



EP16.117 Cerclage outcomes by OBGYN vs. MFM: insights from a multicenter international study

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Introduction

Cerclage placement requires specialized training and may be performed by trained general obstetrician-gynecologists (OBGYN) or maternal-fetal medicine (MFM) specialists. MFM service access is limited

Objective:

To evaluate whether cerclage outcomes differ by provider type

Methods:

Design: Retrospective cohort from 6/2016–8/2020

Location: Centers in the U.S. (6) and Colombia (2)

Population: Singleton pregnancies managed with vaginal cerclage for ultrasound, history, physical exam or indications

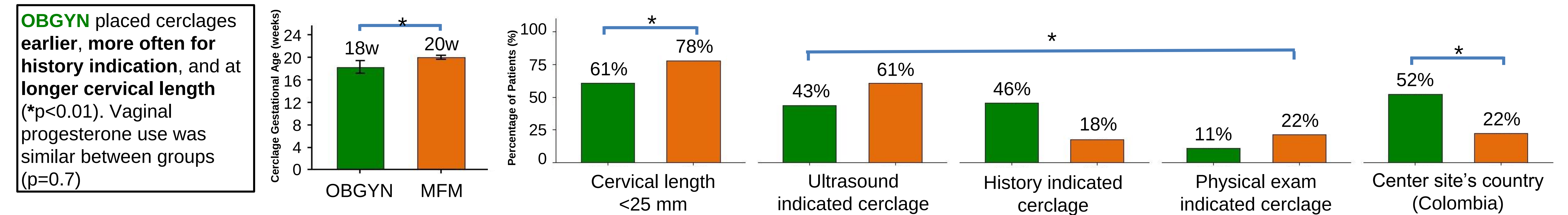
Exclusion: pregnancies without provider/outcome data

Outcomes:

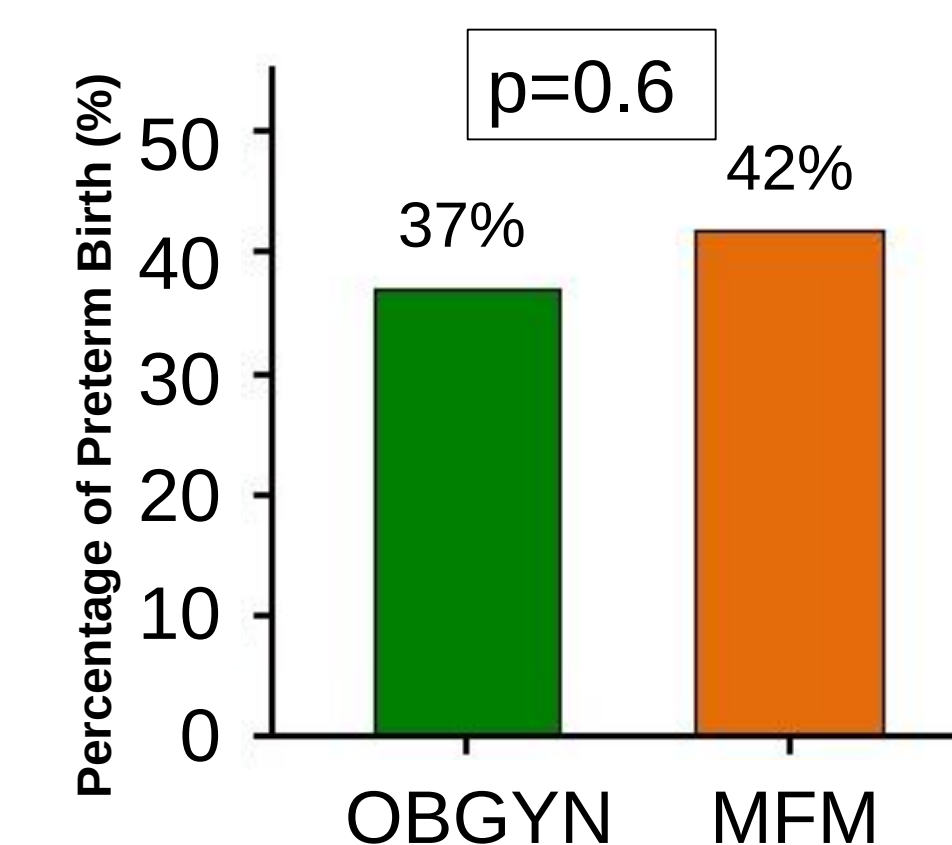
- Rate of spontaneous preterm birth (<37 weeks)
- Latency to spontaneous delivery (censored at 37 weeks) estimated by multivariable Cox-regression
- Exploratory subgroup analyses by cerclage indication

