

PREGNANCY EXPERIENCE AFTER CERVICAL CERCLAGE

A CARLISLE EXPERIENCE

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INTRODUCTION

Cervical cerclage remains one of the preventive strategies of preterm birth. Preterm birth screening of pregnant women is based on the RCOG & National guidelines for preterm delivery prevention. Women with moderate risk factors are offered Trans-vaginal (TV) scan monitoring of cervical length, and progesterone or cerclage if cervical length is < 25mm. Multifactorial development in RCOG training programme has reduced the development and maintenance of skillset for management of at-risk group. Local capacity or availability of early neonatal facilities can be a challenge for patients presenting with preterm birth in rural hospitals like in Carlisle.

AIM

The aim of the study is to look at the outcome and effectiveness of locally applied sutures in at risk pregnancy including the indication, length of gestation post-procedure and pregnancy outcome.

METHODS

A retrospective analysis of the data over a period of 18 months was done. 12 women out of 2619 antenatal bookings needed cervical cerclage in the unit. These 12 (0.5%) deliveries were part of the 2200 deliveries over 18 months. All of them were ultrasound indicated and were followed up in the preterm prevention clinic. McDonald sutures were inserted for all women.

RESULTS

- 8/12 (66.7%) had cervical suture application
- 4/12 (33.3%) had progesterone and Cervical suture.
- 2/12 (16.6%) had progesterone initially followed by cervical suture.

- 11/12 (91.6 %) of the sutures were applied locally.
- 1/12 (8.3%) suture applied in another unit – rescue suture at 18 weeks and needed full neonatal optimisation on delivery at 33+6 weeks.

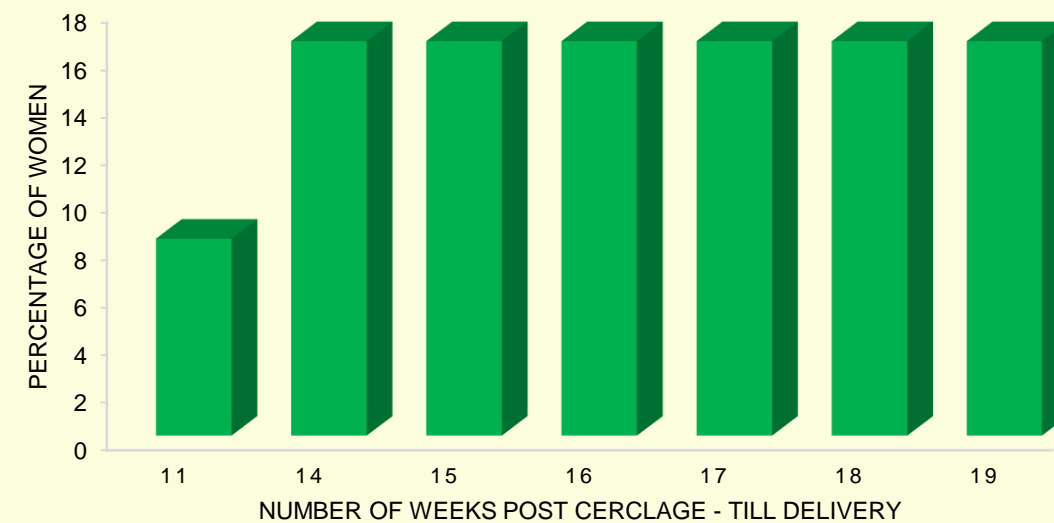


Image 1. Graph showing the number of weeks post cerclage – till delivery and the percentage of women who achieved these.

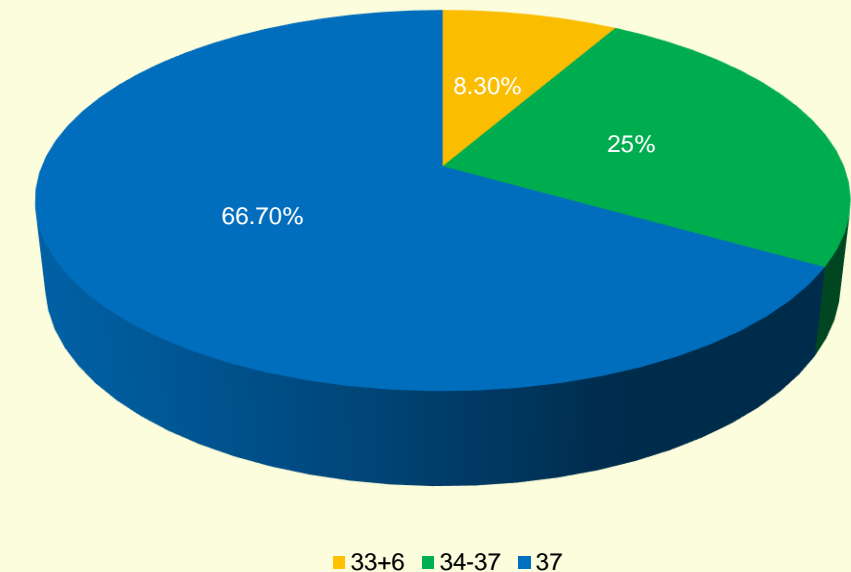


Image 2. Pie-chart showing the percentage of women and their gestation at delivery after cervical cerclage application

CONCLUSIONS

The results show that cervical cerclage is still a reliable method of preventing preterm birth (66.6% delivery) in a small District General Hospital (DGH). Moreover, this shows that surgical application of suture by an experienced team in DGH setting is safe (91.6%). The study has limitation of sample size. The combined progesterone and cerclage approach is equally as effective in situation of rescue cerclage but there is need to conduct a full study to look at the effect in high-risk patients.

REFERENCES

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