M21

International and Regional variation in the use of Emergency Cervical Cerclage in the UK and Europe: Results of an international survey of clinical practice

Nicole Pilarski[1,2], Emilie van Limburg Stirum[3,4], Janneke van 't Hooft[3,4], Victoria Hodgetts-Morton[1,2], R. Katie Morris[1,2]
[1]Institute of Applied Health Research, university of Birmingham, [2]Birmingham Women's and Children's NHS Foundation Trust
[3] Amsterdam UMC Universiteit Amsterdam [4] Amsterdam Reproduction & Development

Aims

To describe current practice, and explore variations in practice, in the UK and Europe in the management of cervical dilatation and exposed unruptured membranes and the use of Emergency Cervical Cerclage (ECC).

Methods

An online survey was distributed by email to delegates registered to attend the 2023 European Spontaneous Preterm Birth Congress (ESPBC) and members of the UK Preterm Birth (PTB) network.

The questionnaire was developed by three members of the International Spontaneous Preterm birth Young researchers (I-SPY) collaborative (NP, EvLS JvH). Participation was voluntary and consent to provided at the time of registration to ESPBC. The questionnaire was completed anonymously and could be filled out between August and October 2023.

PRIMARY OUTCOME: ECC as treatment option

Secondary Outcomes: Use of additional treatments, gestational age and cervical dilatation limits for ECC insertion, length of stay, and follow up

Analysis: Raw data was exported to Excel to generate descriptive tables and statistic. Chi2 test was used to compare categorical variables between EU and UK institutions.

Country	N	Offer ECC
UK	18	18/18
Belgium	4	4/4
Denmark	3	3/3
Ireland	1	1/1
Norway	1	1/1
Spain	4	4/4
Sweden	4	1/4
Switzerland	1	1/1
The Netherlands	13	6/13

Results

49 institutions* in 11 countries represented. *After removal of duplicate responses and non-EU/UK centres (n=2). 23 were University Hospitals and a median of 5700 births per year (range 1200-11000).

9 institutions from 2 countries (Sweden and The Netherlands) do not offer ECC.

The reasons given for not offering ECC were; lack of neonatal intensive care on site (3/9), lack of trained providers (3/9) and lack of evidence (2/9). 1 institution from the UK only offers ECC as part of randomisation within the C-STICH2 trial – they were included in the analysis of sites offering ECC.

	Total (n)	UK (n)	EU (n)	P value
ECC >4cm	41% (16)	44% (8)	25% (8)	0.179
PROGESTERONE	69% (27)	78% (14)	41% (13)	0.015
TOCOLYSIS	79% (31)	44% (8)	74% (23)	0.037
Follow Up TVUSS	51% (20)	77% (14)	20% (6)	<0.001
+/- FFN	5% (2)	11% (2)	-	-

Median gestational age for ECC was 16 (range 12-18) to 24 weeks (range 20-28).
9 institutions offered ECC after 24 weeks – 5 in the UK, 3 in Spain and 1 in Denmark.

Median routine inpatient stay after ECC was 48 hours (range 24 hours – until 28 weeks).
21/39 institutions offer prophylactic antibiotics with ECC (10/19 in the UK).
11/39 recommend bed rest with ECC (3/18 in the UK).

Conclusion

This survey demonstrates significant variation in practice between and within countries regarding the use of ECC including if, when and how it is offered as well as the use of adjunctive treatments. Further research is needed to ensure robust, representative results in order to better understand how ECC is being used in clinical practice.

Limitations: Selection Bias - This survey relied upon convenience sampling of a specific population of clinicians interested in PTB and therefore potentially working in institutions that are different to other non-represented institutions **Generalisability –** Although a number of institutions and countries are represented within this sample only a small number of institutions from each country are included limiting the generalisability of the results to any given country