

Audit of Women with Previous Fully Dilated Caesarean Section (FDCS): When should cervical length assessment commence?

Introduction

Saving Babies Lives v2 recommends a single transvaginal cervical length (CL) between 18 and 22 wks' gestation for women with previous FDCS. At South Tees, we have been offering two CL scans 18-20 and 22-24 wks.

The primary aim of this audit was to assess if CL measurement should start earlier, at 16 wks?

Secondly, to assess the outcomes of women with short cervix at the first CL scan, interventions, late miscarriage or sPTB, along with those with normal CL.

Method

Retrospective review of preterm prevention clinic database (Oct '20 – Aug '22 bookings). Preterm birth database reviewed since 2021 for all late miscarriages 16-23+6: to find out if previous FDCS was a risk factor.

Presented by- Fozia R khan

Results

52 patients were included, with full data on 46
6% (3) had CL \leq 25mm on 1st CL scan:

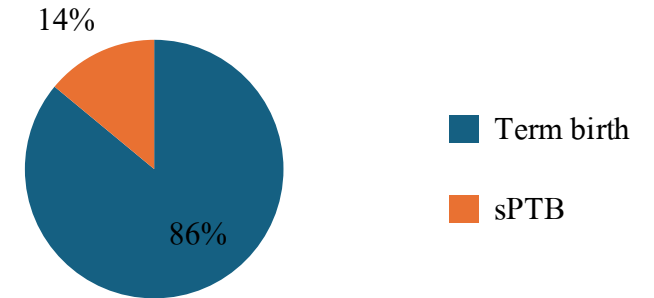
1. Presented at 16wks with pressure symptoms, CL 22mm. Received ultrasound (USS) indicated McDonald cerclage. Induced at 39wks (reduced fetal movements).
2. USS indicated cerclage at 18wks as CL 19mm. Delivered at 33wks due to abnormal dopplers.
3. Progesterone pessaries at 18wks as CL 20mm. CL normalized after one week. Delivered at 38wks.

* No women coming through the preterm prevention clinic had a late miscarriage.

* None of the late miscarriages at South Tees since 2021 had a previous FDCS as a risk factor.

* For women completing CL surveillance with **normal measurements**, 86% went on to have a term birth, the remaining 14% had spontaneous preterm birth (sPTB) (one was a case of twin pregnancy).

Outcome with Normal CL



Discussion

sPTB after FDCS can still take place with normal CL – our audit showed **14% went on to have a preterm birth < 37 weeks** and 5% before 34 weeks. It is important to **discuss the signs and symptoms of preterm birth at discharge from CL surveillance**. There is **insufficient evidence from this audit to support an earlier assessment for CL before 18-20 weeks**. The one case which presented prior to this subsequently went to term with a cervical cerclage in situ. A **regional protocol has been agreed** for the Northern region: 2 cervical lengths at **19 and 23 weeks**. This was implemented in May '23. There will be on-going monitoring through the regional preterm database, along with pregnancy outcomes.