



Serial transvaginal cervical length scan outcomes and association with pre-term births in patients with congenital uterine anomalies.

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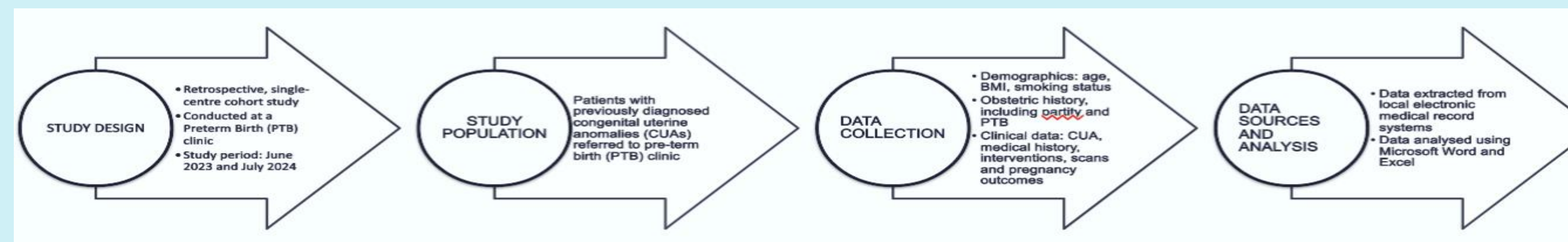
Introduction

Cervical length (CL) sonographic assessment, typically performed via transvaginal ultrasound, is an objective universal tool in prediction and prevention of pre-term birth, particularly in high-risk pregnancies. Congenital uterine anomalies (CUAs) are associated with an increased risk of adverse pregnancy outcomes, including pre-term birth, therefore, accurate measurement of CL is a valuable component of risk assessment and management amongst pregnant patients with CUAs.

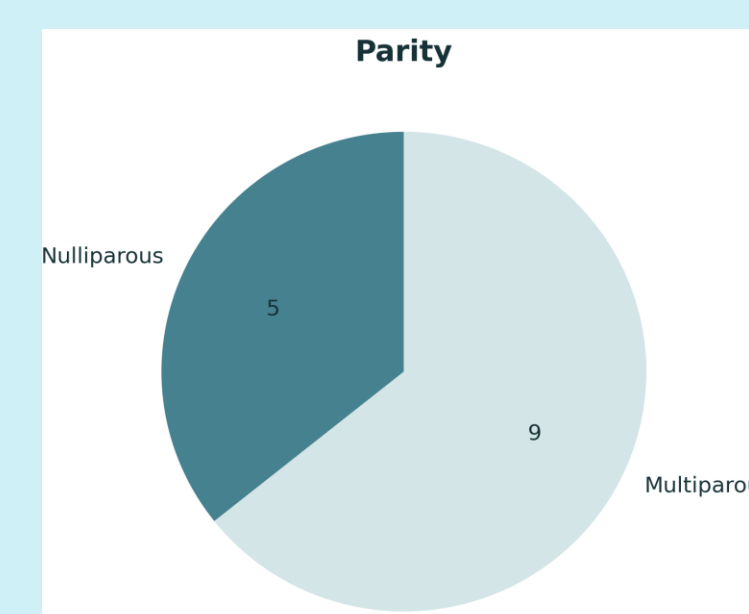
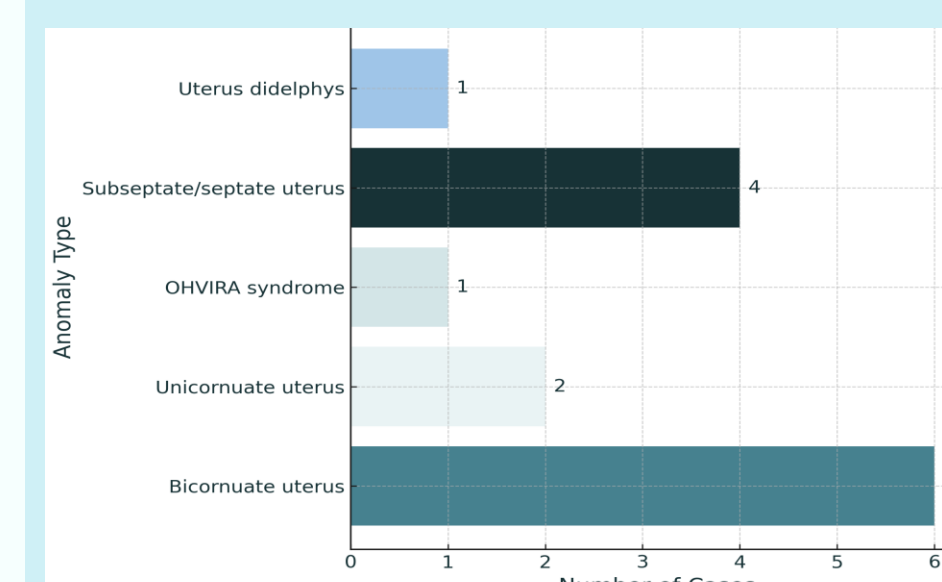
Objectives

