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Intra-cardiac lidocaine administration to induce fetal demise before late second-trimester abortion: Retrospective review

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Abstract

Objective: To determine the efficacy and safety of intra-cardiac lidocaine administration to induce fetal demise before second-trimester medication abortion in a teaching hospital in Addis Ababa, Ethiopia.

Methods: We performed a retrospective chart review to collect selected sociodemographic and clinical information. All patients who received fetal intra-cardiac lidocaine between January 1, 2019 and April 30, 2019 were included in the study. Fetal demise was considered successful if achieved within 24 hours after fetal intra-cardiac lidocaine administration. We analyzed the data using SPSS version 20. We used frequency tables to describe the data and performed a multivariable analysis to determine associations between variables.

Results: A total of 80 fetuses were given intra-cardiac lidocaine.The mean gestational age was 23^{+1} weeks (range 21^{+0} -27^{+5} weeks). Twenty-four hours after lidocaine administration 76 (95%) pregnancies showed negative fetal cardiac activity. Fetuses at gestational ages of 21-23^{+6} weeks were five times more likely to have negative cardiac activity compared with those with gestational ages between 24 and 28 weeks (P=0.001). Two women developed nausea, vomiting, and a metallic taste, but no serious adverse events were reported.

Conclusions: Intra-cardiac lidocaine is effective at inducing fetal demise before late second-trimester medication abortion with no associated serious adverse events or complications.

Keywords: Ethiopia; Fetal demise; Intra-cardiac lidocaine; Late abortion; Lidocaine; Medication abortion.

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