

**1Influence of maternal and sociodemographic characteristics on the
2accumulation of organohalogen compounds in Argentinian women. The
3EMASAR Study.**

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10Natalia Bravo¹, Solrunn Hansen², Inger Økland³, Mercè Gari¹, Marisa V. Álvarez⁴, Silvina

11Matiocevich⁵, Jon-Øyvind Odland², Joan O. Grimalt*¹

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13¹Institute of Environmental Assessment and Water Research (IDAEA-CSIC), Department of
14Environmental Chemistry, Jordi Girona, 18, 08034 Barcelona, Catalonia, Spain

15²UiT The Arctic University of Norway, Hansine Hansens veg, 18, 9019 Tromsø, Norway

16³Department of Obstetrics and Gynecology, Stavanger University Hospital, P.O. Box 8100, N-
174068 Stavanger, Norway

18⁴Hospital Público Materno Infantil de Salta, Sarmiento, 1301, 4400 Salta, Argentina

19⁵Clínica San Jorge, Onachanga, 184, 9410 Ushuaia, Tierra del Fuego, Argentina

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26* Corresponding autor phone: +34934006118; fax: +34932045904; e-mail:

27joan.grimalt@idaea.csic.es

28

29Abstract

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31The occurrence of organohalogen compounds in venous serum from post-partum mothers
32from two Argentinian cities, Salta and Ushuaia, has been investigated (n = 698). 4,4'-DDE was
33the most abundant compound in these cities, with geometric means of 33 and 67 ng/g lipid
34weight, respectively. City of residence, age and parity were the main determinants of the
35accumulation of these compounds. Hexachlorobenzene (HCB) was the second most abundant
36pollutant in Ushuaia, 8.7 ng/g lipid, and β -hexachlorocyclohexane (β -HCH) in Salta, 7.8 ng/g
37lipid. Decabromodiphenyl ether was higher in Ushuaia than Salta, 8.2 and 4.1 ng/g lipid,
38respectively. The predominance of β -HCH, 4,4'-DDE and 4,4'-DDT in Salta was related with
39higher use of pesticides for agricultural applications. The observed higher concentrations of
404,4'-DDE and 4,4'-DDT in the mothers from rural+semi-urban sites than in urban areas were
41consistent with this agricultural origin. In addition, the most volatile organochlorine
42compounds included in this study, HCB and α -HCH, were mainly found in Ushuaia. The
43concentrations of the studied organohalogen pollutants in Argentina were lower than those
44found in other similar studies which is consistent with the location of these cities in the
45southern hemisphere.

46

47Age, mainly for 4,4'-DDE and polychlorobiphenyl (PCB) congeners 138, 153 and 180, and parity,
48mainly for HCB, β -HCH, 4,4'-DDT and PCB congener 118, were the second main determinants
49of the concentrations of these compounds. Gestational weight gain also influenced on the
50maternal levels of HCB, β -HCH, 4,4'-DDT and PCB congeners 118, 138 and 153. Higher weight
51accumulation during pregnancy involved dilution of these persistent pollutants.

52

53Body mass index (BMI) was a statistically significant determinant for 4,4'-DDT, α -HCH and PCB
54congeners 153 and 180. The observed direct correspondence between higher BMI and 4,4'-
55DDT concentrations was in agreement with the above reported inputs related with agricultural
56applications. The reverse correspondence of BMI with α -HCH and the PCB congeners indicated
57higher dilution at higher weight increase.

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60Keywords: Organohalogen pollutants, persistent organic pollutants, postpartum women,
61biomonitoring, age dependence of pollutant concentrations, parity dependence of pollutant
62concentrations

631. Introduction

64

65 Human exposure to organohalogen pollutants is a problem of public health concern due to the
66 ubiquitous distribution, high environmental persistence and the adverse health effects of these
67 compounds (Simonich et al., 1995; Wigle et al., 2008). Despite most of these pollutants have
68 been banned or restricted, they are still found in environmental samples, food and human
69 tissues (Hites, 2004, Arellano et al., 2014, Perelló et al., 2015). The chemical stability,
70 hydrophobic properties, and lack of efficient metabolic processes for organism excretion
71 provide these compounds with a strong bioaccumulation potential (Johnson-Restrepo et al.,
72 2005). These aspects are particularly relevant for newborns because persistent organic
73 pollutants (POPs) are able to cross the placenta leading to prenatal exposure of the foetus
74 (Vizcaíno et al., 2014a; López-Espinosa et al., 2016), and infants come to life with an initial POP
75 burden.

76

77 Children are more vulnerable than adults to chemical, physical, and biological hazards because
78 they are still growing and their immune system and detoxification mechanisms are not fully
79 developed (Olsen, 2000). Early-life exposure to POPs during pregnancy may have adverse
80 impact on child development and health. In utero exposure has been associated with effects
81 on foetal growth and premature delivery (Longnecker et al., 2001; Govarts et al., 2012; Casas et
82 al., 2015; López-Espinosa et al., 2015; 2016), neurocognitive deficit (Grandjean and Landrigan,
83 2014; Ribas-Fito et al., 2006; Morales et al., 2008; Costa et al., 2014; Palou-Serra et al., 2014),
84 obesity (Valvi et al., 2012; 2014), lower respiratory tract infections and wheeze (Gascon et al.,
85 2012; Morales et al., 2012) and hormonal disruption (Chevrier et al., 2008; López-Espinosa et
86 al., 2009; 2016; Morales et al., 2013; Wilson et al., 2016; Llop et al., 2017). The study of these
87 compounds in venous maternal serum near pregnancy provides significant clues on the
88 newborn intake (Vizcaino et al., 2014a).

89

90 The most abundant POPs usually found in human tissues are hexachlorobenzene (HCB), the β -
91 isomer of hexachlorocyclohexane (β -HCH), 4,4'-dichlorodiphenyltrichloroethane (4,4'-DDT) and
92 its main metabolite 4,4'-dichlorodiphenyldichloroethylene (4,4'-DDE) and polychlorinated
93 biphenyls (PCBs). Polybromodiphenyl ethers (PBDEs) are also important since their
94 concentrations are increasing both in human and environmental samples (Hites, 2004).

95

96 These compounds have been mostly synthesized and used in the northern hemisphere but
97 their strong capacity for long-range atmospheric transport has led to a global planetary

98distribution (Simonich et al., 1995), including the southern hemisphere (Amin et al., 2011).
99However, the information available on the occurrence of these compounds in the southern
100hemisphere is rather limited (Wenning et al., 2016 and Corsolini et al., 2009), particularly for
101what concerns human exposure.

102

103The present study is devoted to contribute to fill this gap by analysis of maternal serum from
104Argentinian cohorts, representing postpartum mothers from the cities of Salta (n=498) and
105Ushuaia (n=200). The characteristics of the participant populations from these two cities are
106described in Økland et al. (2017). The concentrations of organochlorine compounds from these
107cities are compared with those in other sites in Hansen et al (2017). The present study is
108devoted to elucidate the influence of age, parity, body mass index, gestational weight gain and
109place of residence on the body burden of these compounds.

110

111Ushuaia is the only urban settlement in the southern coast of Tierra del Fuego Island. The local
112economy mostly depends on tourism, trade, and industrial development (Commendatore et
113al., 2012). Salta is located in North Argentina, agriculture and its related industries are
114important. The latitudes of these cities are very different, 54°S and 24°S, involving subpolar
115and subtropical climates, with daily average temperatures of 1-9°C and 20°C, respectively
116(Luchini et al., 2002). Volatile pollutants are susceptible to long-range atmospheric transport,
117evaporating in warm areas and condensing in cold regions (Simonich and Hites, 1995). It should
118be expected to find more elevated concentrations of these pollutants in Ushuaia than in Salta if
119the global distillation effect is a driver of their occurrence.

120

121

1222. Materials and methods

123

1242.1 Population and study design

125The present work is focused in two Argentinian regions, Salta in the North and Ushuaia in the
126South. Maternal blood samples (n=698) were collected randomly from April 2011 to Mars 2012
127between the first and third day after delivery at the Clínica San Jorge in Ushuaia and the
128Hospital Público Materno Infantil in Salta Non-fasting maternal blood samples were obtained at
12936±12 hours following delivery (median 1, range 0-3) considering that from the analytical
130perspective, one of the optimum sampling periods is the early postpartum days (Hansen et al.,
1312010). The POPs have been analysed in these samples. The study included also maternal
132questionnaire data and measurements of height and weight. This postpartum weight was used

133to obtain gestational weight gain estimates (GWG) by subtraction from the reported weight
134prior to pregnancy plus 5 kg for child (average 3.5 kg), blood, placenta and fluid losses. This
135estimate differs from the standard methods (Gilmore and Redman, 2015) but no other data
136was available for this calculation.

137

138The UiT The Arctic University of Norway and Stavanger University Hospital in Norway were
139responsible for the EMASAR study (Estudio del Medio Ambiente y la Salud Reproductiva; Study
140on the environment and reproductive health). Local partnerships were the private institution
141Clínica San Jorge in Ushuaia that is co-responsible with the public hospital for the in-hospital
142deliveries in the city and partly in the province, and the Hospital Público Materno Infantil in
143Salta that receives all the in-hospital deliveries in the city and the region. The Department of
144Environmental Chemistry, Institute of Environmental Assessment and Water Research (IDAEA-
145CSIC) was responsible for the chemical analyses.

146

147The study was approved by the Ethics Committee of the Medical Association in Salta
148(2010/7317) and the Ministries of Health in both provinces. As required by Norwegian law, the
149study was then submitted to the Norwegian Regional Committee for Medical and Health
150Research Ethics (REC North) who also approved the study (2011/706). The study was
151conducted in accordance with the Helsinki declaration.

