

Pregnancy Testing in Toxicological Evaluations

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Background: Up to 5% of birth defects are linked to pharmaceuticals, occupational, or environmental exposures. Early identification of maternal fetal risk and management may improve outcomes.

Research Question: To investigate the proportion of women of childbearing age (12–60 years) seen by medical toxicologists who receive a pregnancy test prior to ED discharge or within 24 h of hospital admission.

Methods: Data was collected as part of the Centers for Medicare and Medicaid Services (CMS) approved ToxIC Qualified Clinical Data Registry (QCDR), a component of the ACMT ToxIC Registry. Participants were asked to report on whether a pregnancy test had been obtained as part of the toxicological evaluation. The pregnancy test could have been ordered by any of the patient's health care providers including the EM physician or medical toxicologist. The denominator was the number of women of childbearing age (12–60 years) in the emergency department or inpatient setting with a suspected toxicologic exposure, and numerator was the actual number of patients who received a pregnancy test prior to emergency department discharge or within 24 h of hospital admission. Exclusions included women who have had a hysterectomy or oophorectomy, minor dermal caustic exposure, and woman who are postmenopausal.

Results: During the first 6 months of data collection, data was submitted from 29 providers at 9 ToxIC sites. During this period, 214 women met the denominator. Five of these had incomplete data and 11 had denominator exclusions. A pregnancy test was documented in 146 cases. The performance rate who met the metric was 73.7%.

Conclusion: More than 25% of women (12–60 years) do not receive a pregnancy test as part of their toxicological evaluation. These data indicate the importance of medical toxicologists being vigilant to assure that pregnancy testing is done on women who are suspected of having a significant toxic exposure.