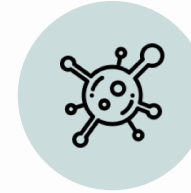
High Molecular Weight
Medical devices, toys

Low Molecular Weight
Paints, adhesives
Personal care products



BPA

Plastic bottles
Food packaging
Toys



MIXTURES

Beyond a single-chemical problem, real world exposure scenarios are much more complex



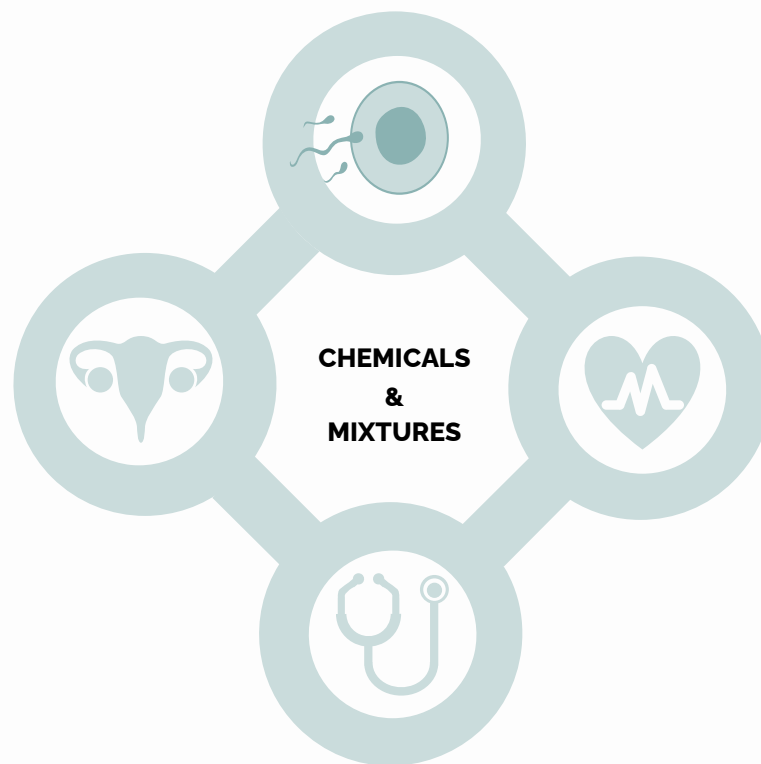
ENDOCRINE

Alters any aspect of endocrine function

EPIGENETIC

Alters epigenetic regulation

