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Corrigendum

Corrigendum to "A randomized pilot study on the effectiveness and side-effect profiles of two doses of digoxin as fetocide when administered intraamniotically or intrafetally prior to second-trimester surgical abortion" [Contraception 81 (2010) 67–74]

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Dear Editor,

I writing to correct an error in the paper titled "A randomized pilot study on the effectiveness and side-effect profiles of two doses of digoxin as fetocide when administered intraamniotically or intrafetally prior to second-trimester surgical abortion", published in Contraception Volume 81 (2010) 67–74, of which I am the lead author.

Page 68 that states "Although PPLA protocols dictate the use of digoxin for all second-trimester abortions, we also queried the subjects as to why, if given the choice, they would or would not prefer to receive digoxin to cause fetal death prior to the abortion procedure."

This sentence is not correct. PPLA protocols only required the use of digoxin for cases of abortion performed at 18 weeks or greater. This is, in fact, clearly stated in a subsequent paper from our institution, "Infection and extramural delivery with use of digoxin as a feticidal agent", which was published in Contraception Volume 85 (2012) 150–154 which went into greater detail about our clinical protocols. That paper clearly states "Digoxin was used for abortions performed between 18 and 20 weeks of gestation only from May 2007 to August 2008. While the clinic protocol utilized digoxin injection for all procedures performed at 20 weeks or greater since 1999, the starting gestational age was decreased to 18 weeks in response to the Partial Birth Abortion Act, which became effective in 2007. Digoxin use for the 18–20-week gestational age was discontinued in August 2008 secondary to two out-of-office deliveries in this earlier gestational age group."

Thank you.

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