

Evaluation of preterm birth rates post cervical cerclage.

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Objective: To evaluate the impact of cervical cerclage on preterm birth (< 37 weeks’ gestation) in high-risk women in a preterm birth clinic, following implementation of the Saving Babies Lives Bare Bundle V.2 in review the outcome of pregnancies that had this procedure and were assessed, treated, and managed in a newly developed preterm birth clinic in a district inner-city district general hospital.

Design: Retrospective analysis of all women at high risk of preterm birth attending the specialist preterm birth clinic.

Methods: We identified all pregnancies managed with a cervical cerclage in the preterm birth clinic from April 2020 to June 2021. Data were obtained from the obstetric ultrasound database and patient records. Outcomes were preterm birth < 37 weeks’ gestation, < 34 weeks’ gestation and late miscarriage rate (15+0-22+6 weeks’ gestation).

Results: 127 women who attended the preterm birth clinic during the study period, had a cervical cerclage. Data was available for 97% (30/31) of the women with cerclage. 90% (27/30) of women had a transvaginal cerclage and 10% (3/30) were referred to a tertiary centre for a transabdominal cerclage. 73% (22/30) of cerclage were ultrasound-indicated and 27% (8/30) were history-indicated. Vaginal progesterone was prescribed to 50% (15/30) of women with a cerclage.

Outcome data were available for 30 women, as one woman was transferred to an out of the area no outcome data was available for her pregnancy. Mean gestational age at delivery was 38.4 weeks Preterm birth rate < 37 weeks’ was 6% (2/30), 10% (3/30) < 34 weeks, and 6%(2/30) women had a late miscarriage following 1) rescue cerclage and One after MacDonald cerclage.

Conclusion: Compared to previous studies, the high-risk women managed with cervical cerclage in this preterm birth clinic had excellent outcomes, with 78% delivering at term. This may be due to the individualised approach to preterm birth management recommended in the Saving Lives Care Bundle V.2, compared to protocol-driven treatment strategies based purely on cervical length. Whether the use of vaginal progesterone in addition to cerclage contributed to these results needs further evaluation.