Genomic imprinting required for embryo-fetal development



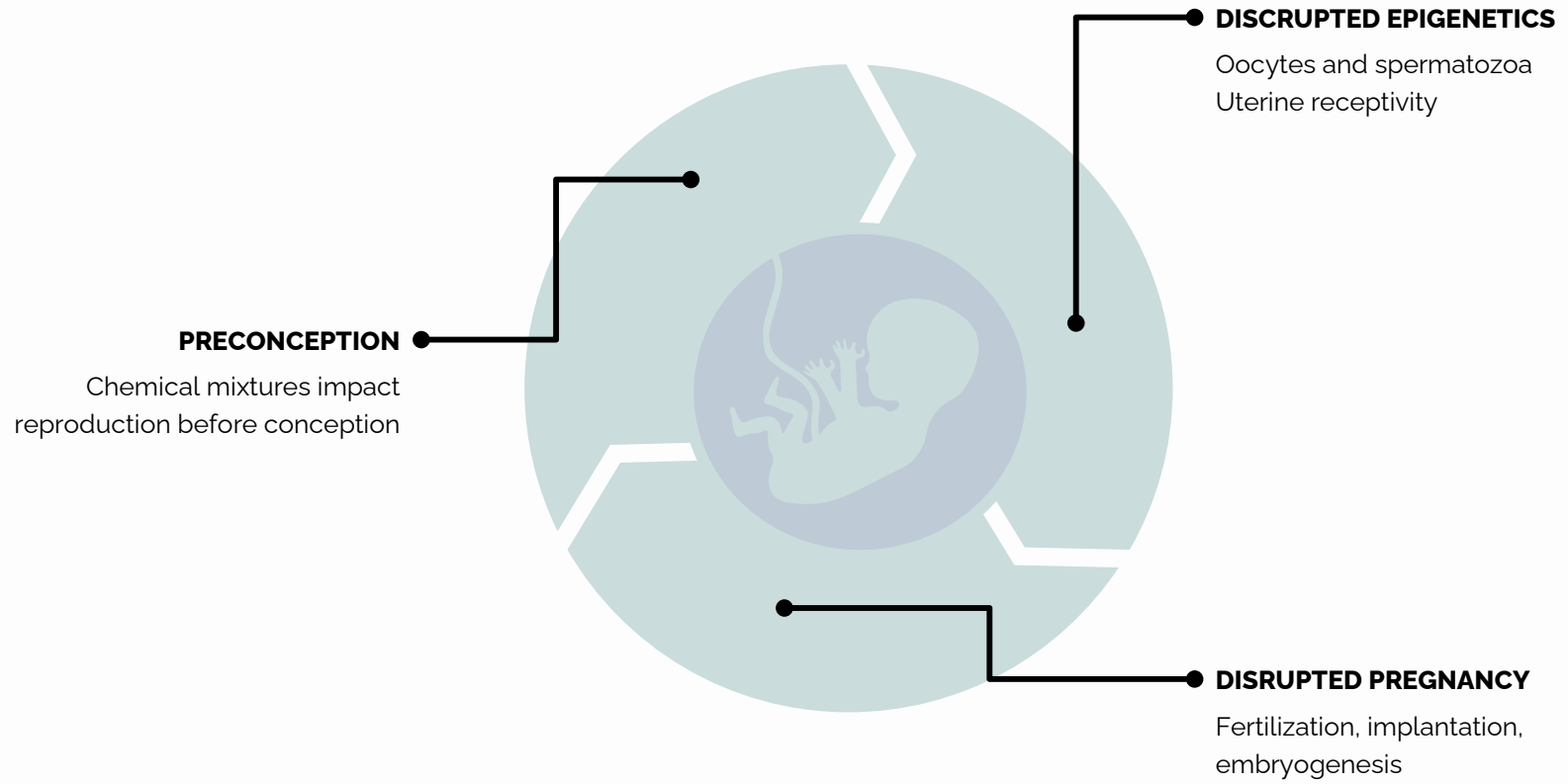
IMMUNE


Impacts inflammation and immune function

METABOLIC

Impacts metabolic processes and regulation







Determine the extent to which maternal and paternal preconception urinary concentrations of phenol and phthalate mixtures were associated with birth outcomes



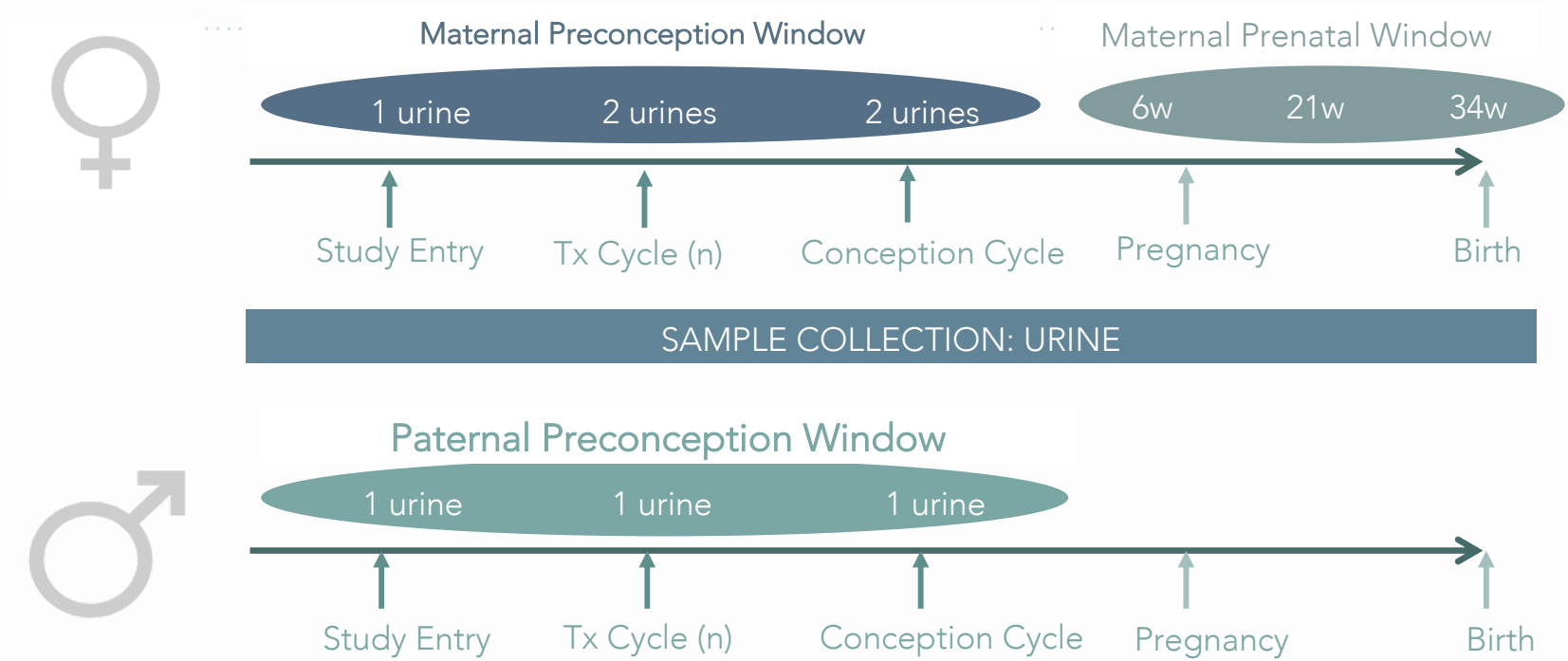
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STUDY DESIGN

