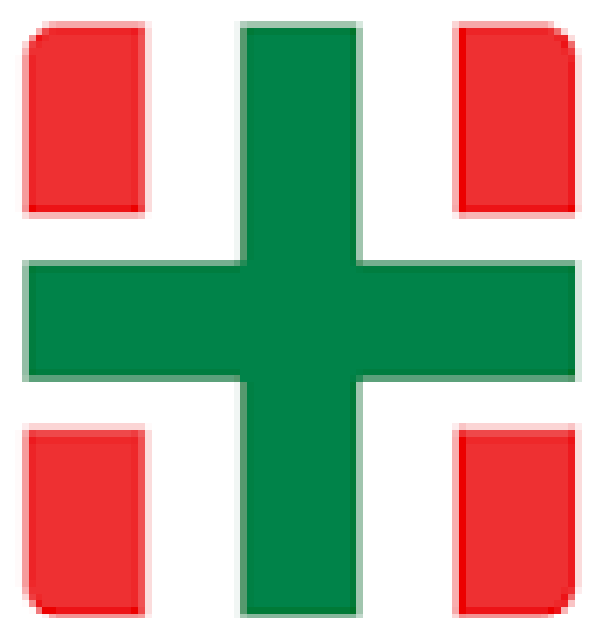




Serial cervical-length screening identifies a substantial proportion of spontaneous preterm birth <32 weeks in uncomplicated triplet pregnancies

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OBJECTIVE

Triplet pregnancies are at high risk of spontaneous preterm birth (sPTB), yet cervical-length (CL) screening is not routinely used due to uncertain performance.

The study **aim** to evaluate the ability of serial CL measurements between 18+0 and 29+6 weeks to predict sPTB <32 weeks in uncomplicated triplets.

METHODS

- Retrospective cohort (2011-2025) at Hospital Italiano de Buenos Aires.
- Inclusion criteria**
 - ≥2 CL measurements between 18–29+6 weeks
 - Known outcomes.
- Exclusion criteria**
 - Complications associated with sPTB (ie.TTTS) or iatrogenic delivery <32 weeks.
- A positive screen was defined as **any CL ≤25, ≤30 or ≤35 mm**.
- Test performance** was assessed using sensitivity, specificity, predictive values, likelihood ratios and AUC.

RESULTS

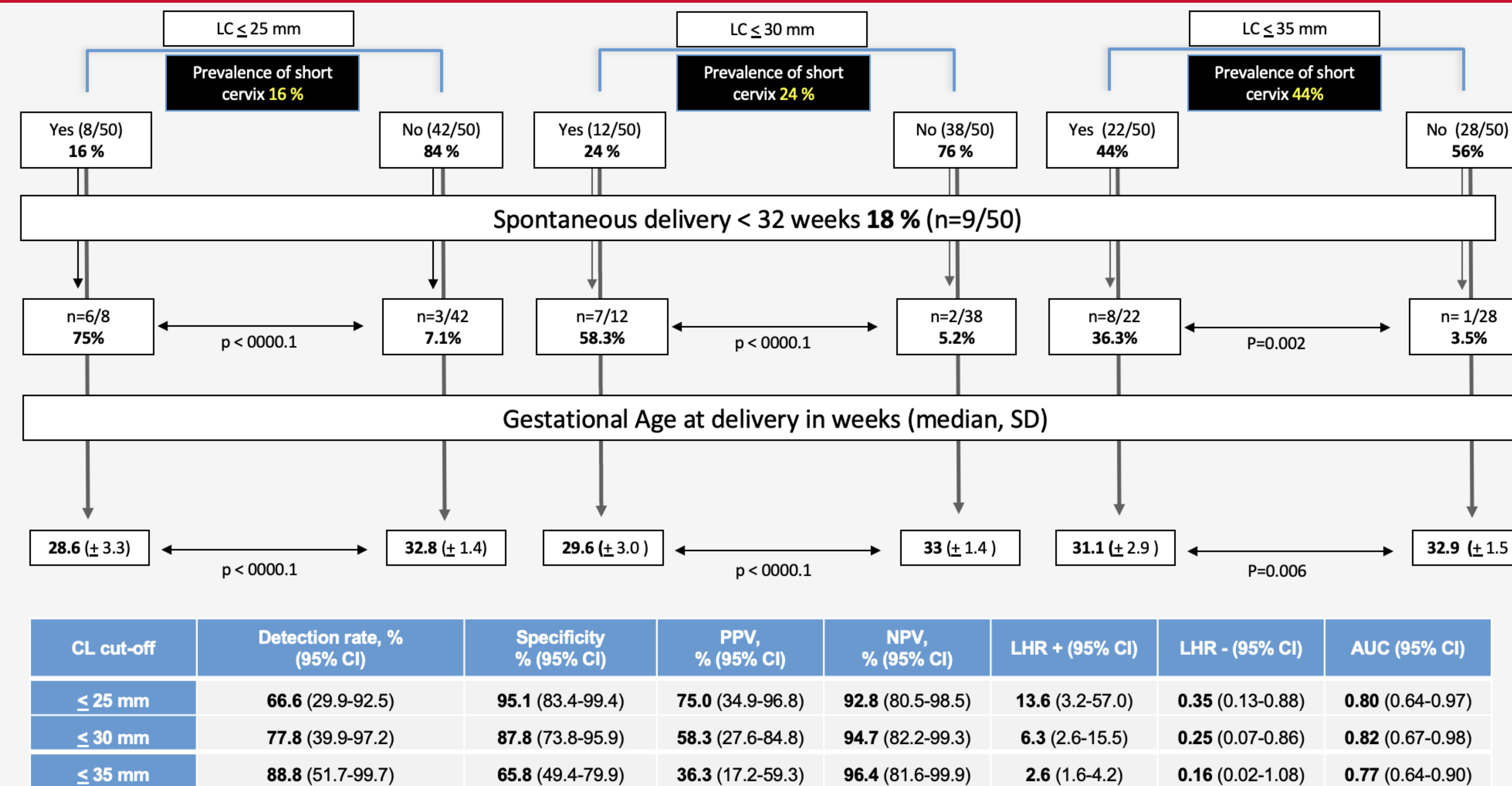


Figure 1: performance of serial CL measurements as a predictor sPTB <32 weeks gestation in 50 uncomplicated triplet pregnancies with different CL cut-off

CONCLUSIONS

- Serial CL screening detects a substantial proportion of sPTB <32 weeks in otherwise uncomplicated triplet pregnancies with a low false-positive rate, supporting its role for risk stratification. Whether this improves outcomes remains uncertain; however, earlier identification may support timely in utero transfer and optimization of antenatal interventions, including corticosteroids and magnesium sulfate.