152

1532.2 Sample preparation

154Serum samples (1 mL) were placed into 10 mL centrifuge tubes and recovery standards TBB
155and PCB-209 were added (50-60 pg/ μ L). POP extraction was performed by addition of *n*-
156hexane (2 mL) and H₂SO₄ (3 mL), vortex mixing (1500 rpm, 30 s) and centrifugation (3500 rpm,
15710 min). The supernatant *n*-hexane layer was aspirated into a second centrifuge tube using a
158Pasteur pipette. The acid layer was re-extracted two more times with *n*-hexane. All the *n*-
159hexane extracts were combined. This *n*-hexane solution was further purified by oxidation with
1602 mL of concentrated H₂SO₄. The tubes were stirred in a vortex (1500 rpm, 90 s) and
161centrifuged (3500 rpm, 10 min). The acid was removed with a Pasteur pipette and more H₂SO₄
162(2 mL) was added, again, which was followed by mixing and centrifuging once more. The
163supernatant organic phase was transferred to a conical bottomed, graduated tube and reduced
164to near dryness under a gentle stream of nitrogen. Then, the sample was transferred to gas
165chromatographic vials using three 75 μ L rinses of isooctane which were then reduced to
166dryness under a very gentle stream of nitrogen. Finally, they were dissolved with 100 μ L of

167PCB-14 (internal standard) in isooctane (10 pg/ μ L). MiliQ water (5-6 drops) was added before
168centrifugation when emulsions were formed (Grimalt et al., 2010).

169

170Subsequent PBDEs analysis, involved isooctane evaporation under a very gentle stream of
171nitrogen and dissolution with 20 μ L of [$3\text{-}^{13}\text{C}$]BDE-209 (6.5 pg/ μ L) and 30 μ L of BDE-118 (20
172pg/ μ L) as internal standards (Vizcaíno et al., 2009).

173

1742.3 Analytical procedure

175Nineteen organochlorine compounds (OCs), pentachlorobenzene (PeCB), HCB, α -HCH, β -HCH,
176 γ -HCH, δ -HCH, PCB congeners 28, 52, 101, 118, 138, 153, 180, 2,4'-DDD, 4,4'-DDD, 2,4'-DDE,
1774,4'-DDE, 2,4'-DDT and 4,4'-DDT, were quantified by gas chromatography and electron capture
178detection (GC-ECD, Agilent Technologies 7890A). The instrument was equipped with a HP-5MS
179capillary column (60 m length, 0.25 mm internal diameter, 0.25 μ m film thicknesses; JW
180Scientific) protected with a retention gap. 2 μ L were injected in splitless mode. Injector and
181detector temperatures were 250°C and 320°C, respectively. The oven temperature was held at
18290°C for 2 min, increased to 130°C at 15°C/min and to 290°C at 4°C/min with a final holding
183time of 15 min. Ultrapure helium was used as carrier gas. Nitrogen was the make-up gas.
184Compound quantification was performed as described elsewhere (Carrizo et al., 2009).

185

186A GC (Agilent Technologies 7890N) coupled to a mass spectrometer (MS, Agilent Technologies
1875975C) operating in negative chemical ionisation mode (GC-NICI-MS) was used for
188identification and quantification of the PBDE congeners (17, 28, 47, 66, 71, 85, 99, 100, 138,
189153, 154, 183, 190 and 209) and for confirmation of the peak OC identification. The instrument
190was equipped with a low bleed fused silica capillary column (15 m length, 0.25 mm I.D., 0.10
191 μ m film thicknesses; DB-5MS) protected with a retention gap. One μ L was injected, the oven
192temperature was programmed from an initial temperature of 90°C which was kept for 1.5 min
193followed by heating to 200°C at 40°C/min, a second increase up to 275°C at 5°C/min and a
194third increase to 300°C at 40°C/min. This temperature was held for 10 min and then increased
195to 310°C at 10°C/min with a final holding time of 2 min. Ammonia was used as reagent gas.
196Identification and quantification were performed by injection of PBDEs standard solutions
197(Vizcaíno et al., 2009).

198

1992.4 Quality control

200One procedural blank was included in each sample batch. Method detection limits were
201calculated from the average signals of the procedural blank levels plus three times the standard

202 deviation. They ranged between 0.0014 and 0.027 ng/mL for the OCs and 0.012-0.098 ng/mL
203 for the brominated compounds. The limits of quantification were calculated from the averages
204 of the procedural blanks plus five times the standard deviation.

205

206 Method validation was made by analysis of proficiency testing materials obtained from the
207 Arctic Monitoring and Assessment Program (AMAP Ring Test, 2014). The laboratory
208 participates regularly in the AMAP Ring Test Proficiency Program for POPs in human serum and
209 the results usually range within 20% of the consensus values.

210

211 2.5 Data analysis

212 Data analysis and graphics were performed using the statistical software R (R Development
213 Core Team, 2016). Statistics was focused on the compounds found above limit of detection in
214 more than 30% of the samples: HCB, α -HCH, β -HCH, 4,4'-DDE, 4,4'-DDT, PCB-118, PCB-138,
215 PCB-153, PCB-180, BDE-153, BDE-154 and BDE-209. One-half of the limits of detection and
216 limits of quantification were assigned to non-detected and non-quantified values, respectively.

217

218 Sample serum lipid content (TL) was calculated from the cholesterol (TC) and triglyceride (Tg)
219 concentrations (TL (g/l) = 2.27*TC + Tg + 0.623; Phillips et al., 1989).

220

221 Geometric means (GM) and 95% confidence intervals (CI) were used for descriptive analysis
222 (Figure 2), categorizing all the variables into groups (Table 1). Statistical differences between
223 covariates were tested for significance using the Chi-square test (Table 1).