PROSPECTIVE PRECONCEPTION COHORT
EARTH STUDY



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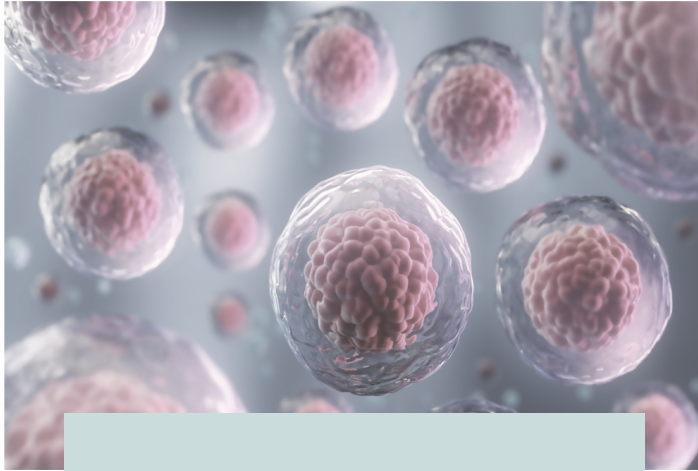
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METHODS

EXPOSURES, OUTCOMES



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EXPOSURES

Urinary Concentrations
11 phthalate metabolites
BPA
Parabens
Mixtures



OUTCOMES

Medical Records
Birthweight (g)
Gestational age accuracy
Preterm Birth (<37 weeks)



04

ANALYSIS

SINGLE CHEMICAL AND MIXTURES



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MIXTURE OF CHEMICALS

Individual preconception windows
Couples' joint window

PRINCIPAL COMPONENT ANALYSIS

PCA

BAYESIAN KERNEL MACHINE REGRESSION

BKMR



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PCA

- Reduces individual biomarker concentrations into uncorrelated groups (factors) based on the correlation structure
- Useful for the real-life exposure patterns and potential shared sources
- Regression models were fit to examine the association between the PCA-derived groups and birth outcomes



BKMR

- Univariate associations, interactions, and cumulative effect of the mixture
- Hierarchical variable selection in BKMR compares the relative importance of groups (e.g., maternal group vs paternal)
- PCA-derived factors informed groups within in maternal and paternal BKMR models
- Permits examination of relative impact of maternal vs paternal mixture groups on outcomes



COVARIATES

Selected a priori w casual diagram
Maternal covariates added to
paternal models

MATERNAL AND PATERNAL

Age, BMI, education, smoking, race,
fertility treatment

COUPLE MODEL

Adjusted for all maternal and paternal
covariates





05

RESULTS

PRETERM BIRTH AND BIRTHWEIGHT



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FEMALE



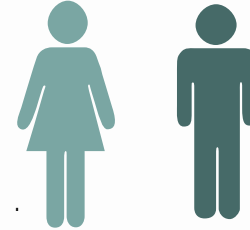
N=384
83% Nulliparous
~ 35 years of age

MALE



N=211
27% Male Factor
~ 36 years of age

COUPLES



N=203
White
Educated
Non-Smokers



PRETERM BIRTH

RESULTS



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PCA MODELS

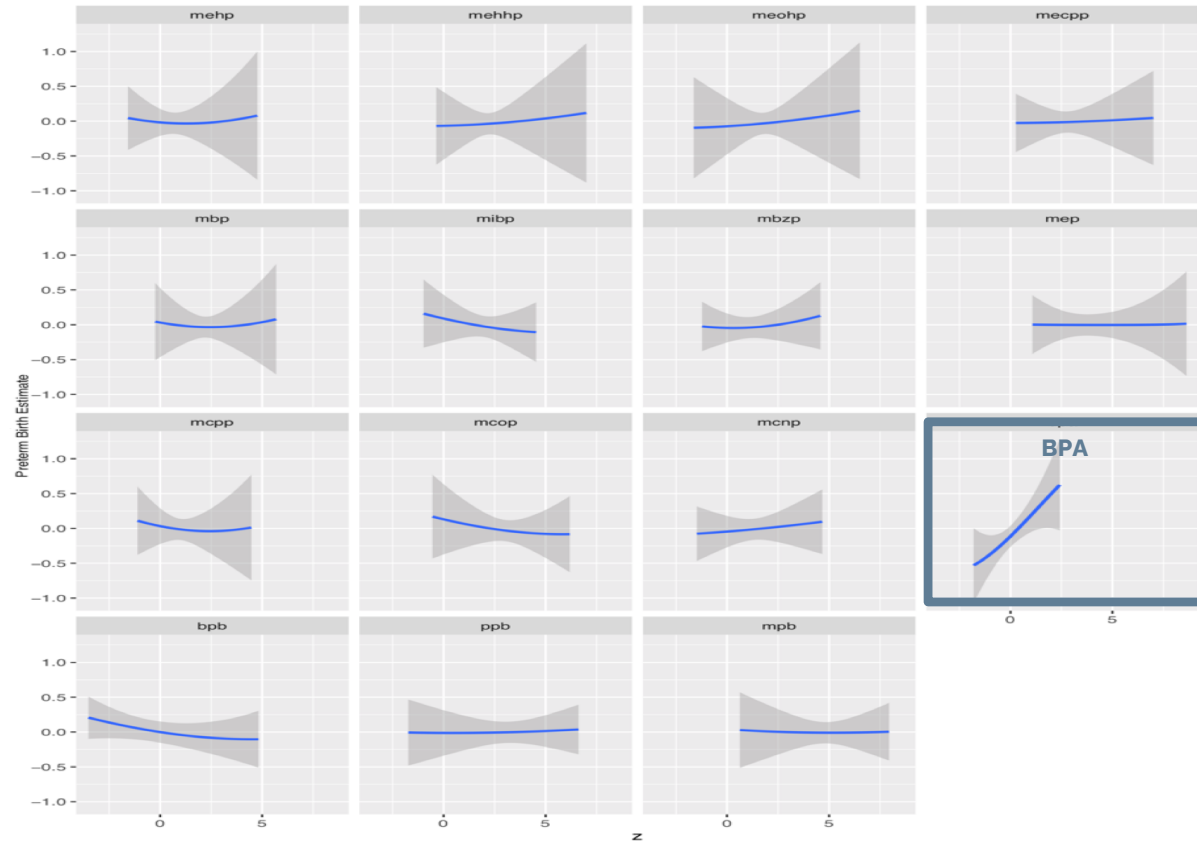
Table 1. Risk Ratio of Preterm Birth for every unit increase in PCA Factor Score

PCA-derived factors	Adjusted RR (95%CI) Preterm Birth	
	Maternal	Paternal
DEHP-BPA factor	1.36 (1.00, 1.84)	1.47 (0.90, 2.42)
Paraben factor	0.93 (0.65, 1.32)	1.43 (0.86, 2.38)
High molecular weight phthalate factor	0.88 (0.61, 1.26)	0.67 (0.38, 1.17)
Low molecular weight phthalate factor	0.96 (0.65, 1.41)	0.89 (0.51, 1.52)



This BKMR derived figure depicts the association between a given exposure concentration and preterm birth, holding all other individual biomarkers at their median concentration

UNIVARIATE ASSOCIATIONS
MATERNAL EXPOSURE – PRETERM BIRTH



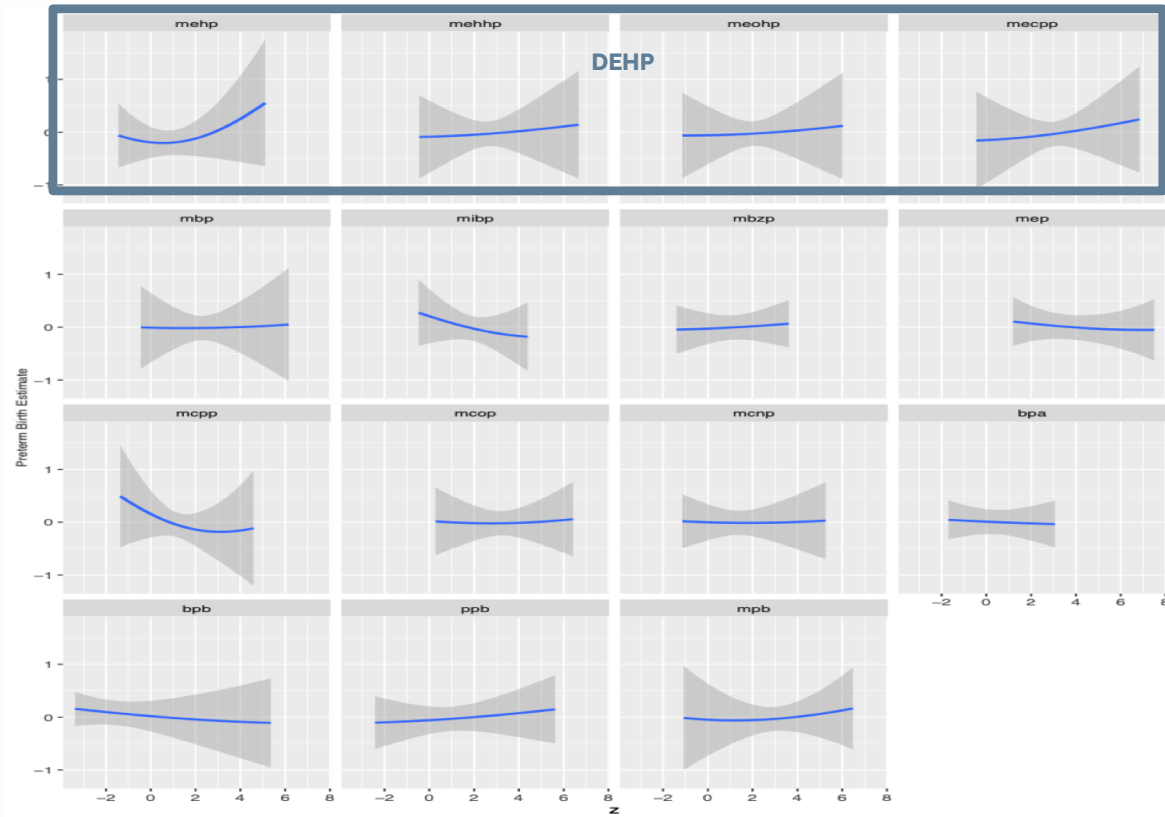
Zhang et al., Under Review

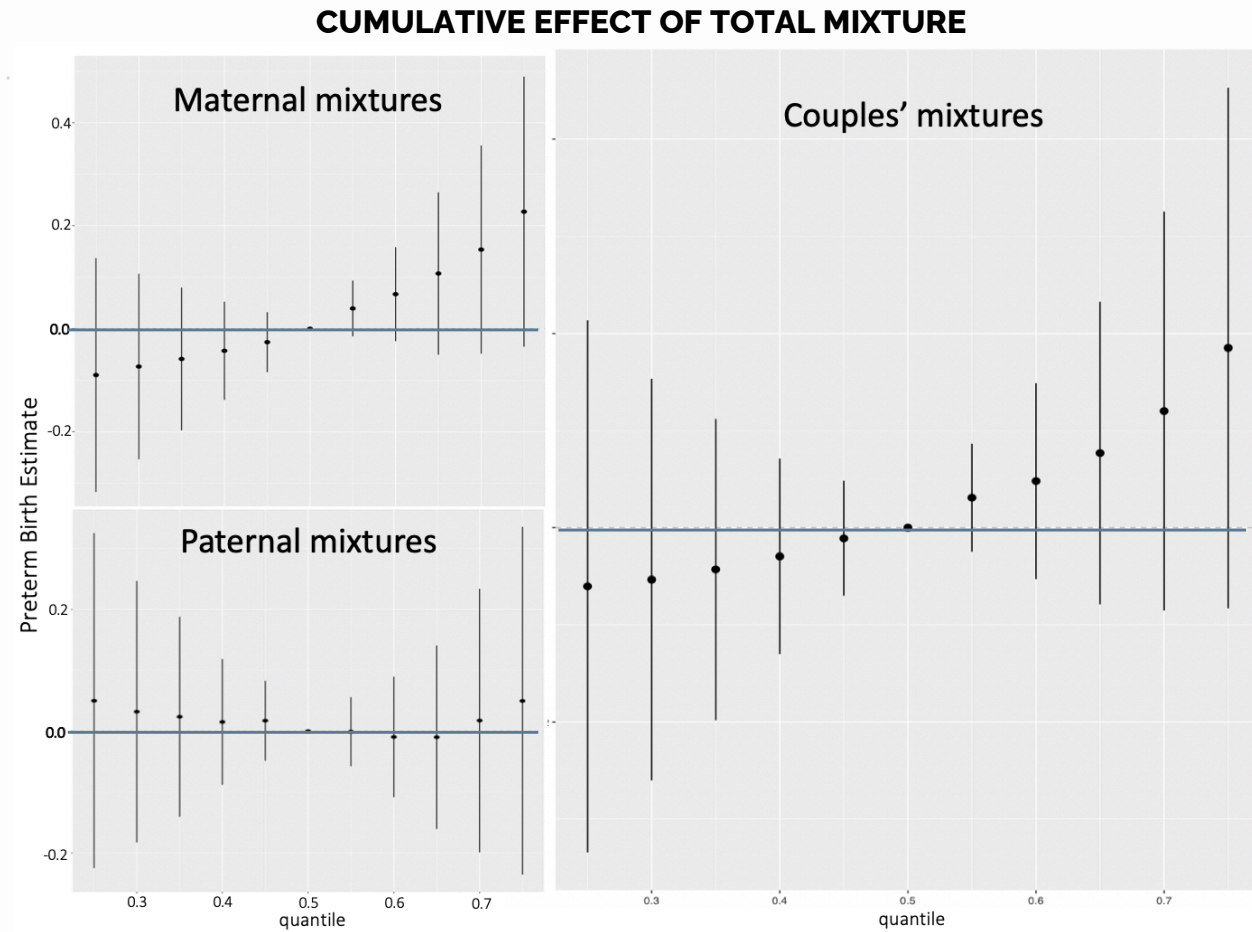


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This BKMR derived figure depicts the association between a given exposure concentration and preterm birth, holding all other individual biomarkers at their median concentration

