

and aOR=1.88 (95% CI=1.65-2.14)]. Additionally, nHB with CHD had 1.9 times the odds of mortality compared to nHW (95%CI=1.20-2.99). Lower poverty neighborhoods had similar results as higher poverty neighborhoods for healthcare utilization, but no racial/ethnic disparities were revealed in mortality for those living in lower-poverty neighborhoods [aOR=1.27 (95%CI=0.90-1.78)]. Conclusions: Racial/ethnic disparities in healthcare utilization were found among individuals with CHD in both lower and higher-poverty neighborhoods, but mortality differed by race/ethnicity in higher-poverty neighborhoods alone. Future research should assess individual- and community-level social determinants of health, along with access to healthcare and other clinical variables, to help address race/ethnic inequities in healthcare utilization and mortality among individuals with CHD.

P13

EPHROSS S, CARNEAL-FRAZER N, BRAUNEIS J, ALBANO J. Syneos Health, Morrisville, NC, United States. *Abortion-Related Trends before and after the Dobbs Decision within TriNetX Electronic Medical Record Data*

Purpose: With the Dobbs decision on 24-Jun-2022, the US Supreme Court overturned Roe v. Wade (1973) and Planned Parenthood v. Casey (1992) and determined that the US Constitution did not protect the right to abortion, returning regulation to the state legislature where some states have increased restrictions or made it illegal. Abortion-related trends before and after the Dobbs decision were examined using electronic medical records (EMR) data within the TriNetX network (a live EMR database of >50M patients) to attempt to understand potential impacts to studies of pregnancy outcomes, including birth defects. Methods: US female patients with any ICD-10, healthcare common procedure, diagnosis or medication code associated with abortion or abortion-related services were identified and analyzed separately for elective/induced abortion (IAB) or spontaneous abortion (SAB). For consistency among reporting periods timing was categorized into two approximately six-month time periods: pre-Dobbs (25Jun2021–20Jan2022) and post-Dobbs (25Jun2022–20Jan2023). Results: A total of 3,275,110 patients were identified with any relevant code (including 644,830 in the pre-Dobbs time period and 630,930 post-Dobbs) within the total EMR population. The population had a mean age of 38.4 years, were majority white (58%) and not Hispanic or Latino (67%). Overall, the pre-Dobbs period had 20,310 abortion events [2,710 (0.43%) IAB-specific and 17,600 (2.79%) SAB-specific] and the post-Dobbs period had 11,080 events [1,800 (0.28%) IAB-specific and 9,280 (1.44%) SAB-specific]. Conclusions: Data from the EMR database showed a marked decrease in codes associated with both spontaneous and induced abortion events recorded in the six months after the Dobbs decision compared to the same period of the previous year before the ruling. Despite the known limitations of EMR data in completeness of abortion-related data, these

results are consistent with national CDC induced abortion surveillance, which has reported continuous declines in abortion rates between 2011–2020. It is important to continue to monitor overall abortion trends, especially after the Dobbs decision, to determine potential impacts on studies that examine pregnancy outcomes, including birth defects.

P14

ANDERSON K, CALLAWAY P. National Institute for Occupational Safety and Health, Morgantown, WV, United States. *Characterizing Exposures from N-free Nail Polishes*

