

Appendix 1. Details of the Digoxin Injection Protocol

The provider cleansed the abdomen with betadine and injected 2cc of lidocaine 1% at the planned injection site. A 22-gauge spinal needle was attached to a needle extender and a 10cc syringe containing digoxin diluted with normal saline to 6 cc of total volume. The provider inserted this needle under transabdominal ultrasound guidance using a 5.0 MHz probe at a 45° angle. The needle was inserted until a characteristic loss of resistance was felt on entering the uterus, and correct location was confirmed by ultrasound. The angle of the needle varied based on the position of the fetus and where the ultrasound probe was located for best visualization. The provider then placed the needle into the fetus or a pocket of intra-amniotic fluid and withdrew to confirm non-vascular placement. After confirming correct placement, providers injected the digoxin. There was no defined maximum depth nor was there consideration of the best pocket. Upon withdrawal of the needle, a small amount of pressure was applied to the injection site.

White KO, Nucatola DL, Westhoff C. Intrafetal compared with intra-amniotic digoxin prior to dilation and evacuation: a randomized controlled trial. *Obstet Gynecol* 2016;128.

The authors provided this information as a supplement to their article.

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Appendix 2. Procedural Differences Between Groups

Procedural Details	Intrafetal Group (n = 135)	Intra-amniotic Group (n = 130)	<i>P</i>
Number of sets of dilators \pm SD	1.7 \pm .58	1.7 \pm .57	0.65
Number of laminaria in final set, mean \pm SD	7.0 \pm 1.7	7.2 \pm 1.6	0.20
Initial cervical dilation, mean cm \pm SD	3.0 \pm .94	3.2 \pm 1.6	0.26
Injection time, mean minutes \pm SD	1.4 \pm 1.3	1.3 \pm 0.9	0.28
Operative time, mean minutes \pm SD	7.0 \pm 3.7	7.7 \pm 4.2	0.16
Estimated blood loss, mean cc \pm SD	43.7 \pm 15.3	43.6 \pm 15.9	0.96
Range of blood loss	20-75	25-100	

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