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Biomed Pharmacother. Author manuscript; available in PMC 2023 February 01.

Published in final edited form as:

Author manuscript

Biomed Pharmacother. 2023 February ; 158: 114085. doi:10.1016/j.biopha.2022.114085.

## **Effect of umbilical cord essential and toxic elements, thyroid levels, and Vitamin D on childhood development**☆

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#### **Abstract**

**Introduction:** The in-utero environment has dramatic effects on childhood development. We hypothesized prenatal levels of inorganic agents, thyroid levels, and Vitamin D effect childhood development.

**Methods:** Umbilical cord blood was collected from April 3, 2013 to January 30, 2014 and analyzed for 20 different elements, thyroid and Vitamin D. A retrospective review  $(n = 60)$  was performed of well-child examinations from birth to 5 years old (y.o.).

**Results:** There were associations with calcium and 4 month BMI ( $p = <0.01$ ), 12 month language ( $p = 0.03$ ); Magnesium and 6 month language ( $p = 0.04$ ) and gross motor skills at 5 years old (y.o.) ( $p = 0.03$ ); Copper and 12 month fine motor ( $p = 0.02$ ); Zinc with fine motor ( $p = 0.03$ )  $=$  <0.01) and language ( $p = 0.03$ ) at 2 y.o.; Manganese was associated with language development at 2 y.o. ( $p = 0.02$ ); Molybdenum and fine motor at 12 months of age ( $p = 0.02$ ); Selenium with gross motor ( $p = 0.04$ ) and BMI ( $p = 0.02$ ) at 5 y.o.; Lead with cognitive function at 4 months ( $p$ )  $= 0.04$ ) and 2 y.o. (p = 0.01); Mercury with gross motor at 4 months (p = 0.04) and language at 2 y.o. ( $p = 0.02$ ). Platinum at 12 months of age ( $p = < 0.01$ ) as well as multiple associations at 5 y.o.

<sup>☆</sup>A portion of this data was previously presented at Marshall University Research Day, October 29th, 2021, Huntington, WV.

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CRediT authorship contribution statement

**Jesse Cottrell, Monica Valentovic:** Were involved with conceptualization, Experimental design, Methodology, Sample preparation, Data analysis and manuscript preparation. **Chelsea Nelson, Cahterine Waldron, Mackenzie Bergeron, Abigail Samson:** Were responsible for Data collection and Data analysis.

Exclusive Submission Statement

The following manuscript, Effect of umbilical cord essential and toxic elements, thyroid levels, and Vitamin D on childhood development, is being exclusively submitted to *Biomedicine and Pharmacotherapy*.

Disclaimers

The views expressed in this submitted article are strictly the view of the authors and not an official position of the institution or funder. Declaration of Interest

The authors do not have any conflicts of interest. The authors have no financial conflicts to disclose regarding this study.

 $(p = 0.01)$ . Thyroid function tests for free T3 were associated with multiple cognitive and physical milestones. T3 Uptake was associated with 5 y.o. gross motor skills ( $p = 0.02$ ). Total and Free T4 was associated with cognitive development ( $p = < 0.01$ ) and fine motor development, respectively. Vitamin D was associated with a delay of fine motor development  $(p_0,0.01)$ .

**Conclusion:** There were multiple associations between umbilical cord essential and toxic elements, thyroid levels, and Vitamin D on childhood development.

#### **Keywords**

Metals; Child development; Umbilical cord; Thyroid; Vitamin D

#### **1. Introduction**

The intrauterine environment is the epicenter where embryonic and fetal development either prospers or flounders. This in-utero milieu is influenced by environmental factors including nutrition, stress, toxicants, hormones, and essential elements. These factors have been shown to have dramatic effects long after birth on childhood development [10–12,4,7].

The developing fetus is susceptible to environmental insults as cells are rapidly dividing. Organogenesis begins as early as 3 weeks post-conception and is usually complete by about 8 weeks gestation, creating the optimal environment for teratogenic substances to cause damage to the developing embryo. These organ systems continue to develop and differentiate until birth. The brain is unique in that the different parts are responsible for different functional domains. These domains develop at different times (i.e., motor control, sensory, intelligence, and attention). Additionally, the cell types of the nervous system have different windows of vulnerability with varying sensitivities to environmental agents [11]. The brain undergoes periods of rapid growth and development in mid and late pregnancy making it vulnerable to changes in the intrauterine environment [4].

