Personal preference and experiences of Turkish obstetrician and gynaecologists on counselling about risks for medication-induced birth defects

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Objective

We aimed to present the preliminary quantitative data of our mixed research methods on perspectives of counselling about teratogenic risk by obstetrics and gynaecology specialist.

Methods

All obstetrics and gynaecology specialists in 3 provinces in southwestern Turkey were invited to participate in a questionnaire-based study that included questions on demographics as well as personal preferences and experiences on counselling about risks for medication-induced birth defects during the periconception period. Data are presented as percentages and mean ± standard deviations.

Results

One hundred and three obstetrician and gynaecologists participated. The mean age and professional experience was 41. 1 ± 8. 7 years and 14. 5 ± 8. 5 years, respectively. The frequency of teratogenic risk counselling requests was at least once a month in 38%, every week in 35%, and every day in 25% of the participants, respectively. Only 9% of the participants reported attending to specific training on teratogenic risk counselling, and 77% preferred referral to a fetal medicine specialist for further counselling about medication-induced birth defects. Clinical teratology counselling was most frequently provided for antibiotics (72% of the respondents), analgesics (48% of the respondents), antidepressants (30% of the respondents), and antiepileptic drugs (21% of the respondents).

Conclusion

Although obstetrics and gynaecology specialists are frequently requested to provide counselling on teratogenicity, they generally refer these women without any triage to maternal-fetal medicine specialists in our setting. Since such non-collaborative approach may lead to delays and inconveniences in prenatal care, the reasons behind this strategy should be uncovered by further qualitative research.