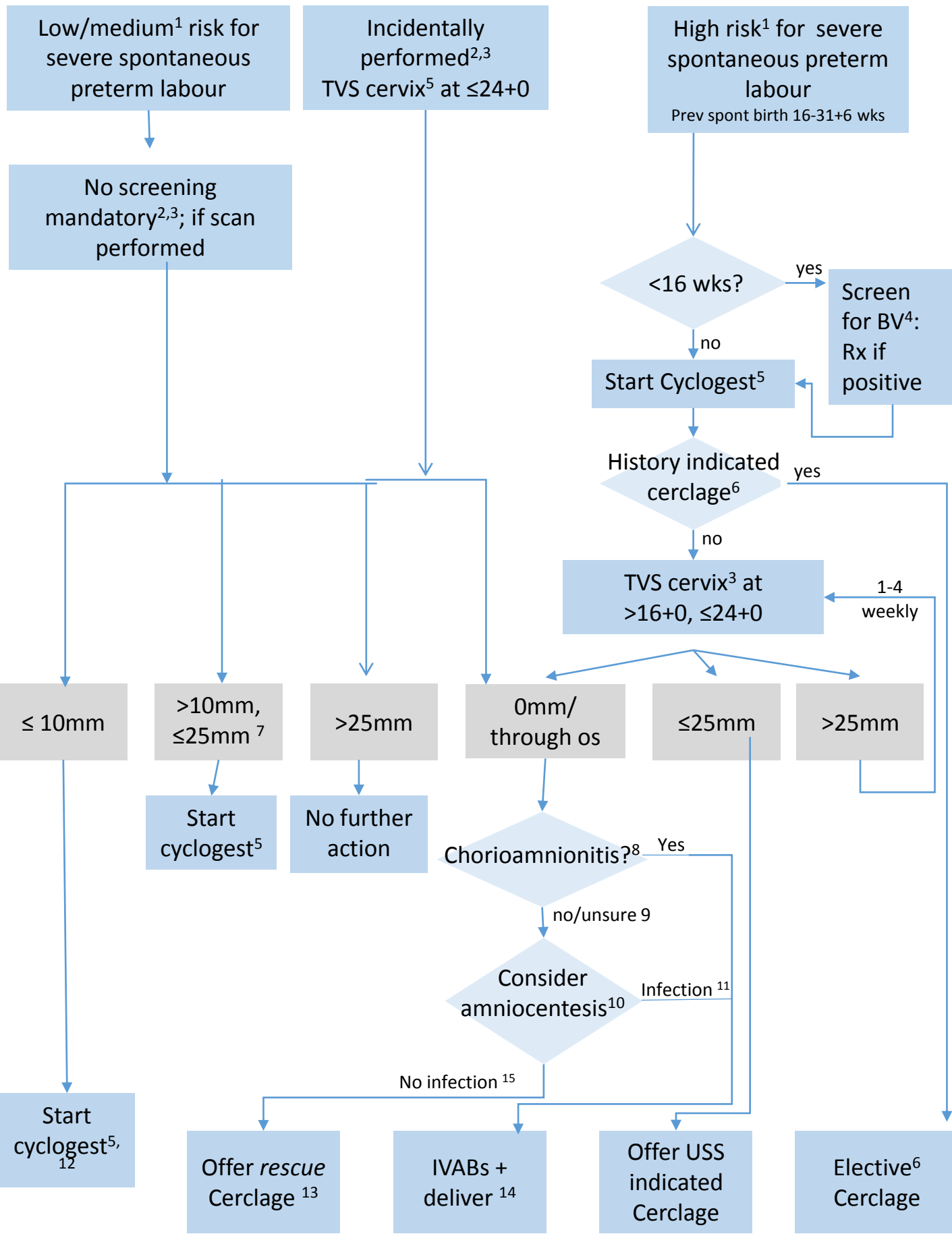


Managing cervical length at <24 weeks to prevent spontaneous severe singleton preterm labour

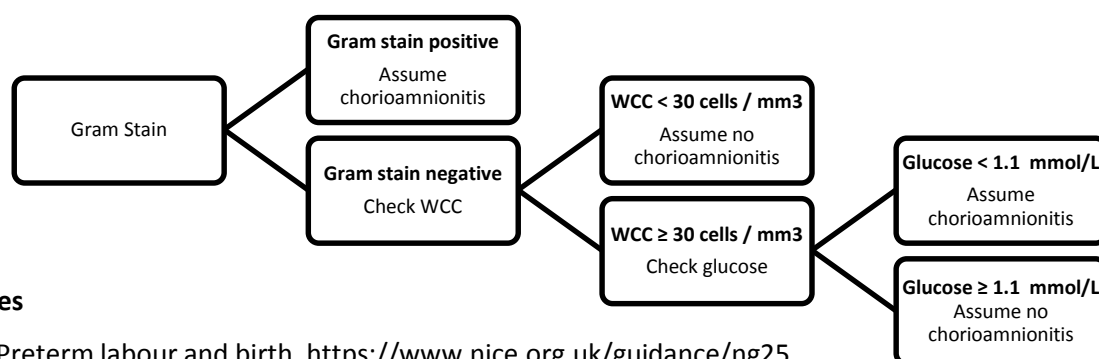


Please note:

- This guideline addresses prevention and does NOT apply to women in threatened preterm labour
- This does not cover women who have had previous failed non-rescue cerclage/ intensive surveillance, or who had extensive cervical surgery such as radical trachelectomy. Abdominal cerclage is commonly advised in these women.

Footnotes

1. High risk: previous spontaneous birth 16-31+6 weeks
Medium risk: prev cervical surgery, >1 intrauterine procedure, uterine abnormalities etc .
Follow local policy on screening in multiple pregnancy: note NICE does not advise but evidence is emerging regarding benefits of treatment in highly selected women
Low risk: no risk factors
2. Scans for low risk currently not nationally sanctioned but evidence of potential benefit: follow local guideline/ policy. Scan for medium risk according to local/ individual policy
3. TVS cervix: vaginal ultrasound of cervical length (follow FMF steps). Do not perform as screening test after 24+0 weeks
4. Bacterial vaginosis
5. Cyclogest PV/PR. Start at 12 weeks or if cervical scan abnormal, dependent on local policy. NICE recommends latter. Usual dose 400mg PV/PR od. Continue to 34-6 weeks.
6. Elective cerclage is an alternative to serial cervical scans in high risk women. This should be according to local guidelines and preference.
7. Note no evidence for cervical cerclage at this length in these women; there is evidence against cerclage for women with multiple pregnancy at this length
8. Chorioamnionitis: already present in up to 50%
9. Consider transfer to fetal medicine unit
10. Amniocentesis: for wbc, gram stain and glucose
11. Interpretation of amniocentesis
12. In these low risk women but with a very short cervix, an USS indicated cerclage should be considered in addition to progesterone
13. Criteria for insertion of rescue cerclage:
 - a. Appropriately skilled clinician and unit data on available outcomes
 - b. Ability to appropriately monitor and treat if evidence of sepsis
14. Steroids and magnesium and mandatory transfer to Level 3 unit mandatory if >22+6 , <27+0 weeks.



References

- NICE: Preterm labour and birth. <https://www.nice.org.uk/guidance/ng25>
- Romero et al. Vaginal progesterone decreases preterm birth ≤ 34 weeks of gestation in women with a singleton pregnancy and a short cervix: an updated meta-analysis including data from the OPPTIMUM study. *Ultrasound Obstet Gynecol.* 2016 Sep;48(3):308-17