SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS & GYNECOLOGY

STANDARD OPERATING PROCEDURE- POLICY

INTRAFETAL/ INTRA-AMNIOTIC MEDICATION INJECTION

SCOPE/APPLICABILITY:

This document relates to the management of women undergoing pregnancy termination at and beyond the mid-late second trimester with respect to intrafetal and intraamniotic medication injection.

BACKGROUND:

Pregnancy termination occurs at and beyond the mid-late second trimester for a number of reasons. Our institution serves as a tertiary referral center for genetic counseling, prenatal diagnosis, and fetal therapy. Pregnancy termination at or beyond the mid-late second trimester occurs via labor induction or dilation and evacuation (see UNM OB/GYN Department SOP, **Second trimester pregnancy termination, D&E and induction of labor**). The purpose of fetal digoxin or potassium chloride (KCl) administration is cessation of fetal cardiac activity prior to the abortion.

Decision-making for pregnancy termination at and beyond the mid-late second trimester is complex and may involve Maternal-Fetal Medicine and Neonatology specialists. If time allows and appropriate for the fetal condition, a Neonatology palliative care consult should be obtained. The woman and her care providers should participate in shared decision-making about fetal medication administration.

PROCEDURES:

- Fetal digoxin or KCl should be routinely offered to all women undergoing pregnancy termination starting at 20 weeks 0 days gestational age.
- Fetal digoxin or KCl is strongly recommended for all women undergoing pregnancy termination starting at 22 weeks 0 days gestational age.
- Fetal digoxin or KCl may be available upon request for women undergoing pregnancy termination earlier than 20 weeks 0 days gestational age, depending on patient and provider factors.

Intrafetal or intra-amniotic digoxin injection:

1. Procedure is generally performed at the time of osmotic dilator insertion.
2. Fetus and amniotic fluid are identified with real-time ultrasound guidance.
3. 3.5-inch spinal needle, generally 20- or 22-gauge, is inserted into the fetus under direct ultrasound guidance. If intrafetal placement is not possible, the needle is inserted into the amniotic fluid. Intrafetal injection is more likely to lead to asystole at 24 hours.
4. Under direct ultrasound visualization, 1 milligram of digoxin is injected into the fetus or amniotic fluid.
5. Additional digoxin to a maximum dose of 2 milligrams may be used in specific circumstances depending on the clinical judgment of the provider.

Intracardiac KCl injection:

1. Fetal cardiac motion is identified with real-time ultrasound guidance.
2. 3.5-inch spinal needle, generally 20- or 22-gauge, is inserted into one of the fetal cardiac chambers under direct ultrasound guidance.
3. 5 milliliters of KCl is instilled at a concentration of 2 mEq/mL.
4. Cessation of fetal cardiac activity is verified by M-Mode ultrasound.

CONSULTATION

Twenty-four hour consultation is available by calling the Division of Family Planning (Reproductive Health PALS) service at the University of New Mexico Hospital through PALS.

REFERENCES:

1. SFP Clinical Guideline: Induction of fetal demise before abortion. Contraception 2010;81:462-73.

2. McNamara et al. A qualitative study of digoxin injection before dilation and evacuation. Contraception 2018;97:515-9.

3. White KO et al. Intra-fetal compared with intra-amniotic digoxin before dilation and evacuation. Obstet Gynecol 2016;128:1071-6.

APPROVALS:

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