



EP16.19 | Evaluating the prevalence of short cervix and its predictive value in low-resource settings in Colombia

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INTRODUCTION

Preterm birth is a major public health concern with multiple contributing factors. In Colombia, sonographic cervical length measurement during the second trimester, an established method for identifying women with a short cervix, a recognized risk factor for preterm birth, has not yet been incorporated into national screening guidelines.

OBJECTIVES

To evaluate the prevalence of a short cervix in asymptomatic nulliparous women during the second trimester and to examine its association with the incidence of preterm birth in Cartagena, Colombia.

KEYWORDS

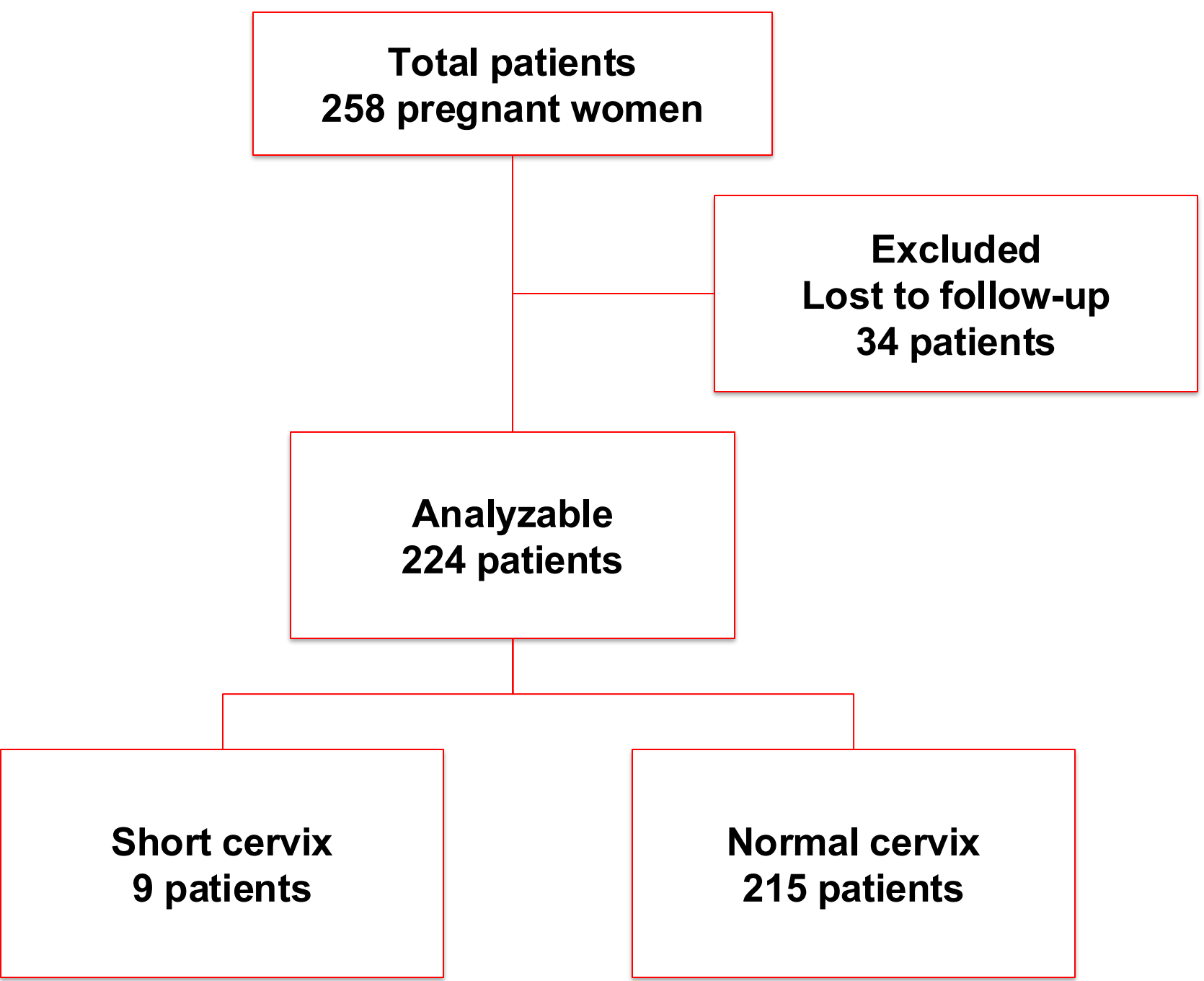
- Cervical length.
- Preterm delivery.
- Screening.
- Cervix.

