

Beauty + Justice Podcast

EP4: + The Role of Clinicians in Beauty Justice with Dr. Blair Wylie

LISSAH JOHNSON

You're listening to the Beauty + Justice Podcast where we talk with folks from a variety of fields about what it will take to create a more clean and equitable future beauty for everyone. These conversations are led by Dr. Tamara James Todd, a trailblazer at Harvard TH Chan School of Public Health and head of the Environmental Reproductive Justice Lab, and I'm your host Lissah Johnson, a PhD candidate at Harvard Chan.

Hey listeners, I can't believe this is already the 4th episode of Beauty + Justice. Today on the podcast we're going to be building on the conversation from the last episode about beauty product exposures, this time focusing in on pregnancy as an important time point for health recommendations and interventions and also the role that clinicians have in this work.

DR. BLAIR WYLIE

There needs to be more environmental health literacy, if you want to say that, in medical school curriculum and residency training.

LISSAH JOHNSON

That was Dr. Blair Wylie. She is the founding director of the Collaborative for Women's Environmental Health at the Department of Obstetrics and Gynecology at Columbia University Vagelos College of Physicians and Surgeons. She will be joining us today to share her experience working in obstetrics and the importance of communicating with patients about environmental exposures. Our environment can affect not just our health or our children's health, but also our grandchildren's and even our great grandchildren's health. What do we need to consider when it comes to beauty product and consumer product usage during this sensitive time window? And how should clinicians speak to their patients about these issues when there's still uncertainty? Let's hear what insights Blair and Tamarra have for us.

DR. TAMARRA JAMES-TODD

Alright Blair I am really, really thrilled that we actually get to sit on a podcast together and really just get to chat and catch up. But really talk about what is, I think near and dear to topics we very highly value within research and then of course for you clinically, and so I'm going to just start with—could you introduce yourself to our listeners?

DR. BLAIR WYLIE

Absolutely yeah no, the pleasure is really mine. This is a luxury to be able to sit down and speak with you. So, by way of introduction my name is Blair Wylie and I am an obstetrician gynecologist; I actually gave up the gynecology and did some extra training in maternal fetal medicine, so, now practice almost solely on the obstetric side.

DR. TAMARRA JAMES-TODD

Thank you so much and for those of, you know, for those in our audience who may not know kind of what does a maternal fetal medicine specialist do? Do you want to give us a little bit of insight into what is that?

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DR. BLAIR WYLIE

Sure, first of all it's a mouthful, so we usually use the word MFM. We tend to take care of people who are having complications either with the pregnancy themselves or have underlying medical conditions, or something that we've diagnosed in the fetus so that their care is a little special and enhanced compared to someone without any of those complications.

DR. TAMARRA JAMES-TODD

Yeah, no, thank you for that and another hat you wear here, correct me if I'm wrong, is director of obstetrics for our Pediatric Environmental Health Specialties Unit, is that true?

DR. BLAIR WYLIE

It is. It is relatedly true, I'm not even sure that's a word, but I am the obstetric consultant to the Region 1 which is New England's PESHU. And really have, it's been, it's been quite a ride to my own learning to be at the you know at the table and listening and learning from truly card-carrying environmental health practitioners. So, to back up the PESHU which is easier to say than the actual spelled out name, which is the Pediatric Environmental Health Specialty Unit. I am finally able to say that rolling off my tongue, the PESHU has been around for decades and I think of it as kind of the environmental health equivalent of a poison control center where people can people and providers, physicians can call for advice on clinical concerns related to environmental health. And then when the PESHU needed an obstetrician at the time there weren't very many obstetricians who were even thinking about environmental health or doing research in environmental health and so I got invited along, but really knew almost nothing more than what I was taught in my intro class and you know what I had learned about air pollution. And so, my education really began as these, you know, I consider myself the obstetric sidekick to a lot of people who know a lot more than me. But it's fascinating and you know, and I think this has been one of my themes that in our field, not just obstetrics, but OBGYN and women's health we're way behind in terms of thinking of these things compared to our pediatric colleagues or even you know, emergency medicine, cardiology. So, I think I've probably told you this. If you look at and it's sitting behind me on my bookshelf, the maternal fetal medicine textbook, which is 1500 pages long, supposed to be sort of the height of obstetric knowledge. If you look up environmental health, up until recently, the only things there were tobacco, alcohol, mercury, so fish we were talking, you know, we spoke about what kind of fish we could eat, and a tiny bit on lead, and that's it. And really, people the familiarity of all of this other stuff that's coming into play, we're just not very facile with and so when our patients start to ask questions, people freeze up because they don't know where to go to for answers. And that's where the PESHU I think is helpful, because you can phone a friend and even if you're, you know, handy PESHU obstetric consultant doesn't know the answer she can phone a nation worth of experts.

