

Ultrasound-Indicated and Emergency Cervical Cerclage Performed at Queen’s Hospital

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Introduction & Background

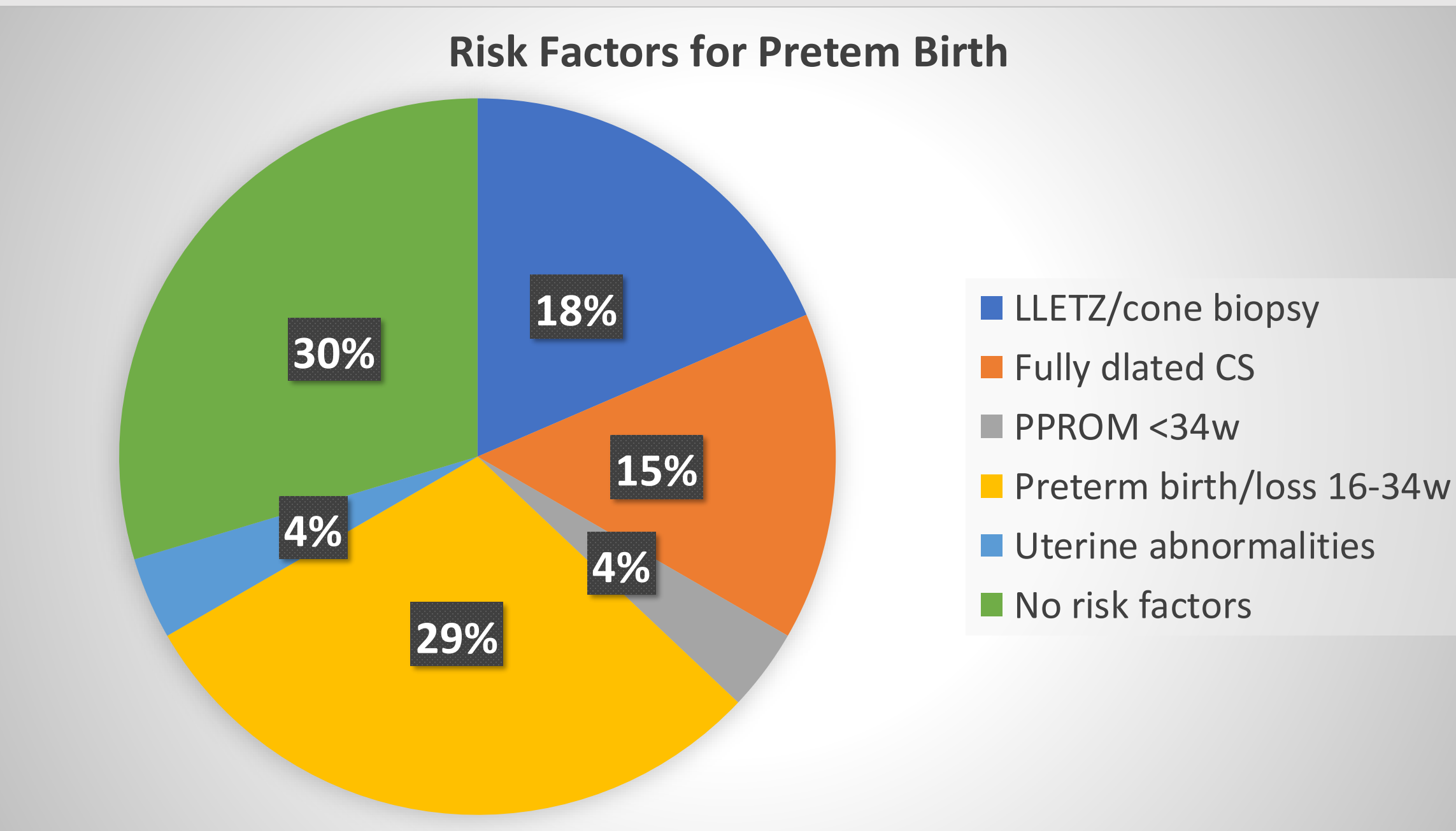
Despite advances in medicine in the last decades, preterm birth remains the most important single determinant of adverse fetal outcomes. Cervical cerclage is a known effective intervention for the management of pregnancies at high risk of preterm birth.¹

Aims & Objectives

This audit aims to determine the number of ultrasound-indicated and emergency cerclages performed, preterm delivery, and maternal and fetal outcomes.

