Thimerosal (Mercury) Exposure during Pregnancy Linked to Autistic Disorders

Press Release **Contact:**
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WASHINGTON, DC – In the May 2007 issue of the *Journal of Maternal-Fetal and Neonatal Medicine* (http://www.informaworld.com/smpp/content~content=a778637558~db=all~order=page), the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania and Perinatal Societies, and the International Society of Perinatal Obstetricians, a new study, "A Prospective Study of Thimerosal-Containing Rho(D)-Immune Globulin Administration as a Risk Factor for Autistic Disorders," was published by Dr. Mark R. Geier (President, the Genetic Centers of America) and David A. Geier (Vice-President, the Institute of Chronic Illnesses). This new study shows that administration of Thimerosal-preserved Rho(D)-immune globulin preparations during pregnancy significantly increases the risk for offspring developing autistic disorders. This finding is consistent with previously published research by Dr. Amy Holmes, Mark Blaxill, and Dr. Boyd Haley in the *International Journal of Toxicology* (2003), and refutes the recent study funded by Johnson & Johnson (a maker of Rho(D)-immune globulins) that failed to find an association between Thimerosal-preserved Rho(D)-immune globulins and autistic disorders.

Since the late 1980s, Rho(D)-immune globulin preparations have been routinely administered to Rh-negative women in the US during pregnancy at 28 weeks gestation, a prenatal period corresponding to damage occurring in the fetal brain, that has been associated with autistic disorders. Unfortunately, until 2001, some formulations of Rho(D)-immune globulins manufactured for the US market contained Thimerosal, a mercury-containing compound (49.6% mercury by weight). As a result, administration of Thimerosal-preserved Rho(D)-immune globulins exposed Rh-negative pregnant women to bolus doses of mercury ranging from 10.5 to greater than 30 micrograms mercury per administration at critical prenatal developmental periods. In some cases, Rh-negative women received several Rho(D)-immune globulins during their pregnancy. In addition, if the fetus was Rh-positive, the mother was administered another Rho(D)-immune globulin after birth. When that infant was breastfed, then, that infant would receive another significant mercury exposure.

In this new study, the researchers examined a total of 53 non-Jewish Caucasian patients with a diagnosis of an autistic spectrum disorder (ASD), born from 1987 through 2001, who prospectively presented to the Genetic Centers of America for outpatient genetic/developmental evaluations from June 1, 2005 through March 31, 2006. Imaging and laboratory testing were conducted to rule-out other causal factors for their ASDs. As race-matched controls, the frequency of Rh-negativity was determined from 926 non-Jewish Caucasian pregnant women who presented for outpatient prenatal genetics care to the Genetic Centers of America between 1980 and 1989. Children with a diagnosis of an ASD were more than twice as likely to have an Rh-negative mother than the controls. Each ASD patient with an Rh-negative mother was administered a Thimerosal-preserved Rho(D)-immune globulin during her pregnancy. These researchers concluded that their results provide insights into the causal role prenatal mercury exposure may play in some children diagnosed with autistic disorders.

Note: For those who wishing to confirm, whether or not, their child is mercury poisoned, they may want to have a urine porphyrin profile analysis (UPAA) test done. For more information, visit the Coalition for Mercury-free Drugs (CoMeD)'s web site:
http://www.Mercury-freeDrugs.org