RESEARCH

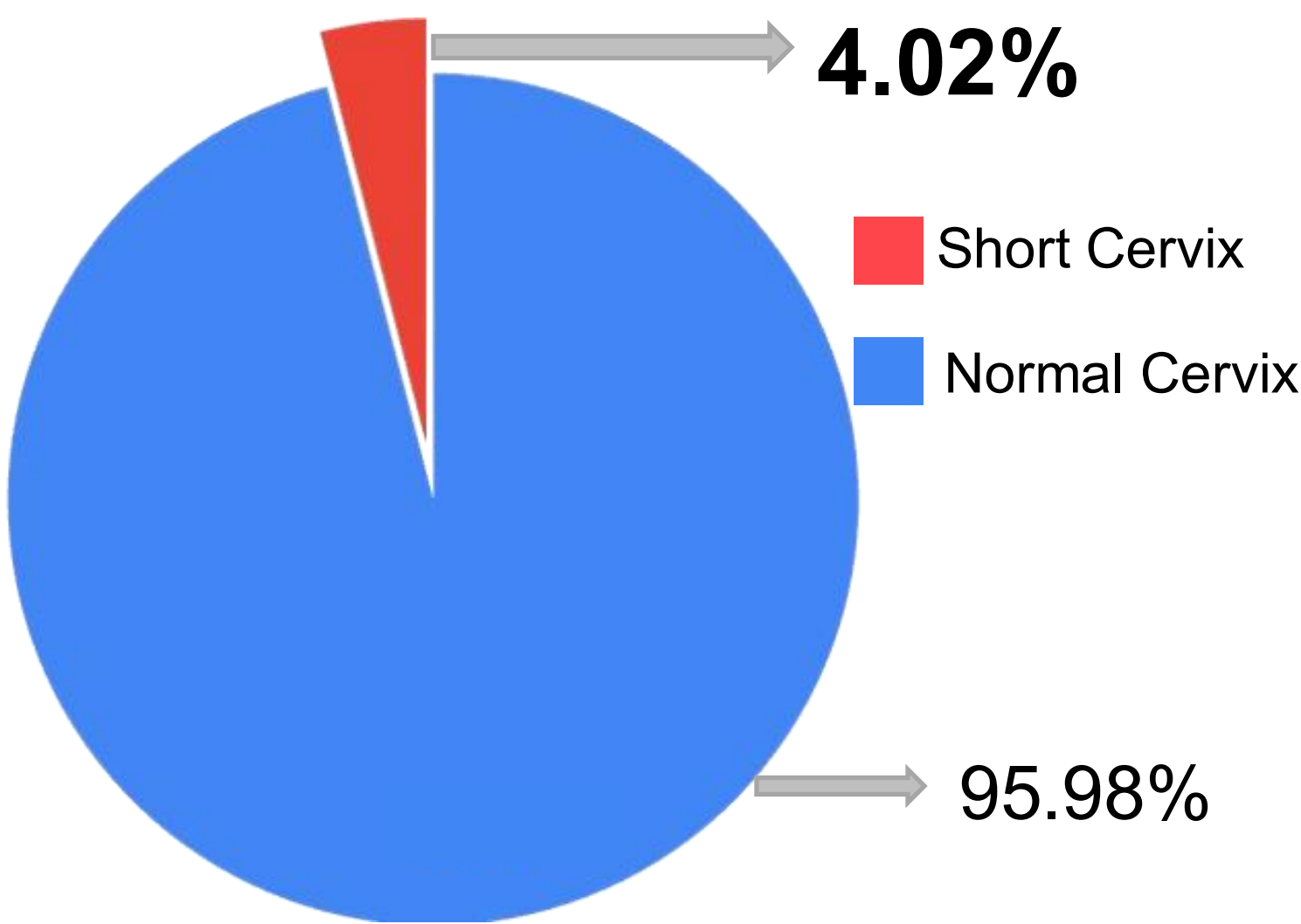
METHODS

We conducted a prospective cohort study between March 2022 and December 2023, enrolling consecutive asymptomatic nulliparous women aged 14 to 44 years at 20–24 weeks of gestation, recruited during their second-trimester visits at each medical center. Cervical length was measured using transvaginal sonography. Clinical and obstetric data were collected and analyzed through bivariate and multivariate statistical methods. The study received ethical approval, and all participants provided informed consent.

POPULATION



RESULTS



Prevalence of a short cervix in nulliparous, asymptomatic patients in the second trimester.