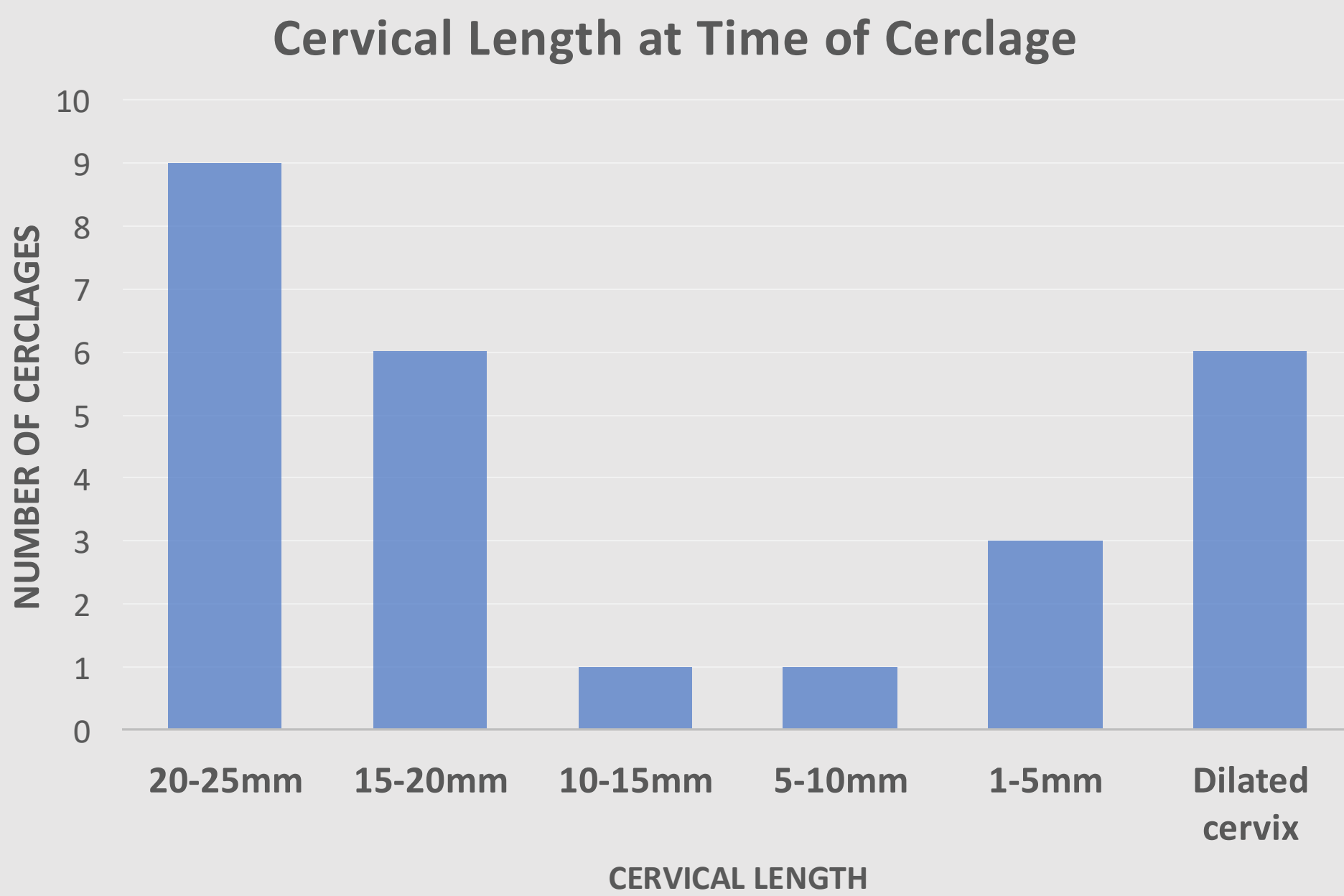
Design & Methodology

Retrospective review of demographic and outcome data for all ultrasound-indicated and emergency cerclages performed at Queen’s Hospital between 1st November 2022 and 31st January 2024.