224

225 Before inclusion in the multivariate regression models, the compound concentrations were
226 transformed into the natural logarithms for normalization. All variables were escalated for
227 cross-comparison. The β coefficients and the standardized β are shown in Table 3.

228

229 These multivariate models were used to assess the effects of age, body mass index (BMI),
230 parity and estimated GWG on the organohalogen concentrations:

$$231 \log(POP) = \beta_1(Age) + \beta_2(BMI) + \beta_3(Parity) + \beta_4(GWG) + \beta_5(Residence) + \beta_6(City) + \epsilon$$

232 Age, parity, body mass index and gestational weight gain were used as continuous variables.
233 City was categorized as Salta and Ushuaia, and residence as urban (first) and semi-urban plus
234 rural (second). Semi-urban and rural were grouped together due to the few cases.

235

236The β coefficients were transformed into relative changes (%) for better representation (Figure
2373). For each variable, median serum concentrations by unit change (c) were calculated as
238 $(\exp(c*\beta)-1)*100$ and the corresponding confidence intervals were calculated as
239 $(\exp(c*\beta \pm z_{1-\alpha/2}*SE(\beta))-1)*100$, using β and standard errors (SE) from the
240multiregression analysis and c set as the difference between the first and third quartile
241(Barrera-Gómez et al., 2015)

242

243In addition, generalized additive models (GAM) were performed to assess the linearity of the
244variables (Figures S1-S3 in the supporting information). The R packages gmcV, visreg and ggplot
245were used for modelling and graphical display.

246

247

2483. Results and discussion

249

2503.1 Socio-demographic characteristics

251Two hundred of the participating women were from Ushuaia and 498 from Salta (Table 1). The
252mean ages of the participants were 29 and 25 years, respectively, and the overall age range
253was between 15 and 45 years. The postpartum BMI encompassed a large spectrum of cases,
254from underweight (16.4 kg/m²) to obesity (44.1 kg/m²). In Ushuaia 79% of women were
255overweight or obese and this proportion was 57% in Salta. In 41% and 44% of the women from
256the Ushuaia and Salta, respectively, the actual newborn was the only descendant, in 36% and
25724% it was the second child. Twenty-two percent and 30% of the women from these two cities
258had more than two children, respectively.

259

260Only 25% of the mothers from Ushuaia and 19% from Salta met the recommendations of the
261Institute of Medicine (IOM) from the US National Academies of Sciences, Engineering and
262Medicine for GWG. These recommendations are related with the pre-pregnancy BMI of the
263women: normal weight: 11.25-15.75 kg, overweight: 6.75-11.25 kg and obese: 4.95-9.00 kg
264(Rasmussen et al., 2009). In Ushuaia half of the participants had a high GWG, while GWG was
265low in half of the participants from Salta.

266

267Almost all participants lived in urban areas, 91% in Ushuaia and 86 % in Salta. The 9% and 13%
268lived in semi-urban or rural zones while just 2 participants were from an industrial site.

269Concerning educational level, 48% of the participants had tertiary or university studies in
270Ushuaia while this group was 10% in Salta.

271

2723.2 Organohalogen compound distributions

2734,4'-DDE was found above limit of detection in almost 100% of the samples. PCB congeners
274138 and 153 and 4,4'-DDT were found above limit of detection in about 90-97% of the
275mothers. In Ushuaia, α -HCH and HCB, 87% and 81%, respectively, were the following most
276abundant compounds, while in Salta the following most abundant were PCB congener 118 and
277 β -HCH (79% and 70%, respectively). Most of the compounds were found above the limit of
278detection in around 50-70% and the remaining pollutants were only found in less than 48% of
279the serum samples (Table S1). The principal source of exposure to these compounds among
280the general population is diet. They are found mainly in animal products, including meat, fish,
281dairy products and eggs (Junqué et al., 2017; Llobet et al., 2003; Martí-Cid, et al., 2007).

282

283Only four of the 14 PBDEs were above limit of detection in 30% of the samples. The BDE
284congener found in most cases was 209, 93% in Ushuaia and 42% in Salta, followed by 153, 154
285and 47 (20-53%) (Table S1). In the indoor environment, these compounds are associated to
286dust ingestion, both at home and in the workplace (Jones-Otazo et al., 2005). Children,
287specifically, tend to accumulate them.

288

289The most abundant OC in both cities was 4,4'-DDE, with GM of 33 ng/g lipid and 67 ng/g lipid
290in Ushuaia and Salta, respectively (Table 2, Figure 1), followed by HCB (8.7 ng/g lipid) in
291Ushuaia and β -HCH (7.8 ng/g lipid) in Salta. β -HCH was the most dominant HCH isomer while
292PCB-153 was the most abundant PCB congener in the mothers of both cities, followed by PCB-
293138 and PCB-118.

294

295The most abundant BDE congener was 209, 8.2 ng/g lipid and 4.1 ng/g lipid in Ushuaia and
296Salta, respectively, followed by 138, 153 and 154 (Table 2).