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 PATERNAL EXPOSURE – PRETERM BIRTH





Increasing trend of **preterm birth** estimate across quantiles of **maternal** and **couples'** total preconception mixture concentrations

BKMR – Posterior Inclusion Probability (PIP)

Maternal preconception model: DEHP-BPA high PIP

Paternal preconception model: DEHP-BPA high PIP

Couple-based model: similar PIP for maternal and paternal groups

BKMR - SUMMARY

Maternal preconception **BPA** – associated with higher preterm birth risk, holding all other biomarker concentrations at their median

Paternal preconception **DEHP** metabolites – associated with higher preterm birth risk, holding all other biomarker concentrations at their median

Higher preterm birth across quantiles of **maternal** and **couples' total mixture** concentrations



BIRTHWEIGHT

RESULTS



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PCA MODELS

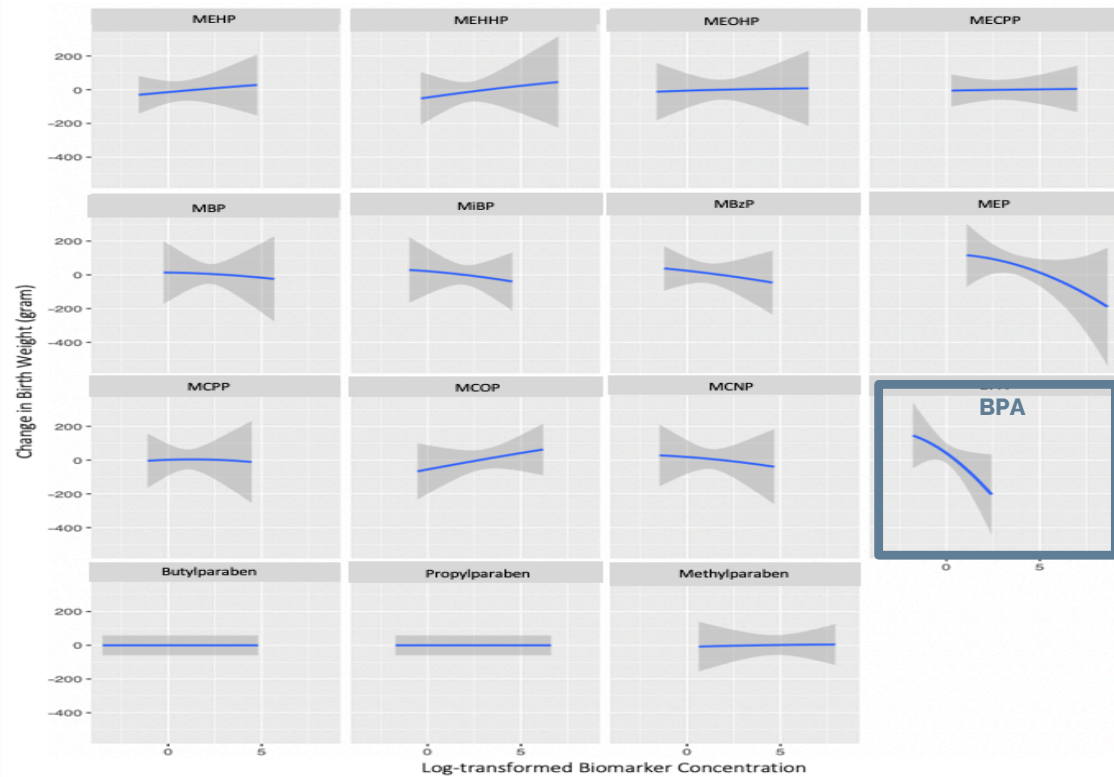
Table 2. Change in Birthweight (g) for every unit increase in PCA Factor Score

PCA-derived factors	Adjusted Change in Birthweight (gram)	
	Maternal	Paternal
DEHP-BPA factor	-1.99 (-55.51, 51.53)	-63.29 (-133.82, 7.24)
Paraben factor	-18.60 (-72.58, 35.39)	16.21 (-51.57, 83.98)
High molecular weight phthalate factor	16.95 (-37.31, 71.22)	-48.69 (-116.11, 18.73)
Low molecular weight phthalate factor	-51.45 (-105.09, 2.18)	-72.92 (-141.39, -4.45)