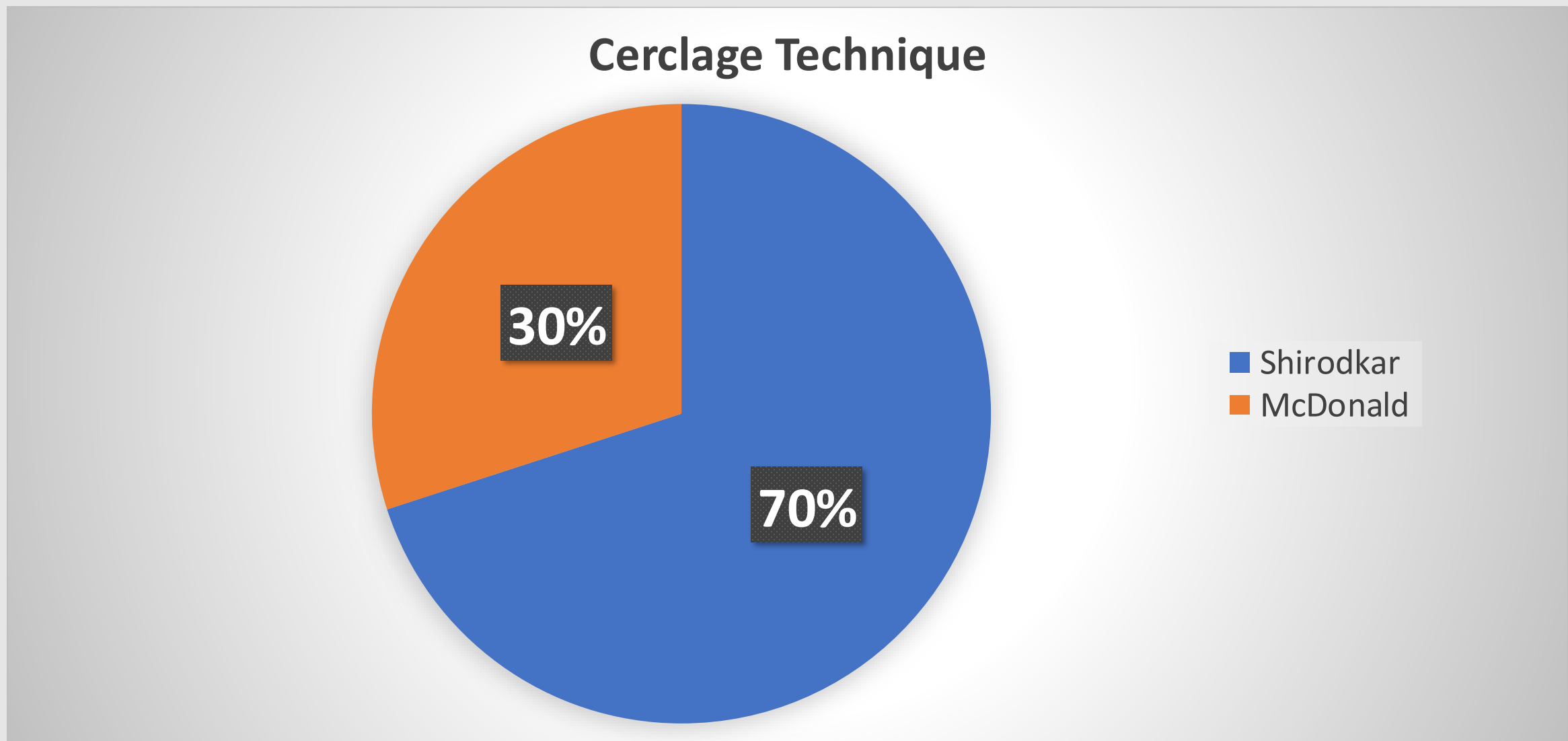
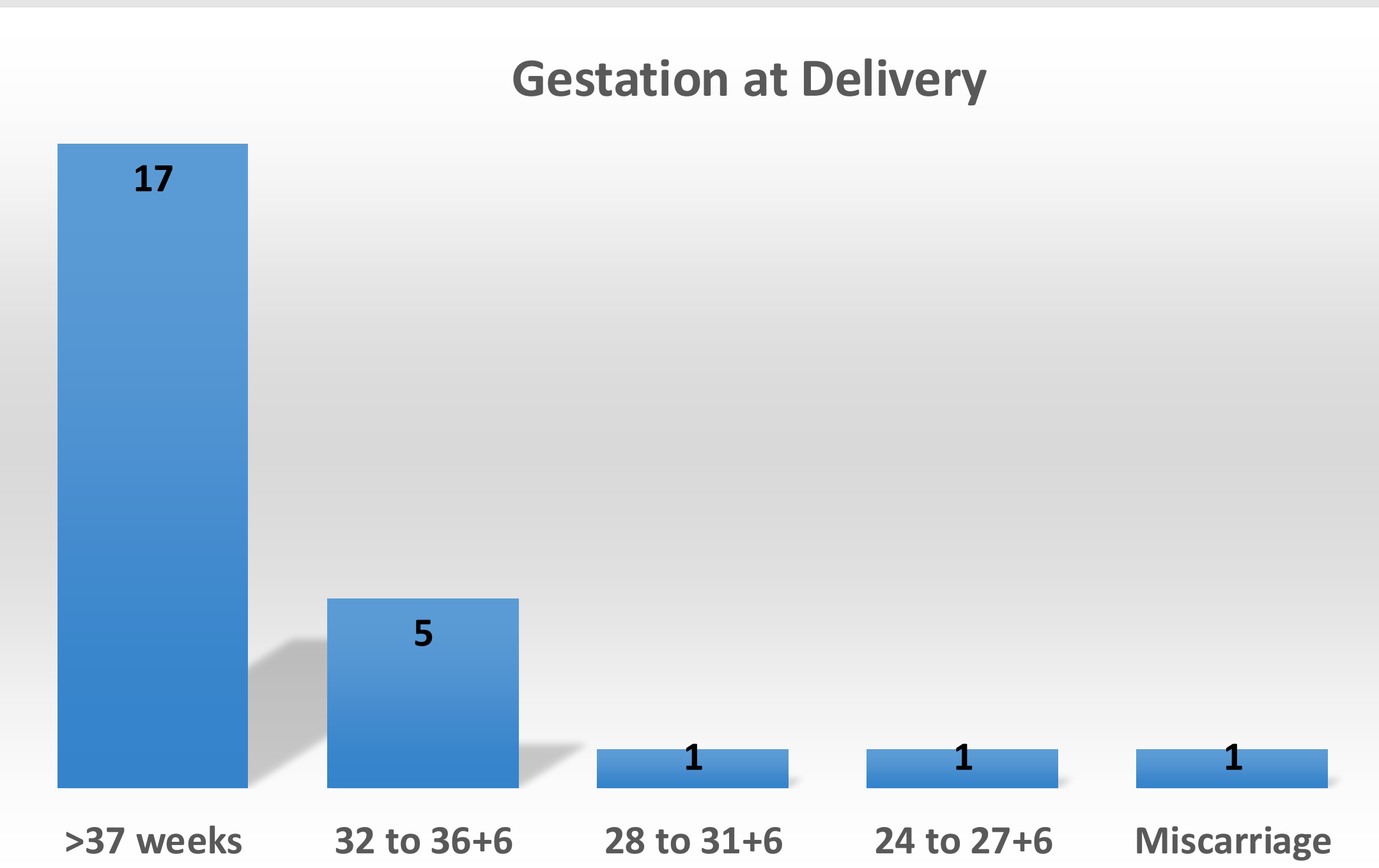
Results