297

298The concentrations of β -HCH, 4,4'-DDE, 4,4'-DDT and PCB congener 118 were significantly
299higher in Salta than in Ushuaia ($p < 0.001$; Table 3 and Figure 1). The concentrations of DDT
300compounds in the mothers from the former city were two times higher than those in the
301second (Table 2, Figure 1) which may reflect much stronger use of organochlorine pesticides in
302relation to past agricultural activities. Conversely, the mothers from Ushaia showed significant
303higher concentrations of HCB ($p < 0.001$), α -HCH ($p < 0.001$), BDE congeners 153 ($p < 0.05$), 154

304($p < 0.01$) and 209 ($p < 0.001$). The concentrations of α -HCH and BDE congener 209 in the
305former were two times or higher than those in the latter (Table 2, Figure 2). The most volatile
306compounds in this study, HCB and α -HCH, were mainly found in Ushuaia (Figure 1).

307

308City of stay was the only determinant which significant influenced on the concentrations of the
309BDE congeners which were higher in Ushuaia than in Salta (Table 3). This difference suggested
310a higher use of furniture, computers and other recently-made material treated with PBDE as
311flame retardant in the former than in the latter city. The difference was also consistent with the
312higher proportion of participants with tertiary or university studies in Ushuaia than Salta (Table
3131).

314

315Other compounds such as most PCB congeners did not show significant differences between
316the two cities (Table 3, Figure 1).

317

318Compared to other similar studies, these Argentinean postpartum women have low levels of
319the analysed compounds. The concentrations of 4,4'-DDE in Ushuaia were similar to those
320found in Norway (Hansen et al. 2010) or Brazil (Rudge et al. 2012), slightly lower than those
321from Salta and much lower than the levels from Asturias (Vizcaíno et al. 2014a). Sum of the
322studied PCBs were found to be much lower in the present study than in all the above cited sites
323and Bolivia (Arrebola et al., 2016). Finally, HCB showed similar concentrations in Ushuaia and
324Norway (Hansen et al. 2010), both polar regions with comparable climate and dietary habits.
325These differences are consistent with the location of these cities in the southern hemisphere in
326which organochlorine compounds were much less used. A more extensive comparison
327between the OC concentrations in the studied cohorts of these two cities and others from
328other geographic areas is provided in Hansen et al. (2017).

329

3303.3. Residence

331Comparison of the maternal concentrations by residence showed significant differences in
332Salta (Figure 2). Higher levels were observed in the mothers living in semi-urban and rural sites
333than in urban areas. This difference was consistent with a high use of DDT in agriculture. Higher
334maternal DDE concentrations in semi-urban and rural areas than in urban sites were also
335observed in Ushuaia although the difference was not significant. In this case, the lack of
336significance was due to the high dispersion of the values in the semi-urban and rural group
337likely as consequence of the low number of individuals ($n = 17$, Table 1). In any case, the 4,4'-

338DDE and 4,4'-DDT concentrations in Salta was consistent with higher agricultural activities than
339in Ushuaia.

340

341The maternal PCB concentrations in Salta were significantly higher in the urban group than in
342the combined semi-urban and rural groups (Figure 2) which suggested higher exposure to PCB
343contamination in the urban environment of this city.

344

345**3.4. Age**

346In general, the maternal concentrations of the OCs showed a positive significant correlation
347with age (Table 3). Old women tended to have higher levels than younger women (Figure 2).
348The differences were particularly significant in Salta for the PCB congeners 138, 153 and 180
349and in Ushuaia for HCB and PCB congener 180 (Figure 3). Increases of the concentrations of
350PCBs and organochlorine pesticides with age have been observed in general population (Porta
351et al., 2010; Nøst et al., 2013) and maternal cohorts, e.g. cord blood (Carrizo et al., 2006;
352Vizcaino et al., 2010; Hansen et al., 2010; Veyhe et al., 2015)

353

354No age dependence (Antignac et al., 2009; Jin et al., 2009; Zota et al., 2008) or higher
355concentrations in the young population (Gari and Grimalt, 2013) have been observed for
356PBDEs. In the present case, higher concentrations are observed in the younger mothers (Figure
3572 and Table 3) but the differences are not significant, probably because of the short age interval
358of the participating individuals.

359

360**3.5. Parity**

361Parity records included the cases of stillbirth after week 23. Higher values were associated with
362significantly lower concentrations of all OCs except α -HCH (Table 3). This trend was clearly
363observed in Salta and to a lower extent in Ushuaia. (Figure 2). Parity has been found to be
364inversely correlated with plasma POPs (Polder et al., 2009; Hansen et al., 2010; Veyhe et al.,
3652015), breast milk concentrations (Manaca et al., 2011) and cord blood serum (Manaca et al.,
3662013), since delivery provides a way of eliminating part of the burden of these pollutants.