While studies have examined the effects of essential metals and toxic elements on birth outcomes and neonatal characteristics, studies assessing exposure and childhood developmental milestones are limited. We hypothesized that umbilical cord essential and toxic elements, thyroid levels, and Vitamin D affect childhood development.

#### **2. Methods**

From April 3, 2013 to January 30, 2014 umbilical cord blood was collected and analyzed at delivery for 20 essential and toxic metals (calcium, magnesium, copper, zinc, manganese, lithium, selenium, strontium, molybdenum, arsenic, barium, cadmium, cobalt, lead, mercury, nickel, platinum, silver, thallium, uranium), vitamin D, total T3, T3 uptake, T4, free T4, and Thyroid Stimulating Hormone (TSH). All deliveries took place at Cabell Huntington Hospital in Huntington, WV. The mothers were residents of Ohio, Kentucky, or West Virginia.

The 20 inorganic elements were measured by The Great Plains Laboratory, Inc. located in Lenexa, KS. According to the lab protocol, The Great Plains Laboratory analyzes the elements in whole blood by inductively coupled plasma mass spectroscopy following

specimen digestion with nitric acid in a closed containing microwave oven system. The procedure measures the total concentration of an element in whole blood, regardless of biochemical form and regardless of partitioning of the element in blood fractions. The levels of vitamin D, total T3, free T3, T3 uptake, total T4, free T4, and TSH were measured according to lab protocol at Cabell Huntington Hospital. Inclusion criteria were those who had successfully delivered, cord blood was obtained, and follow-up well-child examinations were available in the electronic medical record. Exclusion criteria was non-collection of cord blood, inadequate collection, or no pediatric follow-up available for review.

A retrospective review was performed of well-child examinations from 4 months to 5 years old, and 60 patients met inclusion criteria. There were 4 developmental domains assessed; gross motor, fine motor, cognitive, and language. Other parameters included body mass index (BMI) and heart rate, and the Modified Checklist for Autism in Toddlers (M-CHAT) score. Demographic information was extracted from each patient's electronic medical record.

Comparisons and p-values were by one way ANOVA and Chi-square test of independence. The study was approved by the Institutional Review Board at Marshall University (IRB #1679896–3). The project was supported by the Robert C. Byrd Center for Rural Health, Marshall University. Funding was obtained through the Rural Health Initiative grant from the West Virginia Higher Education Policy Commission and the Marshall University School of Medicine Translational Research Pilot Grant program and NIH grant P20GM103434.

#### **3. Results**

Maternal demographic information (Table 1) demonstrated a mean age of  $26.16 \pm 5.01$  years and a body mass index of  $30.58 \pm 6.52$ . There was a higher proportion of those from urban environments (70%), and 30% of patients admitted to daily tobacco use. Surprisingly, 16 of the 60 patients (27%) did not take a prenatal vitamin during their pregnancy.

Regarding fetal demographics (Table 2), delivery was accomplished at a mean of 38.62  $\pm$ 1.90 days with 70% of deliveries occurring vaginally. The length of hospital stay for the neonates was  $7.82 \pm 15.17$  days, which was undoubtedly skewed due to some infants being admitted for extended neonatal intensive care unit stays.

Child development at 4 months of age (Tables 3), 6 months of age (Table 4), 12 months of age (Table 5), 2 years of age (Table 6), and 5 years of age (Table 7) were compared as listed in the accompanying tables.

There was only one difference in the Modified Checklist for Autism in Toddlers (M-CHAT) score for any of the analytes examined, with the free T3 at 18 months of age being associated with 18 passing scores and one failing score ( $p = 0.02$ ).

#### **4. Discussion**

The in-utero environment has been shown to have dramatic effects on childhood development [9,12]. Prior studies have shown associations between prenatal exposure to

some metals and their effect on cognitive, motor, and intellectual development of the child [10,11,2,4,7,9]. Our study demonstrated that there are multiple associations between umbilical cord essential and toxic elements, thyroid levels, and Vitamin D on childhood development.

In 2015, the International Federation of Gynecology and Obstetrics released an Obstetrics opinion on the reproductive health impacts of exposure to toxic environmental chemicals, stating that "exposure to toxic environmental chemicals during pregnancy and breastfeeding is ubiquitous and is a threat to healthy human reproduction" [3]. For many years there has been widespread concern regarding the teratogenic potential of toxic environmental chemicals and research examining the link with childhood development.