- 27 women in total underwent ultrasound-indicated and emergency cerclages.
- 13/27 (48%) were multiparous and 14/27 (52%) were nulliparous.
- 6/27 (22%) women were symptomatic whilst 21/27 (78%) were asymptomatic.
- 32% had previous preterm birth or second trimester loss, 20% had previous cervical trauma, 16% had a previous fully dilated caesarean section, 4% had previous preterm prelabour rupture of membranes (PPROM), and 4% had uterine abnormalities.
- The most popular time to insert cerclages was 20 to 20+6 weeks gestation, with 11/27 of cases.
- 9/27 (33%) cerclages were performed with CL of 20-25mm, 6/27 (22%) with CL 15-20mm, 1/27 (3.7%) with CL 10-15mm, 1/27 (3.7%) with CL 5-10mm, and 3/27 (11%) with CL 1-5mm. 6/27 (22%) had a dilated cervix.
- With regards to gestation of delivery, 17/27 (69.9%) delivered after 37 weeks gestation, 5/27 (18.5%) delivered 32-36+6 weeks gestation, 1 (3.7%) delivered 28-31+6 weeks gestation and 1 (3.7%) delivered 24-27+6 weeks gestation. There was one miscarriage.
- Two women underwent two cerclages twice in the same pregnancy after the first one failed.
- 70% of cases underwent Shirodkar technique whilst 30% underwent McDonald.
- Mersilene was used in 70% of cases compared to Ethylon in 30%.
- Antibiotics and progesterone were given to all women following cerclage.
- PPROM and chorioamnionitis occurred in 4 cases (14.8%). Unfortunately, there was one case of maternal death caused by severe sepsis following insertion of second cervical cerclage.



Conclusions

70% of women delivered at term following cerclage at our unit. On the other hand, we have learnt that a second cervical stitch should be avoided in our cohort as this leads to adverse maternal and fetal outcomes. Shirodkar is the preferred method in patients with high risk of preterm delivery and should only be performed by trained and experienced consultants.²



References

- Shennan AH, Story L; the Royal College of Obstetricians, Gynaecologists. Cervical Cerclage. BJOG 2022;129:1178–1210.
- Story L, Shennan A. Cervical cerclage: An evolving evidence base. BJOG. 2024;131(12):1579–1586.

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