367

368**3.6. Body mass index**

369Significant correlations between BMI and the concentrations of some OCs were found (Table
3703). However, they had different sign. While higher BMI involved higher maternal 4,4'-DDT
371concentrations, they corresponded to lower concentrations of α -HCH and PCB congeners 153
372and 180 (Figure 2). These differential trends have been observed in the other studies. For

373instance, in serum from women of the Child Health and Development Study Cohort in the San
374Francisco Bay Area of California, PCB and 4,4'-DDE decreased with increasing BMI but
375heptachlor epoxide and 2,4'-DDT and 4,4'-DDT rose at higher BMI (James et al., 2002). In
376serum from a representative sample of the population of Catalonia most OCs increased at
377higher BMI but PCB congeners 153 and 180 decreased (Porta et al., 2010). In cord blood serum
378from a cohort in Menorca Island significantly higher concentrations of HCB and 4,4'-DDE were
379observed at higher BMI but no significant correlations were observed for the other compounds
380(Carrizo et al., 2006). In Germany, a study of breast milk found a negative relationship between
381BMI and lipid-adjusted PCBs but not with pesticides (Schade et al., 1998).

382

383These discrepant correlations may reflect the pollutant composition of the predominant food
384sources in the studied cohorts. Higher BMI involves higher fat body burden. When POPs are
385absent or in very low amounts in the food sources higher BMI may involve tissue dilution and
386lower serum concentrations. On the contrary, POPs will tend to bioaccumulate in body tissues
387and higher BMI will involve higher serum concentrations. In the present study, the compounds
388showing direct correlations with BMI were 4,4'-DDE and 4,4'-DDT (Figure 2) which were those
389related with agricultural activities. In contrast, the reverse correlations of α -HCH and PCB
390congeners 153 and 180 may reflect past exposures but low current food pollutant
391concentrations.

392

393No significant correlations between the maternal serum PBDE concentrations and BMI were
394found in the studied Argentinian cohorts (Table 3). Similarly, BMI was not a significant
395determinant of the concentrations of these pollutants in adult population from a
396representative Catalan cohort (Gari and Grimalt, 2013) or postmenopausal women of Quebec
397(Sandanger et al., 2007). However, lower serum concentrations of BDE-153 in obese elderly
398Swedish fishermen's wives were found at higher BMI (Weiss et al., 2006) and higher PBDE
399concentrations at higher BMI in cohorts of US consumers of sport-caught fish (Anderson et al.,
4002008) and pregnant women from Monterrey County (California, USA, Chamacos cohort,
401Castorina et al., 2011) were observed.

402

4033.7. Gestational weight gain

404The distribution of total GWG estimated was grouped according to the IOM recommendations
405as low, recommended and high. Since the method of estimation of GWG used in this study was
406using post-partum weight, grouping by the IOM recommendations could have more dispersion
407errors than when using standard methods (Gilmore and Redman, 2017). However, the

408 observed dependences of the concentrations of some compounds were significant and showed
409 clear trends. Thus, the observed data could be interpreted to indicate a clear dependence
410 between concentrations of some pollutants and GWG of the women from this cohort which
411 would be better defined if this weight parameter had been calculated following a more
412 standard procedure. HCB and PCB congeners 118, 138 and 153 showed substantially higher
413 serum concentrations in the mothers whose GMG was low (Figure 2). This difference was not
414 observed for the DDTs or PBDEs. These results were consistent with a previous study of
415 Swedish pregnant women in which inverse relations between GWG and maternal serum
416 concentrations of PCB congeners 118, 138, 153, 156 and 180 and HCB were found (Glynn et al.,
417 2007) as well as for PCB congeners in mothers from Michigan and Texas (Jaacks et al., 2016)
418 and in the Norwegian Mother and Child cohort study (Caspersen et al., 2016). This inverse
419 relationship has also been observed when comparing GWG and cord blood (Vizcaino et al.,
420 2014).

421

422 3.8. Multiregression analysis

423 Linear and non-linear multivariate models of the aforementioned variables (Table 3, Figure 3)
424 provided an overall description of the main factors influencing on the concentrations of these
425 organohalogen pollutants. City of residence was the main determinant, involving higher
426 concentrations of HCB, α -HCH and PBDEs in Ushuaia and higher concentrations of β -HCH, 4,4'-
427 DDE, 4,4'-DDT and PCB congeners 118 and 180 in Salta. This influence is consistent with a
428 higher use of DDT and also β -HCH related with agricultural applications in the latter and a more
429 urban life style involving higher use of PBDEs in the former. Age was the main second
430 determinant of 4,4'-DDE and PCB congeners 138, 153 and 180 (Figure 3). Parity was the main
431 second determinant of HCB, β -HCH, 4,4'-DDT and PCB congener 118 (Figure 3). These two
432 determinants alternative scored as the third cause of change when the other was the second.
433 Thus, city of residence, age and parity were clear determinants of the concentrations of these
434 pollutants, although PBDE concentrations were only influenced by the former.

435

436 GWG was observed to be a fourth significant factor of variation which was inversely related to
437 the maternal serum concentrations of HCB, β -HCH, 4,4'-DDT and PCB congeners 118, 138 and
438 153. BMI was also a determinant for PCB congeners 153 and 180, α -HCH and 4,4'-DDT.

439

440 Urban vs rural+semi-urban residence was relevant for 4,4'-DDE and 4,4'-DDT which is
441 consistent with the above mentioned influence of agricultural uses of these compounds.