- This study aims to evaluate the outcomes of routine transvaginal cervical length ultrasound scans in patients with CUAs and establish the incidence of pre-term births within this population and effectiveness of interventions
- By correlating cervical length measurements with pregnancy outcomes amongst patients with CUAs, this study aims to establish the effectiveness and timing of routine cervical length screening in identifying increased risk of pre-term birth in this population.

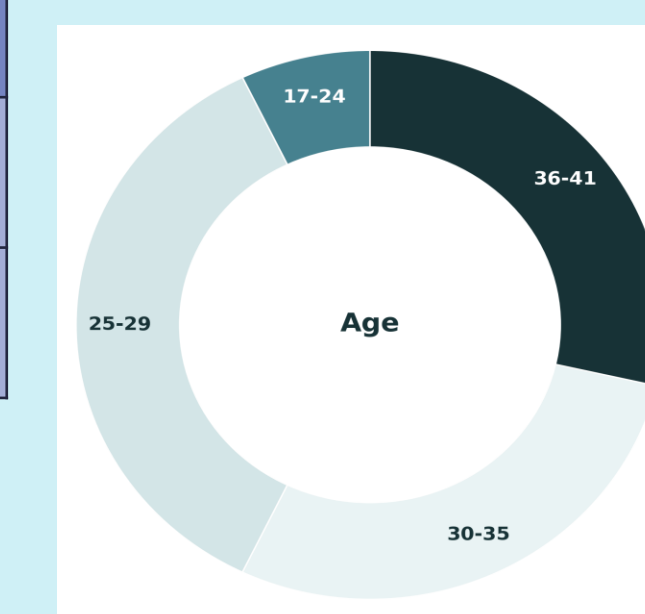
Methods



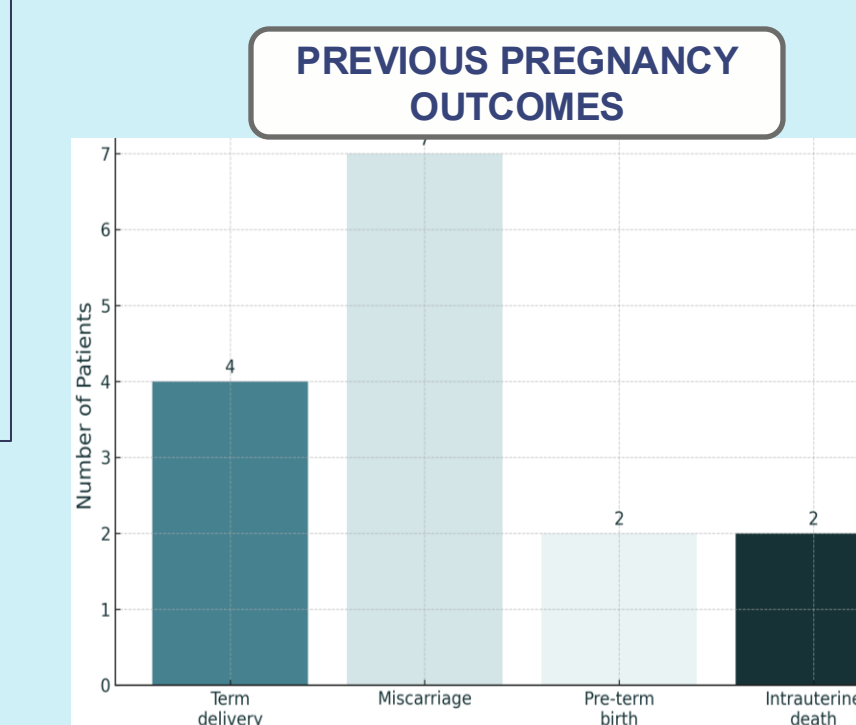
Results



BOOKING BMI	
4 patients	Below 30
6 patients	30-49
1 patient	Above 30
3 patients	Not documented