Results: 389 cerclages in singletons: 46 (12%) placed by OBGYN & 343 (88%) placed by MFM

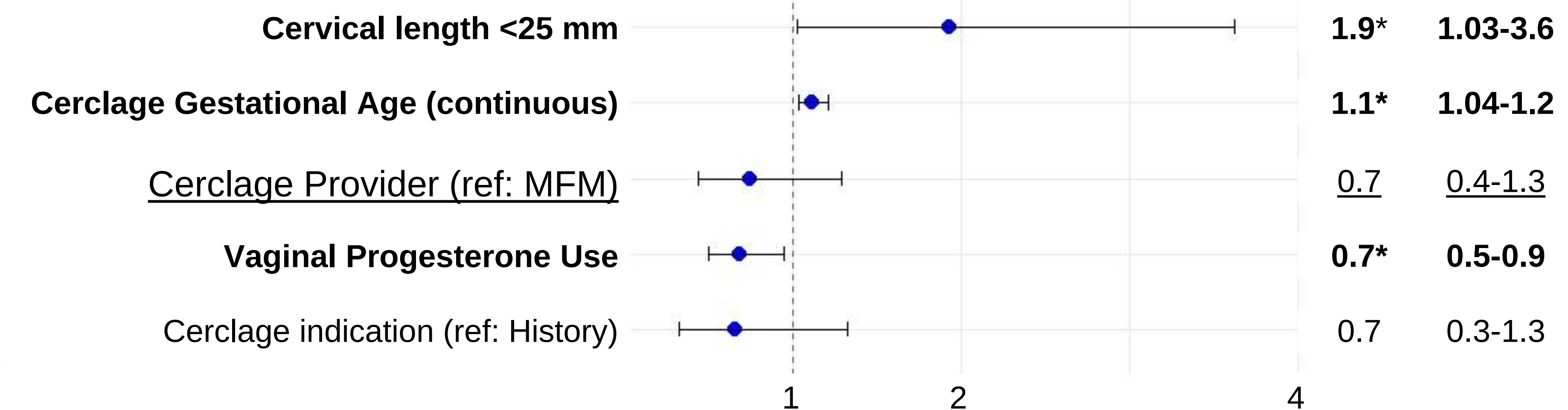
Clinical characteristics:



Unadjusted Preterm Birth Rate (<37w)



Adjusted Cox regression: latency to spontaneous delivery before 37w (stratified by Country)



Exploratory subgroup analyses : latency to spontaneous delivery

- **History indicated**• : HR: 0.9, 95%CI: 0.4-2.2, p=0.9;
- **Ultrasound/Physical exam indicated**• : HR 0.8, 95%CI: 0.4-1.5, p=0.4;
- **Short cervix (<25 mm)**▲: HR 0.8, 95%CI: 0.4-1.6, p=0.6.

OBGYN vs. MFM (reference);
•adjusted for cerclage gestational age, cervical length, and vaginal progesterone use
▲adjusted for cerclage gestational age, and vaginal progesterone use

Conclusions

- Spontaneous preterm birth after vaginal cerclage did not differ by provider type
- OBGYN placed cerclages earlier and more often for history indication; similar latency in patients with short cervix suggests a role for OBGYN training and procedural support where MFM access is limited