442

4434. Conclusions

444

445City of residence, age and parity are the main aspects determining the accumulation of OCs in
446the studied cohorts. The former reflects a higher use of DDT and also β -HCH related with
447agricultural activities in Salta and higher use of furniture and electronics treated with flame
448retardants in Ushuaia. Age is involving higher concentrations of the OCs when it is significantly
449related with the maternal accumulation of these pollutants which is consistent with difficulties
450of human metabolism to eliminate these compounds after intake. Parity is inversely related to
451the concentrations of OCs when it is a statistically significant determinant which reflects a clean
452detoxification of the mother into the newborns. Urban vs rural+semi-urban residence was
453relevant for 4,4'-DDE and 4,4'-DDT which is consistent with the above mentioned influence of
454agricultural uses of these compounds.

455

456Women with low GWG had significantly higher concentrations of HCB and some PCB
457congeners. This determinant has a lower level of relevance for OC accumulation than those
458previously described. However, it is inversely related to the maternal concentrations of the OCs
459for all the compounds in which it is statistically significant. Higher accumulation of weight
460during pregnancy involves dilution of these persistent pollutants.

461

462BMI was a statistically significant determinant for 4,4'-DDT, α -HCH and PCB congeners 153 and
463180. The direct correspondence between higher BMI and the concentrations of 4,4'-DDT is in
464agreement with the above reported inputs of this compound related with agricultural
465applications. Since POPs tend to bioaccumulate in body tissues the presence of these
466compounds in food involves higher serum concentrations at higher BMI. The reverse
467correspondence of BMI with α -HCH and the PCB congeners indicate higher dilution at higher
468weight gain when the food incorporation of these compounds is low.

469

470The most volatile organochlorine compounds included in the study, HCB and α -HCH, were
471found in higher concentration in the colder area (Ushuaia).

472

473

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475

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738**Table 1.** Socio-demographic characteristics of studied populations in Argentina (n = 698).

	Ushuaia - n(%)	Salta - n(%)	p-value ³
All participants	200 (100)	498 (100)	
Age (years)			<0.01
<25	53 (27)	278 (56)	
25-29	56 (29)	111 (22)	
30-34	46 (24)	58 (12)	
≥35	40 (20)	48 (10)	
Postpartum body mass index			<0.01
Normal weight (<25 kg/m ²)	41 (20)	219 (45)	
Overweight (25-30 kg/m ²)	99 (50)	181 (37)	
Obese (≥30 kg/m ²)	60 (30)	89 (18)	
Parity¹			<0.01
1	82 (41)	221 (44)	
2	75 (37)	120 (24)	
3	33 (17)	78 (16)	
≥4	10 (5)	78 (16)	
Gestational weight gain²			<0.01
Low	17 (9)	157 (36)	
Recommended	25 (13)	104 (24)	
High	150 (78)	180 (41)	
Residence			0.091
Urban	183 (91)	429 (86)	
Semi-urban and rural	15 (8)	36 (7)	

739¹Current alive children + stillborn after week 23; ²GWG groups are
740based on the IOM recommendations. ³p-value from X² (Chi-square) t-
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755Table 2. Serum POP concentrations (ng/g lipid) in the population of study

	Ushuaia (n=199)							Salta (n=471)						
	%>LOD ^a	GM(95%CI) ^b	Min	50th	90th	Max	50th ^c	%>LOD ^a	GM(95%CI) ^b	Min	50 th	90th	Max	50th ^c
HC	81	8.7(7.6-10)	1.2	8.3	25	448	0.067	58	5.2 (4.8-5.6)	1.2	5.8	15	86	0.043
α-HCH	87	3.9(3.3-4.4)	0.39	4.1	14	56	0.032	32	1.1 (0.99-1.3)	0.25	0.51	14	38	0.0030
β-HCH	62	5.1(4.0-6.5)	0.40	6.8	48	258	0.57	70	7.8 (6.6-9.1)	0.42	11	65	408	0.074
4,4'-DDE	99	33(28-39)	0.89	27	146	20547	0.22	100	67 (59-75)	2.9	58	371	10677	0.42
4,4'-DDT	90	2.7(2.4-3.2)	0.25	3.0	7.7	1682	0.022	97	5.7 (5.2-6.2)	0.30	5.2	17	286	0.039
PCB-118	65	2.8(2.4-3.2)	0.37	3.3	11	53	0.025	79	4.8 (4.4-5.3)	0.47	6.1	15	139	0.042
PCB-138	97	5.3(4.6-6.1)	0.094	5.8	14	37	0.046	97	5.3 (4.8-5.8)	0.12	5.9	18	146	0.041
PCB-153	97	7.7(6.9-8.7)	0.40	8.1	20	40	0.064	94	6.8 (6.3-7.4)	0.38	7.3	20	123	0.051
PCB-180	37	1.6(1.4-1.8)	0.29	1.0	6.3	29	0.0055	30	1.6 (1.5-1.7)	0.51	1.0	7.8	53	0.0060
BDE-153	75	1.8(1.7-2.1)	0.31	1.9	4.4	38	0.017	58	1.6 (1.5-1.7)	0.52	1.2	3.8	71	0.0083
BDE-154	35	1.0(0.95-1.1)	0.41	0.87	2.5	6.6	0.0060	30	0.91 (0.88-0.93)	0.51	0.86	1.2	3.8	0.0060
BDE-209	92	8.2(7.3-9.1)	0.65	2.8	15	147	0.068	92	4.1 (3.9-4.4)	1.5	3.5	9.2	27	0.020

756% of samples above the limit of detection. ^bGM(95%CI): Geometric mean with 95% confidence intervals. ^cMedian in ng/ml.