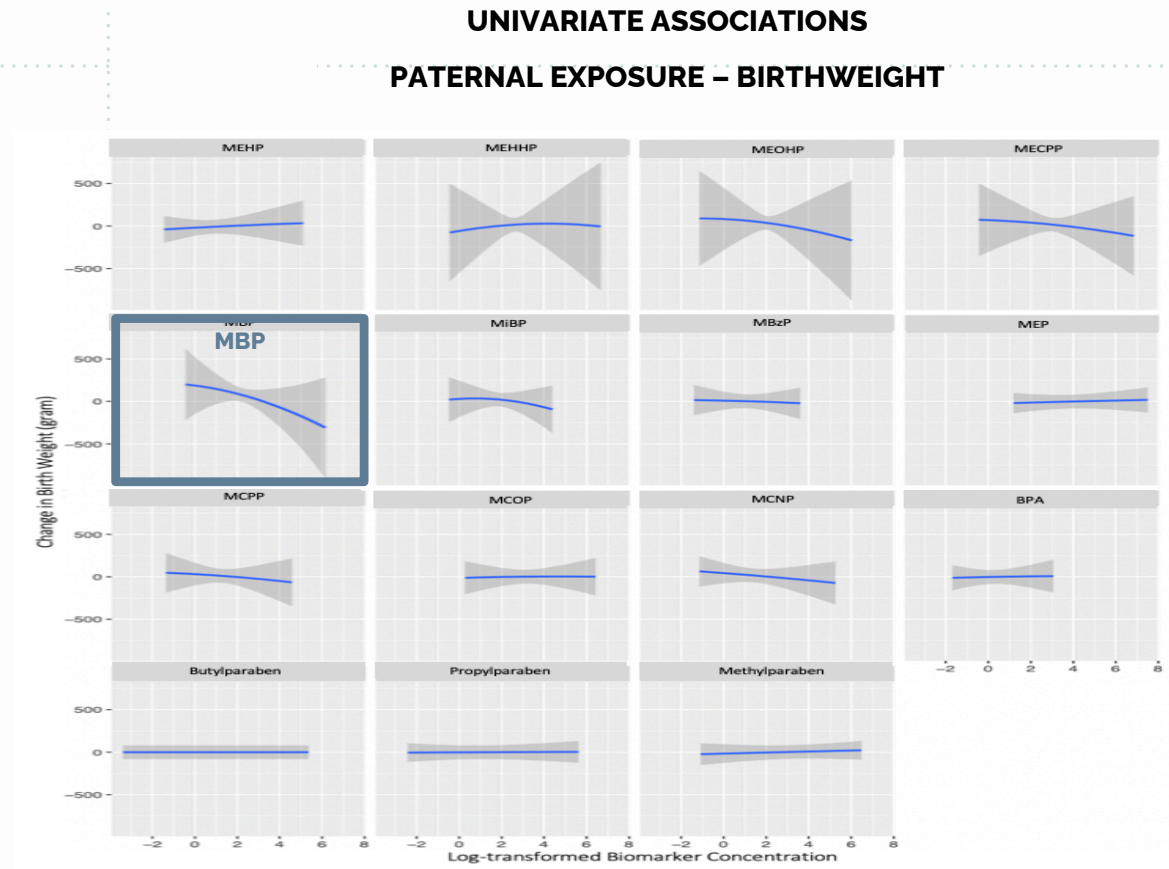


This BKMR derived figure depicts the association between a given exposure concentration and birthweight, holding all other individual biomarkers at their median concentration