Nail polishes contain many chemical compounds, including chemicals which can cause adverse reproductive outcomes and pose a risk to the high proportion (96%) of nail salon workers who are women of childbearing age. Consumer demand has resulted in a shift towards more natural products (n-free products), with manufacturers attempting to remove harmful ingredients. Many products that claim to have eliminated toluene, formaldehyde, and dibutyl phthalate (DBP) are labeled as 3-free; however, studies have found these products often contain higher concentrations of toluene and DBP compared to products with no such claims. Products used only at salons are not required to list ingredients, leading to uncertainties as to the exact chemical composition and potential for worker exposures. A better understanding of chemical exposures associated with nail polish products is necessary to understand potential worker exposures and develop effective control options. This study evaluated chemical exposures generated while painting nails with ten brands of n-free polishes using real-time and time-integrated (average) air sampling. Twenty-five individual compounds (FTIR, Gasmeter Inc) were measured in the breathing zone while two coats of polish were applied to artificial nails on a manikin in an exposure chamber and for two hours afterwards. Average concentrations of DBP (OVS tubes, SKC) and triphenyl phosphite (TPhP, mixed cellulose ester filters, SKC) were measured. Formaldehyde and toluene were detected in all polishes despite all claiming to be 3-free. Average and peak real-time formaldehyde exposures ranged from 0.004 to 0.16 ppm and from 0.18 to 1.19 ppm, respectively, depending on polish brand. Formaldehyde exposures for 95% of the brands exceeded the NIOSH REL of 0.1 ppm. Average real-time toluene exposures ranged from 0.001 to 0.67 ppm, well below the NIOSH REL. Neither DBP nor TPhP were detected in any of the polishes. This study highlights that despite industry claims, n-free polishes may still contain chemicals associated with negative health effects and that more studies are necessary to understand the true chemical exposures of nail salon workers.

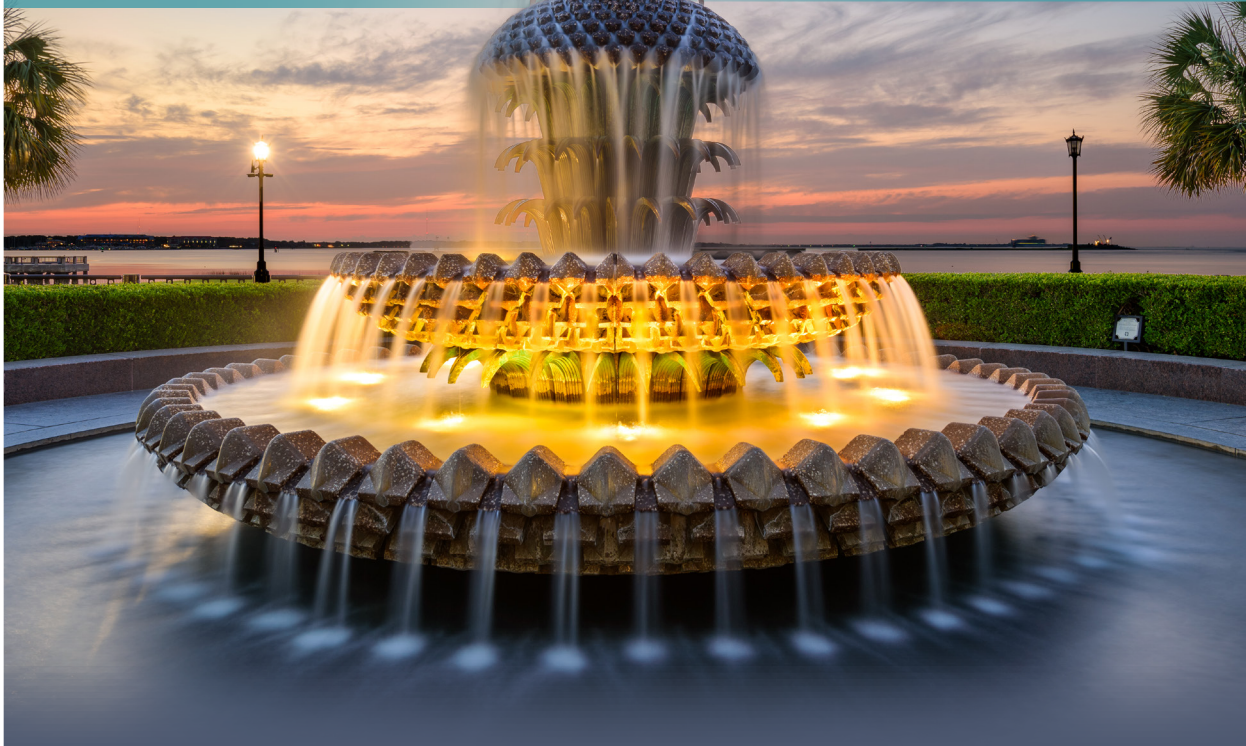
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