Prior studies have examined the effects of essential metals and toxic elements on neurodevelopmental outcomes. A cohort study in rural Bangladesh determined that in-utero, low levels of cadmium were associated with lower IQ scores at 5 years of age.<sup>2</sup> Elevated cadmium exposure in utero has also been associated with delayed growth patterns in early childhood [2].

Adverse effects mediated by lead and mercury exposure have been more extensively studied. Due to rapid brain development in mid and late pregnancy, lead and mercury appear to have particularly toxic effects [4]. A study assessing the relationship between chromium, lead, cobalt, silver, nickel, cadmium, and mercury presence in amniotic fluid found a negative association with child cognitive function at the age of 2 years [9]. In a cohort of 230, a study by Lin et al. found elevated levels of manganese and lead in utero were associated with delayed cognitive and language development when assessed at the age of 2 [10]. Interestingly, even lower-dose lead exposures have been associated with impairment in intellectual function and attention [11]. In our study we found an association between lead and cognitive function at 4 months of age ( $p = 0.0436$ ) and 2 years of age ( $p = 0.0159$ ), even though lead was not at levels considered toxic for any of the infants in our study. There has also been shown to be evidence between manganese exposure and attention deficit disorder with hyperactivity [13]. In our study manganese was associated with a negative impact on language development at 2 years of age ( $p = 0.02$ ).

Children born with normal thyroid function who experienced thyroid hormone insufficiency in the womb display subtle cognitive impairments [5]. Gilbert et al. differentiated these patterns of cognitive effects as resulting from prenatal versus postnatal thyroid hormone insufficiency [5]. In our study we found numerous associations between various thyroid hormones and developmental outcomes.

Insufficient maternal Vitamin D has been associated increased risk developing maternal conditions such as gestational diabetes and pre-eclampsia.[1] While Vitamin D is known to play a pivotal role in the development of the brain, there is limited and conflicting data on how it effects developmental milestones in a child [6]. Laird et al. examined maternal Vitamin D status and the relationship with childhood neuro-developmental outcomes. Comparing neurocognitive development at age 5, Laird and associates did not observe any clinically significant associations [8]. In a study by Janbek et al., low Vitamin D levels

during pregnancy was associated with a negative effect on offspring language and motor development. In our study, Vitamin D was associated with fine motor skills at 2 years of age  $(p = <.01)$ .

This is the largest study to date examining childhood developmental outcomes for 20 essential and toxic metals (calcium, magnesium, copper, zinc, manganese, lithium, selenium, strontium, molybdenum, arsenic, barium, cadmium, cobalt, lead, mercury, nickel, platinum, silver, thallium, uranium), vitamin D, total T3, T3 uptake, T4, free T4, and Thyroid Stimulating Hormone. As this was a retrospective review, unfortunately only 60 total charts available out of 172 in the original study were available for review. For some of the elements being examined, the levels were below the laboratory cutoff and analysis for these elements in regard to fetal development was not possible.

In our study there are multiple associations between umbilical cord essential and toxic elements, thyroid levels, and Vitamin D on childhood development. Further research is needed to fully understand the reproductive health impacts of in-utero exposure to toxic elements, thyroid levels, and Vitamin D.

#### **Acknowledgements**

The project was supported by the Robert C. Byrd Center for Rural Health, Marshall University. Funding was obtained through the Rural Health Initiative grant from the West Virginia Higher Education Policy Commission and the Marshall University School of Medicine Translational Research Pilot Grant program and NIH grant P20GM103434.

#### **Data availability**

Data will be made available on request.

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Maternal Information. Calculated mean  $\pm$  SD (95% Confidence Interval) for continuous variables. N (%) for categorical variables.



Delivery and Fetal Information. Calculated mean ± SD (95% Confidence Interval) for continuous variables. N (%) for categorical variables.



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**Table 3**

Child Development at 4 months of age. P values by one way ANOVA. Child Development at 4 months of age. P values by one way ANOVA.



Child Development at 6 months of age. P values by one way ANOVA. Child Development at 6 months of age. P values by one way ANOVA.



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**Table 5**

Child Development at 12 months of age. P values by one way ANOVA. Child Development at 12 months of age. P values by one way ANOVA.



Child Development at 2 years of age. P values by one way ANOVA. Child Development at 2 years of age. P values by one way ANOVA.



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Child Development at 5 years of age. P values by one way ANOVA. Child Development at 5 years of age. P values by one way ANOVA.