757**Table 3.** Results of the regression models showing effects of various determinants in blood serum (n = 599).

Compound	Variable	β^{ab}	Std. β^b	P	Compound	Variable	β^a	Std. β^b	P
HCB	Age	0.034	0.24	p<0.001	PCB-138	Age	0.056	0.36	p<0.001
	BMI ¹	0.0095	0.044	0.30		BMI ¹	-0.015	-0.062	0.15
	Parity	-0.27	-0.39	p<0.001		Parity	-0.23	-0.30	p<0.001
	GWG ²	-0.020	-0.16	p<0.001		GWG ²	-0.015	-0.11	p<0.05
	City ³	0.38	0.19	p<0.001		City ³	-0.15	-0.065	0.12
Residence ⁴	0.14	0.049	0.21	Residence ⁴	-0.13	-0.041	0.29		
α-HCH	Age	0.012	0.056	0.27	PCB-153	Age	0.046	0.34	p<0.001
	BMI ¹	-0.032	-0.092	p<0.05		BMI ¹	-0.019	-0.094	p<0.05
	Parity	-0.0021	-0.0019	0.97		Parity	-0.19	-0.29	p<0.001
	GWG ²	0.012	0.064	0.14		GWG ²	-0.011	-0.096	p<0.05
	City ³	1.2	0.37	p<0.001		City ³	-0.034	-0.018	0.68
Residence ⁴	0.25	0.056	0.16	Residence ⁴	-0.18	-0.067	0.098		
β-HCH	Age	0.078	0.29	p<0.001	PCB-180	Age	0.061	0.42	p<0.001
	BMI ¹	0.037	0.090	p<0.05		BMI ¹	-0.027	-0.12	p<0.01
	Parity	-0.61	-0.46	p<0.001		Parity	-0.19	-0.27	p<0.001
	GWG ²	-0.025	-0.11	p<0.05		GWG ²	-0.0076	-0.061	0.18
	City ³	-0.83	-0.21	p<0.001		City ³	-0.026	-0.012	0.087
Residence ⁴	0.41	0.075	0.058	Residence ⁴	-0.29	-0.10	p<0.05		
4,4'-DDE	Age	0.071	0.36	p<0.001	PBDE-153	Age	-0.011	-0.10	0.069
	BMI ¹	0.027	0.089	P<0.05		BMI ¹	0.0059	0.035	0.46
	Parity	-0.46	-0.47	p<0.001		Parity	0.030	0.056	0.29
	GWG ²	-0.012	-0.071	0.085		GWG ²	-0.012	-0.012	0.79
	City ³	-1.1	-0.38	p<0.001		City ³	0.18	0.11	p<0.05
Residence ⁴	0.59	0.15	p<0.001	Residence ⁴	-0.047	-0.021	0.62		
4,4'-DDT	Age	0.023	0.15	p<0.01	PBDE-154	Age	-0.0040	-0.072	0.19
	BMI ¹	0.027	0.11	p<0.01		BMI ¹	-0.0039	-0.045	0.34
	Parity	-0.12	-0.15	p<0.01		Parity	0.0015	0.0054	0.92
	GWG ²	-0.014	-0.11	p<0.05		GWG ²	0.0031	0.063	0.18
	City ³	-0.83	-0.37	p<0.001		City ³	0.11	0.14	p<0.01
Residence ⁴	0.36	0.11	p<0.01	Residence ⁴	-0.015	-0.013	0.76		
PCB-118	Age	0.022	0.13	p<0.01	PBDE-209	Age	0.00013	0.0011	0.98
	BMI ¹	0.018	0.072	0.11		BMI ¹	-0.0088	-0.051	0.23
	Parity	-0.15	-0.19	p<0.001		Parity	0.018	0.034	0.48
	GWG ²	-0.021	-0.15	p<0.01		GWG ²	0.00082	0.0085	0.84
	City ³	-0.60	-0.25	p<0.001		City ³	0.68	0.43	p<0.001
Residence ⁴	-0.12	-0.037	0.37	Residence ⁴	0.12	0.054	0.17		

^a β coefficients of the multivariate regression models with non-standardized variables. ^b β coefficients of the multivariate regression models after standardizing all the variables.

¹BMI: Body mass index; ²GWG: Gestational weight gain; ³Salta as the reference city; ⁴Urban as reference category for residence

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763 **FIGURE CAPTIONS**

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765 **Figure 1.** Geometric means of the organohalogen concentrations in postpartum mothers from
766 Salta and Ushuaia (ng/g lipid). The vertical bars plot the 95% confidence interval.

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768 **Figure 2.** Socio-demographic plots of the geometric means and the 95% confidence intervals
769 (ng/g lipid) of the of the organohalogen compound concentrations in postpartum mothers.

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771 **Figure 3.** Relative change (%) in median serum organohalogen concentrations by unit change
772 calculated from the β coefficients and standard errors of the multiregression analysis described
773 in Table 3. The units of changes for each variable were set as the difference between the first
774 and third quartile.

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