- 7 patients**
- Had previous surgical interventions, including:
- 4 septum resections,
 - 1 hemi-hysterectomy
 - 1 deep endometriosis resection
 - 1 adhesiolysis and ovarian cyst drainage



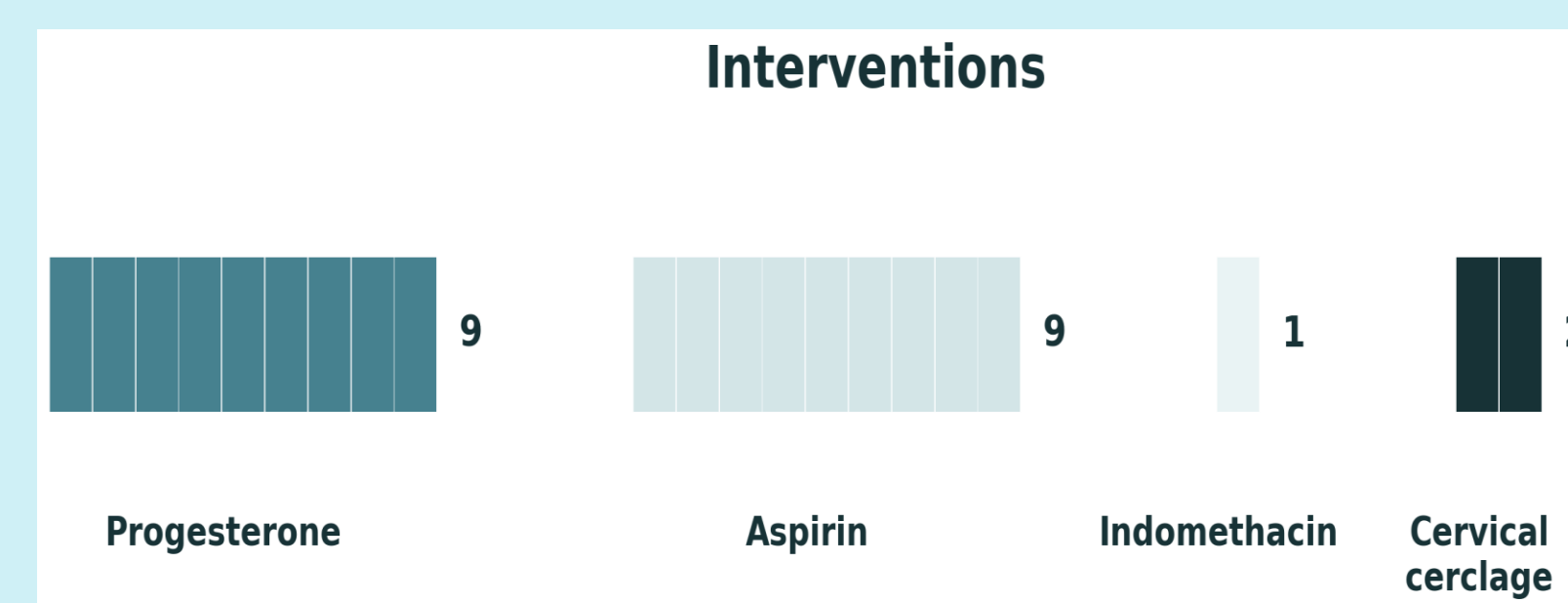
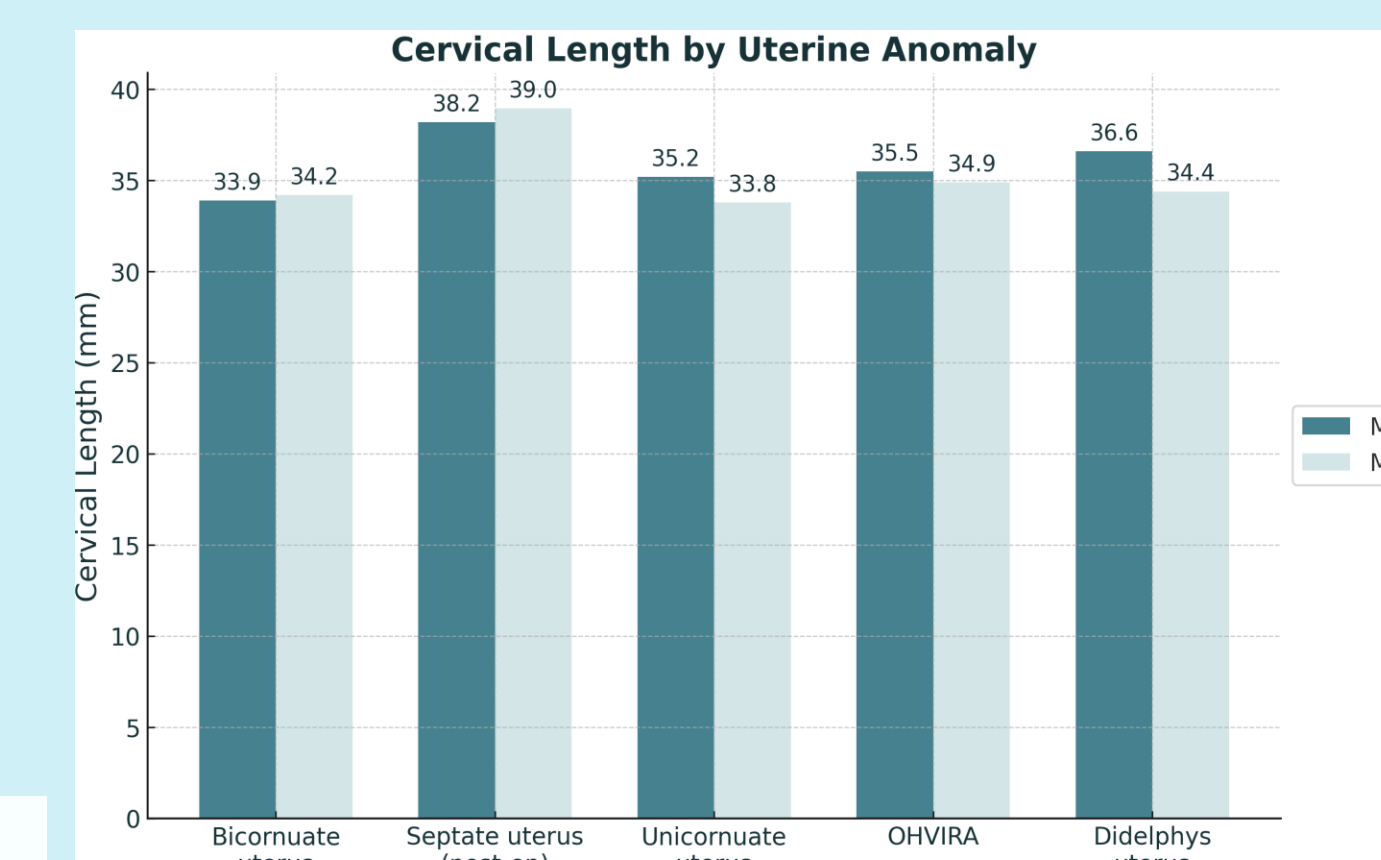
Number of Cervical Length (CL) Assessments in PTB Clinic (16-28+6 weeks)

Number of Assessments	Number of Patients
2 assessments	1
3 assessments	2
4 assessments	7
5 assessments	4

1 patient:
CL 25mm at 16+4
Improved to >25mm with Cyclogest

1 patient:
CL 21.5 mm with funnelling at 18+1
Repeated: 33mm after cervical cerclage

1 patient:
CL 21.1mm at 23+5 with funnelling after pPROM
Emergency LSCS at 24+1



DELIVERIES

12 TERM DELIVERIES (37+1 TO 41+2)

2 PRE-TERM DELIVERIES (24+1 TO 25+3)

Conclusions

- This study demonstrates that serial fortnightly transvaginal cervical length assessments from 16 weeks allow early risk assessment amongst the patients with congenital uterine anomalies and, where indicated, guide timely interventions to minimise the risk of pre-term birth.
- The findings indicate that mean cervical length measurements may vary depending on the specific type of congenital uterine anomaly, potentially paving the way for further research into uterine anomaly-specific risk stratification and early intervention strategies.
- The majority of patients maintained stable cervical length measurements
- The results of the study demonstrate that pregnant patients with congenital uterine anomalies have a strong chance of achieving term deliveries and the pre-term birth risk can be successfully reduced by regular cervical length screening and individualised management strategies