



CLINICAL POLICY

Fetal Demise Induction with Digoxin

A. EFFECTIVE DATE :

January 18, 2022

B. PURPOSE :

To define the procedure for induction of fetal demise for termination pregnancy that is in accordance with State of Connecticut laws.

C. POLICY :

This policy is written to provide the safe and effective use of digoxin for the purpose of terminating a pregnancy that is within the acceptable gestational period as defined by the State of Connecticut law.

D. SCOPE :

This policy applies to Women's Health Services located in John Dempsey Hospital (JDH) and University Medical Group (UMG) locations.

E. DEFINITIONS :

None

F. MATERIAL(S) NEEDED :

Digoxin 250mcg/ml ampule
Ultrasound
Spinal needle, 21 gauge
Filter needle
10 mL syringe
Betadine swabs (3)
Alcohol swabs
Gauze
Saline flush
Sterile gloves
Lidocaine, 1% without epinephrine, 5mL

G. PROCEDURE :

1. Patients who have elected fetal demise induction with digoxin shall be scheduled for an induction of labor with the inpatient labor & delivery unit prior to inducing fetal demise
2. All applicable consents for this procedure and termination are to be signed prior to the administration of digoxin for fetal demise.

3. Prior to the performance of an abortion upon a minor, a physician shall provide pregnancy information and counseling in accordance with State of Connecticut law in a manner and language that will be understood by the minor. A form indicating pregnancy information and counseling in accordance with State of Connecticut law was reviewed shall be signed and dated by the minor.
An ultrasound shall be done prior to procedure to determine placental and fetal position
4. The identified injection location shall be prepped and be cleaned with betadine.
 - i. If appropriate, lidocaine can be placed at the planned procedure site.
5. Prepare injectable digoxin dose of either 1 or 1.5mg from the ampule
 - i. Draw up digoxin dose with filter needle and then discard filter needle
6. Obtain baseline vital signs of patient for 10 minutes before the procedure.
 - i. Vital signs consist of BP, pulse, and RR
7. Insert spinal needle through the abdomen or vagina and into the amniotic fluid or fetus.
 - i. Intra-amniotic injections require confirmation by withdrawal of amniotic fluid prior to and following digoxin injection. Ultrasound may be used to assess proper placement of Digoxin.
 - ii. Intra-fetal injections require ultrasound guidance to confirm placement of digoxin.
8. The patient shall remain in the procedure room and will be monitored for 10 minutes after the procedure.
 - i. Monitor vitals (BP, pulse, RR)
9. The patient will return for their scheduled procedure visit.
10. An ultrasound will be performed to confirm cessation of fetal cardiac activity.
 - i. If fetal cardiac activity remains, please refer to the Fetal Demise Potassium Chloride intracardiac injection policy and procedure for further guidance on fetal demise completion.
11. Surgical terminations will induce demise by cord transection prior to the removal of the fetus.

H. ATTACHMENTS :

None

I. REFERENCES :

Dean G et al. Safety of digoxin for fetal demise before second-trimester abortion by dilation and evacuation. Contraception. 2012 Feb;85(2):144-9)

Dierdrich J et al; Society of Family Planning. Induction of fetal demise before abortion. Contraception. 2010 Jun;81(9);462-73)

Garipey AM et al. Transvaginal administration of intra-amniotic digoxin prior to dilation and evacuation. Contraception. 2013 Jan;87(1):76-80.

Nucatola et al. A randomized pilot study on the effectiveness and side-effect profiles of two doses of digoxin as feticide when administered intra-amniotically or intra-fetally prior to second trimester surgical abortion. Contraception. 2010 Jan;81(1):67-74.

Connecticut General Statute, Chapter 368y, Abortion

J. SEARCH WORDS :

Second trimester termination

Termination of pregnancy

Digoxin

Fetal demise

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

None

N. FINAL APPROVAL :

- | | |
|---|-----------------------------------|
| <p>1. <u>Andrew Agwunobi, MD (Signed)</u>
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer</p> | <p><u>01/24/2022</u>
Date</p> |
| <p>2. <u>Anne D. Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair</p> | <p><u>01/24/2022</u>
Date</p> |
| <p>3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair</p> | <p><u>01/21/2022</u>
Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Interim Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer</p> | <p><u>01/21/2022</u>
Date</p> |

O. REVISION HISTORY :

Date Issued: 01/18/2022

Date Revised:

Date Reviewed: