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159. Observations Impacting Pregnancy in the ToxIC Registry

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Background: Many xenobiotics are well known to have consequences on both pregnant women and developing fetuses, including teratogenicity, placental abruption or pregnancy loss.

Research Question: How frequently are women of child-bearing age who are evaluated by a medical toxicologist receiving a pregnancy test? Additionally, which agents are most commonly implicated in toxic exposures in women of child-bearing age?

Methods: This is a retrospective study of consecutive patients who identify as women from the Toxicology Investigators Consortium (ToxIC) registry from 2018 through 2019. A search of the ToxIC registry of all entries for women of child-bearing age, defined as age 12 to 55 years, was analyzed.

Results: Women of child-bearing age made up 95.4% of patients who identified as women of all documented cases reported to the registry (1150/1205). A pregnancy test was documented in 75.6% of cases reported to the registry (838/1124). The most common toxins reported in women of child-bearing age were in descending order: analgesics (20%), antidepressants (13%), unknown agents (13%), opioids (10%), sedative/ hypnotic medications (6%), and alcohol (5%). Several known teratogens made up 11% of toxic exposures which include alcohol, lithium, anticoagulants, anticonvulsants, metals, and chemotherapeutic or immunomodulating agents. Sixty-five percent (752/1150) of women in the registry received treatment as a result of medical toxicology consultation. Additionally, 17% (198/1150) and 34% (392/1150) of this patient population were screened by medical toxicologists for alcohol and opioid use, respectively.

Conclusion: Women of child-bearing age who present with toxic ingestions are tested for pregnancy a majority of the time, but surprisingly nearly 25% are not tested for pregnancy. There is also significant opportunity to increase the rates of screening for alcohol and opioid use in women of child-bearing age.