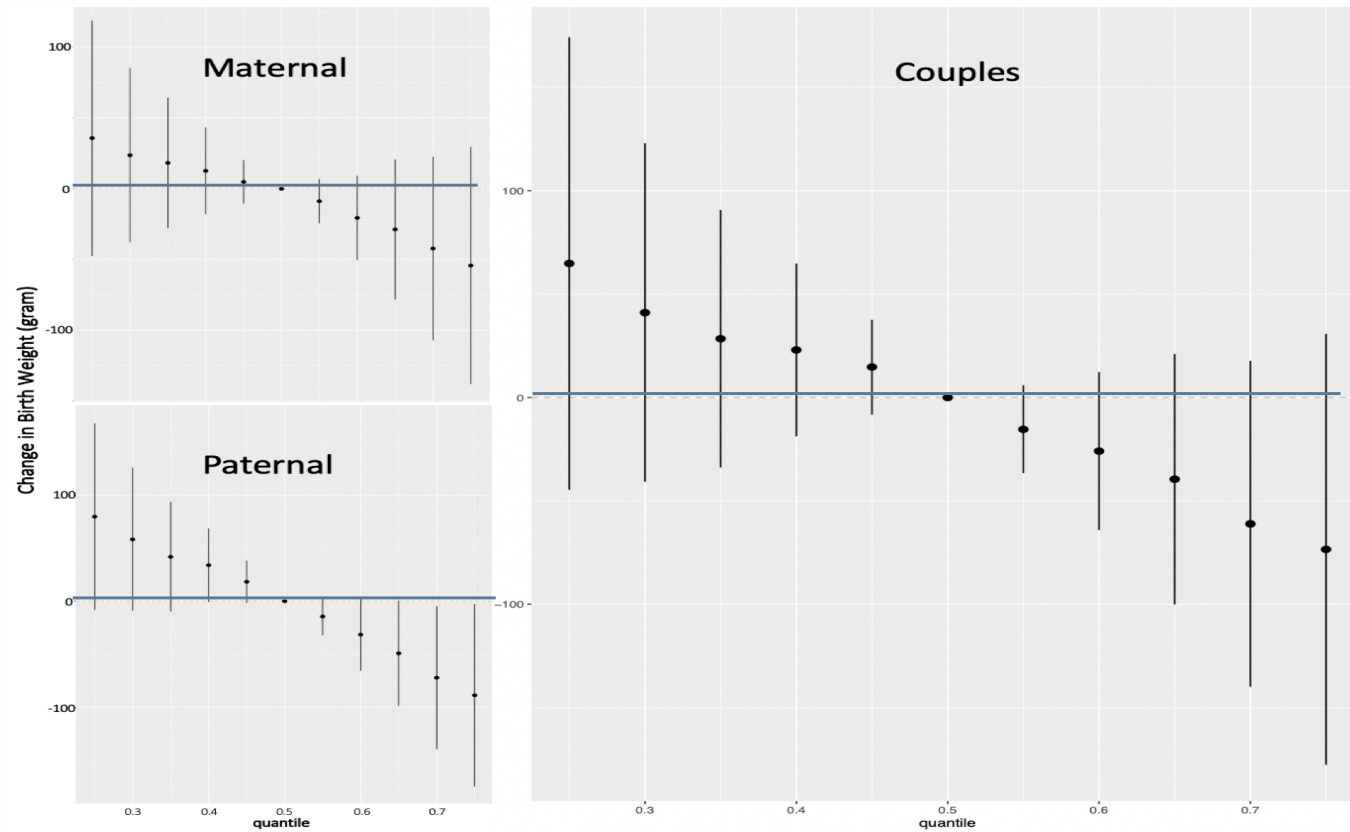
UNIVARIATE ASSOCIATIONS MATERNAL EXPOSURE – BIRTHWEIGHT



This BKMR derived figure depicts the association between a given exposure concentration and birthweight, holding all other individual biomarkers at their median concentration



CUMULATIVE EFFECT OF TOTAL MIXTURE



Decreasing trend of **birthweight** across quantiles of **maternal, paternal** and **couples'** total preconception mixture concentrations

BKMR– Posterior Inclusion Probability (PIP)

Maternal preconception model: DEHP-BPA high PIP

Paternal preconception model: DEHP-BPA and low molecular weight phthalate - high PIP

Couple-based model: higher PIP for **paternal mixture group** than maternal mixture group



SUMMARY

Maternal preconception **BPA** exposure associated with decreased birthweight, holding all other biomarker concentrations at their median

Paternal preconception **MBP** exposure associated with decreased birthweight, holding all other biomarker concentrations at their median

Lower **birthweight** across quantiles of **maternal, paternal** and **couples' total** mixture concentrations



06

CONCLUSIONS

INTERPRETATION AND IMPLICAITONS



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PRETERM BIRTH

MODELS	WINDOW	BIOMARKER/FACTOR	FINDING
PCA	Maternal	DEHP-BPA	↑ Preterm birth
PCA	Paternal	DEHP-BPA	↑ Preterm birth
PCA	Paternal	Paraben	↑ Preterm birth
BKMR	Maternal	BPA	↑ Preterm birth
BKMR	Maternal	Total Mixture	↑ Preterm birth
BKMR	Paternal	DEHP	↑ Preterm birth
BKMR	Couples	Total Mixture	↑ Preterm birth



PRETERM BIRTH RISK

CONCLUSIONS

Maternal : DEHP-BPA, BPA, and Total Mixture

Paternal: DEHP-BPA, Paraben, DEHP

Couples: Total Mixture



BIRTHWEIGHT

MODELS	WINDOW	BIOMARKER/FACTOR	FINDING
PCR	Paternal	DEHP-BPA	↓ Birthweight
PCR	Paternal	LMWP	↓ Birthweight
BKMR	Maternal	BPA	↓ Birthweight
BKMR	Paternal	MBP	↓ Birthweight
BKMR	Maternal	Total Mixture	↓ Birthweight
BKMR	Paternal	Total Mixture	↓ Birthweight
BKMR	Couples	Total Mixture	↓ Birthweight



BIRTHWEIGHT

CONCLUSIONS

Paternal : DEHP-BPA, LMWP, MBP, and Total Mixture

Maternal: BPA, and Total Mixture

Couples' Total Mixture



IMPLICATIONS

CONCLUSIONS

Fathers and Mothers phthalate and phenol mixtures contributed equally to preterm birth risk

Couples' total mixture associated with lower birthweight

Fathers' phthalate and phenol exposure reduces birthweight more than mothers'

Couples' preconception health is a modifiable exposure

Interventions at the couple level before pregnancy attempt may improve perinatal outcomes



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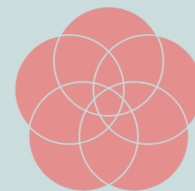
THANK YOU

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