DR. TAMARRA JAMES-TODD

I think you hinted at something when you said you know that my patients are asking you know, and I think that it's very common for pregnant people to ask questions about you know what should I use? What shouldn't I use in pregnancy? And then likewise you mentioned that you know, in addition to during pregnancy, you know before pregnancy when people may be having some challenges becoming pregnant, you know what should I do? What should I not do and so I know that our work, you know, we've got a wonderful opportunity to work together, but our work is really kind of converged around

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these consumer product chemicals, and so I'm curious is that kind of and you know that ongoing work is part of that, driven by questions that you were asked? Is this like something that patient populations have growing concern around awareness of things in consumer products.

DR. BLAIR WYLIE

I think that that the questions that patients pose often are not how we would phrase it as scientists or as environmental health practitioners, so, you know, you give a talk, and you talk about phenols, or phthalates, or PFAS, whatever. No one has ever come up to me and asked me, specifically, a question that like is related to that you know using one of those words right, but they will come up to me and say can I get my hair dyed? Can I, you know, put on acrylic nails? Can I do this or that? And so, we have to then translate that question into our own framework and then translate it back and so you know, I think the only exception is as and may becoming more familiar, some patients are receiving letters from their town that says there's PFAS in your water. If you're pregnant, talk to your doctor. And then the doctors were like never heard of this, what is this? And you know, they make their way to me. And then we talk people off the ledge, and I think that's where you know the challenge in scientific communication is to make people aware of possible negative effects without also making them paralyzed about the modern world, you know, and I think that you know this is where MFM feels comfortable, we are comfortable with uncertainty. So almost all of our conversations, whether it's about a fetal abnormality that we see on ultrasound or a maternal you know medical condition, we talk about what we know the risks to be, the benefits, the unknowns, and the fact that there isn't one answer, and so we're very comfortable as MFMs in that realm of uncertainty. So, talking about drug exposures, medications that we prescribe, and what they do during pregnancy is very similar I think to talking about an environmental chemical, there's stuff that we know there's stuff that we don't know how do we extrapolate from the data that's out there and lift up without having you know paralyzing people.

DR. TAMARRA JAMES-TODD

Yeah no, I think that it's so important and yet as scientists, we often spend time, just here's all the information, and we don't necessarily take the time out to say, OK, what can we maybe do to try to reduce risk? And what can the, you know, individual do to, you know, either you know, be able to be proactive in their own kind of risk reduction. From the clinical side of things what links do we know about specifically in this case kind of some of these environmental chemicals that may come from hair dyes and from nail polishes or sunscreens or other things I would love to get into the OK, well, what should we be telling, you know, individuals who may be seeing you all clinically, that they might be able to do?

DR. BLAIR WYLIE

So, I'm trying to reframe in my mind what translating this knowledge of what's known into what might be useful information to provide. So, I think about the air we breathe, the food we drink, the food we eat, the water and other things that we drink and the products that we use. And what one should be aware of with those sort of categories. And so, they honestly maybe don't need to know certainly how to spell something like phthalates, but recognizing you know we're telling people maybe you should be not cooking in non-stick cookware. Whether they can spell out perfluorinated alkyl substances is not, is not the point and so really thinking through high level advice take off your shoes when you come home, wash your hands when you're thinking about buying produce you can look at lists of what are the clean

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15, the ones that have the least pesticide exposure, trying to limit processed foods, not simply for the nutritional content, but because of those chemical exposures and translating it into that kind of messaging. I also think and, and this is a little a little bit on the soapbox, but I think we spend so much time in obstetrics, talking about individual behaviors to the point that it's translated into a blame game. So that if you do have a preterm birth or a still birth or an infant that's small, then, because we've been sending these messages, here are exposures that might be, you know, connected to those things. Then the flip side is, if I have one of those outcomes, then it must have been "my fault". So, I think it is important to give people information and agency over their health. But I think that we're at a moment in time where we need to recognize that to move the needle on things like preterm birth or preeclampsia or any pregnancy outcomes or infertility, we can't simply rely on behavior change and that we need as a community of people, scientists, clinicians, patients, advocates to start thinking about the higher-level structural changes cleaning up the water, stopping the introduction of you know long lasting chemicals into the environment that an individual has little agency over so we need to do both and and not every clinician will be facile at, you know, the population health level and the individual level, but I think that we need to be speaking the same language because our voices actually carry some weight.

DR. TAMARRA JAMES-TODD

And so, you know related to that is this issue of beauty justice which in the context of environmental health, I really see this as something that is really about what do we do to ourselves, our bodies, and so on, to fit into what you know we identify as an acceptable, whatever that means, and I think it's an interesting definition of, you know, form of beauty based on what our culture is and so on. And you know some of the things can be as drastic as you know, changing our skin color so using skin lightening creams or you know changing hair textures or using, you know, certain types of cosmetics that you know or feminine hygiene products or other things and also noting how gendered beauty is so the word when we say how would you define beauty, it's such a gendered word and so, like what happens for individuals who may, you know, identify a particular way? How much more exposure to various chemicals?

Ah, our friend came. So, for those of you don't know we have two hound dogs and so they are coming to visit us.

DR. BLAIR WYLIE

The hound dog visits!

No, I mean, I think that you're thinking and I actually the term I had not heard until either you coined it or helped..

DR. TAMARRA JAMES-TODD

I definitely didn't coin this. I promise I didn't, but I think it's a powerful phrase because you know we in the United States and you know, just around the world, we spend a lot of money trying to achieve a particular standard of beauty and the lengths that we'll go to do that. And what the impact is in particular windows of our lives, so particularly in the context of pregnancy when those exposures aren't just our own exposures, they become exposures for the the developing child as well.

DR. BLAIR WYLIE

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Oh, and the great grandchildren.

DR. TAMARRA JAMES-TODD

Exactly, exactly.

For those of you who don't know and you know that it's not just one generation, it's not just two generations, it's 3 generations that are exposed.

DR. BLAIR WYLIE

That's right, yeah.

DR. TAMARRA JAMES-TODD

So, I think we often don't take that into consideration and yet it does have implications, so we worked in a study together looking at hair products and shorter gestational age and you know the premise behind that was that these chemicals that might be in hair products, these different types of fragrance chemicals and preservatives and so on, might have impact on shorter gestational age or preterm birth. And we found well, roughly an 8 days shorter you know, period, but I think sometimes going back to this point that you raised around these structural, you know differences and discrimination, inequities, structural racism and this issue of beauty justice. I would love if you could say a little bit more about this, you know, the impact of beauty chemicals that we expose ourselves to in the context of beauty, is that something that obstetricians tend to be aware of? So, when asked the question, for example, you know, should I stop relaxing my hair? Should I stop dyeing my hair, you know, is that safe? Is that something that you feel like is commonly, you know, known and what do you think it might take to kind of help the obstetrics world kind of become aware that these things that people do to beautify themselves achieve these standards actually involve certain exposures that may or may not impact reproductive health.