Among the 224 asymptomatic women evaluated, the prevalence of a short cervix was 4.02% (95% CI, 1.85–7.48). The rate of spontaneous preterm birth was higher in women with a short cervix (22%) compared to those with a normal cervical length (8%). Mothers with a short cervix also had lower levels of education. Overall, cervical length did not show significant predictive value for preterm birth; however, the absence of a short cervix was associated with a reduced risk of preterm delivery. No significant differences in mean cervical length were observed between groups. Interestingly, perinatal complications occurred primarily in the group without a short cervix, suggesting a potential protective effect of early sonographic assessment.

DISCUSSION

The prevalence of a short cervix (4.02%) in nulliparous pregnant women was consistent with previous reports (Table 1).

Although the sensitivity and specificity of second-trimester cervicometry were low, its negative predictive value for preterm birth was high (91.16%), making it a useful tool in asymptomatic patients.

No perinatal complications were directly associated with a short cervix, underscoring the need to adapt its application according to the characteristics of each population studied.

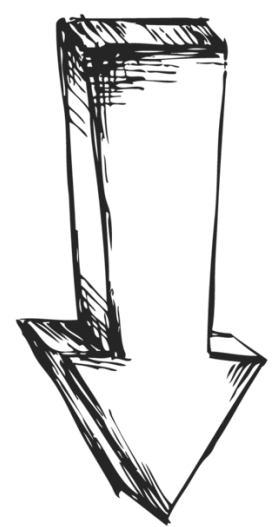
Table 1.

Prevalence of short cervix (Literature review)

Author	Population	Gestational week	% short cervix (<25 mm)	% spontaneous preterm birth
Davi	161	24 to 28	1.90%	0%
Ferrari	3226	24 to 28	1.25%	2.10%
Flores	186	20 to 24	3.20%	10.80%
Ross	1409	20 to 24	2.40%	13.60%
Our study	224	20 to 24	4.02%	22.2%

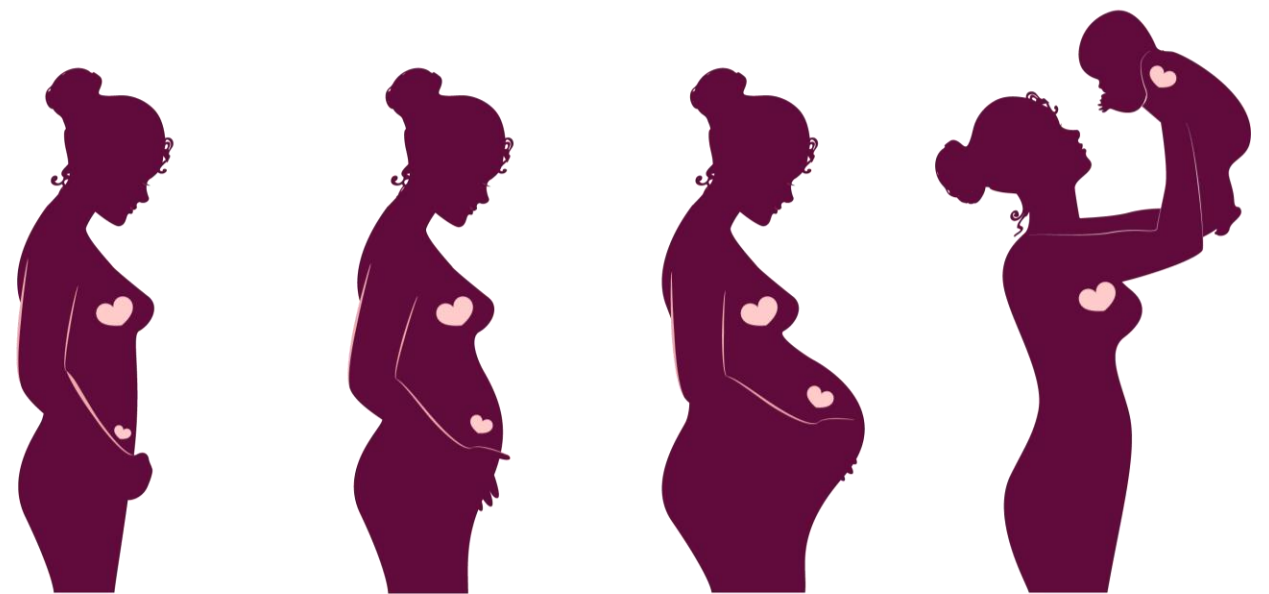
CONCLUSION

The prevalence of a short cervix in asymptomatic pregnant women during the second trimester was 4.02% in Colombia.



4.02%

Additional studies are necessary to determine the clinical relevance of detecting a short cervix, as early interventions could potentially improve maternal and perinatal outcomes.



Although cervical length measurement has diagnostic value, the present study does not provide sufficient evidence to recommend its routine inclusion in standard prenatal care protocols. Further research is warranted.

