

Maine Medical

PARTNERS

Women's Health

A department of Maine Medical Center

Selective Termination

Qualification:

- Those patients in which there is a medical/fetal indication for the iatrogenic disruption of one or more of the existing fetuses
- Performed from 12 – 22 weeks' gestation

Preparation:

- Consent form to be signed by patient prior to procedure

Method:

- Transabdominal technique
- Continuous ultrasound guidance will be provided during the procedure
- Personal protective wear should be used in accordance with the existing policy
- Disinfection of the equipment should be performed in accordance with the existing policy

Imaging:

- M-Mode of cardiac activity should be taken prior to the procedure and of the remaining fetus(es) when completed
- Gestational age specific fetal anatomic survey examination should be performed
- Documentation of gestational age and localization of gestational sacs
- Rescan 20 minutes after procedure on the fetus(es) that have undergone selective termination

Selection Process:

- Based on proximity/ease of procedure and chorionicity

Procedure:

Tray

- set up under sterile technique
- steri drape (2-3)
- 1 – 10cc luer lock syringe (for potassium chloride injection)
- 1 – 22g spinal needle (length dependent of patient size)
- sterile 4x4 gauze
- betadine
- potassium chloride
- 2 milliequivalent vials
- approximately 2-3cc's (2 meq KCL/cc) will be used, depending on gestational age
- 1 hour post procedure confirm asystole

Rhogam is administered post-procedure for those patients who are Rh negative unless otherwise directed by physician.

References:

ACOG Practice Bulletin No. 169. Multifetal gestations: Twin, triplet, and higher-order multifetal pregnancies. October 2016.