DR. BLAIR WYLIE

Yeah, I don't think that we're trained very well in this, and I think then when people bring up the question, as clinicians, we often freeze because we want to know the answer and I think it's reasonable to say I don't know let me go look it up and I'll get back to you and there are people and groups that are putting out fact sheets and information, sound bites that can help us. But I do think there needs to be more environmental health literacy, if you want to say that in medical school curriculum and residency training. So that we ask about these things—there goes the hound dog again.

I will say one of the most common consults that I do is prior preterm birth, thinking about having pregnancy again, having another child, what should we do in this subsequent pregnancy? And I even as someone who did this project with you and thinks about these things, I will admit I still have not gotten into the habit of asking a detailed environmental health history even in the context of a 60 minute visit, we often get 60 minutes for those preconceptual consults, which is unheard of in medicine, right? So even in that I am falling short and so I think if we did that kind of conversational questioning, I think people would really feel empowered, right? That we're really thoughtfully trying to think through what are any of the potential contributors? Is there anything in my individual power that I could do to reduce the risk of this happening again? Even if the data is not 100% perfect yet, and I think that's where often as a clinician, we're waiting for it to be the perfect answer as opposed to this might contribute, and therefore you might think about X, Y, or Z looking at the products, what's in them, and I think I've come

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around a little bit in the thought of I think sharing information, even in the absence of knowing everything, is actually helpful because you tell people what we know, what we don't know, and then they may be motivated to advocate with their patient voice for more research, for better labeling.

DR. TAMARRA JAMES-TODD

Well, I still appreciate that because I do think that it's a trust building moment, right? Like, you know, the patient, the consumer, the individual, the human being sitting in front of us, really asking for an answer and I think sometimes we get caught up in perfection, we forget the importance of progress. So how do you make decisions in the context of, you know, uncertainty and giving people agency like kind of going back to the statement that you made before, so you know sometimes what I feel like in the space of environmental health we have to do is really improve the literacy, not just you know of individuals, sometimes we are focused so much on the community that we also need to think more, you know, more specifically about who makes up that community. Communities, not just you know the lay, if you will like it's physicians, it's you know, as important and gatekeepers of information and being able to give people agencies, I, I love that.

LISSAH JOHNSON

This is a great insight from Tamarra and Blair about the need to not only focus on consumer and patient education, but also clinician and provider education around issues of environmental and beauty justice. These folks can play an important role informing individuals about simple changes they can make in their lives to reduce exposures, and they also have access to resources to find out more information for their patients on topics that they're concerned about.

DR. BLAIR WYLIE

I was just gonna say it can be therapeutic, right? So even in our minds, as clinicians, we're thinking therapeutic is something you know that I give or do and achieve an outcome where therapeutic can be acknowledging the perspective of the patient who has lived whatever outcome it is, or disease that they're in front of us. And so, when it comes, you know, for the specific example of environmental health. Sometimes people will ask, can you measure this in my bloodstream, and we may say no that doesn't do anything and maybe that is the correct clinical answer, but you may have missed an opportunity as you say to build trust and say well, let's see. And then we'll compare it to NHANES and some sort of national standard, and we may still not know what this means, but if you're willing if you are OK with that uncertainty and this is something that's helpful for you then, sure.

DR. TAMARRA JAMES-TODD

That's an important thing I think we sometimes don't think about that level of trust and along those lines it's something that you brought up, and when I kind of connected to this beauty justice question, and kind of this idea of less advantage or populations that have less agency and what you know what we might have to do in order to do additional trust building in those spaces, certain populations being over exposed. We know from NHANES, and for those of you who don't know NHANES is the National Health and Nutrition Examination Survey and it's a way for us to kind of look at biomonitoring or monitoring the status of our health. And they measure all sorts of different chemicals, including chemicals that can come from these consumer products. And so we know that certain groups like Black women, Hispanic women have much higher concentrations of these kind of beauty personal care product related

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chemicals and so in the interest of ensuring or improving equity where we know that these chemicals are related to things like preterm birth, preeclampsia, gestational diabetes and so on, what might it take to, you know, get I mean, you mentioned some of this around, like improvements in the training and so on but to be really help the medical community to kind of, you know, try to see this as an opportunity to reduce health disparities and inequities with respect to exposures.

DR. BLAIR WYLIE

Yeah, I think that we as clinicians think about eliminating disparities at the moment that you hit the hospital door with your preterm contractions, and by then it may be very much too late, and I'm not trying to dismiss that there isn't, you know, racism within our hospital structures that may contribute to outcomes, but I do think that we need to also be thinking upstream like you say, and so getting more comfortable participating in community events, mostly to start by listening, you know, I can't imagine coming into a community event with like a PowerPoint on, you know, I keep picking on phthalates because they need more vowels. I mean, it's like the world's worst like word ever right? Going in and being like hey you know, don't use any of these you know beauty products, don't eat any of this food. But yet, it's not acknowledging the joy that's brought from beauty or and I'm jumping between two just different examples at once but like for food, you know, we can say, don't eat processed food and you know buy yourself some organic vegetables well that that comes with a huge price tag. So, I think a lot of the individual behavior changes that we might prescribe if you will, as physicians, to improve someone's health are available only to the wealthy and might paradoxically drive an increase in disparities. Not to say that we shouldn't share that information with people both wealthy and poor. But I think we have to acknowledge that many people will not be able to do as we say without it coming with some understanding of limited means, right? So, I think that that that's important to acknowledge as well, which is where, you know, we need to be acting on the policy level as well as the individual clinicians. I mean I think that as clinicians and health educators getting into the communities to listen to begin is more important than to tell and I think we may find ourselves as scientists and researchers and physicians and healthcare providers finding that the answers, maybe we wouldn't have even thought of on our own. So, we don't have all the knowledge. Let's not pretend to have all the knowledge, let's bring what we know, listen to what you know and see if there's a creative solution that works for you.

DR. TAMARRA JAMES-TODD

I love that I love that there and I feel like that just kind of takes the message home and so I'll end with is there any you know anything else that you want to share with us maybe, there's you know, an MFM or a cardiologist or pediatrician out there listening to this podcast, and this is new to them, and they want to get you know involved in in really promoting environmental justice in some way and thinking about maybe beauty justice as well. How do they get involved in you know any other parting words that you might want to share with us?

DR. BLAIR WYLIE

Yeah, so I mean, I think that one parting bit of advice was don't be scared by a lack of knowledge. So just because this area may be unfamiliar to you, then that's an, think of that as an opportunity, right? OK, so you didn't get instruction on it in medical school or whatever the case may be, so find avenues to teach yourself and then teach others, and so I think that then all of a sudden you become indispensable because you're translating what this huge community of environmental health experts has been you

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know, working on for decades but isn't getting translated to, you know, the clinicians, so it's an opportunity. Jump in. The world needs you. All of us.

DR. TAMARRA JAMES-TODD

All of us. Absolutely thank you so much. This was terrific and I really appreciate it.

DR. BLAIR WYLIE

This is fun.

DR. TAMARRA JAMES-TODD

Thank you for your time.

DR. BLAIR WYLIE

Thank you, thank you.

LISSAH JOHNSON

As Blair and Tamarra discussed, when we have information, we may be able to make more informed decisions on an individual level. But in order for us to reach justice, we'll need systemic change, including safe and affordable product options and more stringent personal care product regulations. Clinicians also have a crucial role to play in this work of beauty justice and by talking to their patients about personal care and consumer product chemical exposures and providing them with simple recommendations to reduce these exposures, we can collectively move the needle towards beauty, justice.

Thank you all again so much for tuning into this latest episode of Beauty + Justice. We'd really love to hear what you think and how you're enjoying it so far, so please leave us a rating and a review on Apple, Spotify or whatever podcast streaming platform you use. Be well and join us next time for a look into some of the dermatological health considerations with Dr. Chesahna Kindred, a dermatologist and founder of Kindred Hair and Skin Center. The episode was produced and edited by Marissa Chan, Lissah Johnson and Felicia Heykoop with assistance from Ilkania Chowdhury-Paulino. We received funding from the Environmental Defense Fund.