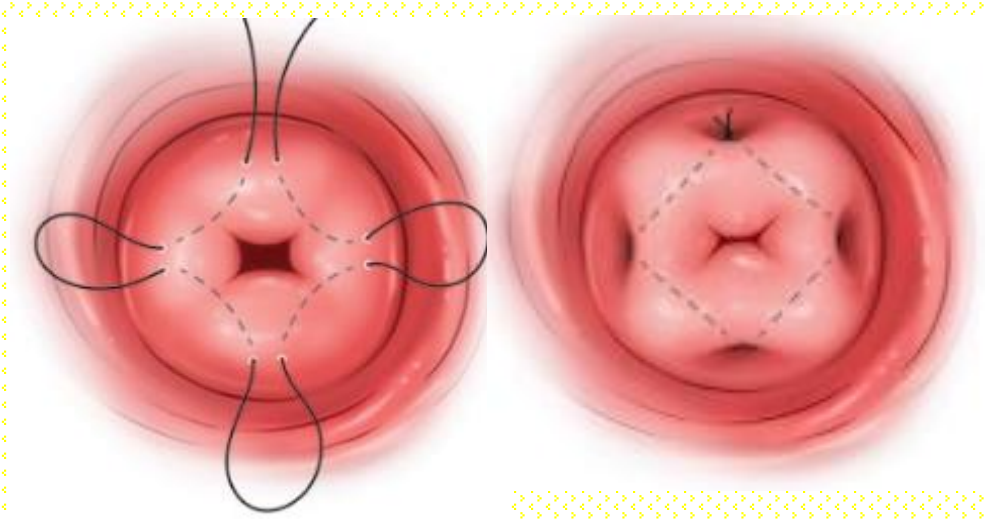


# Cervical stitch outcomes for high risk of pre-term births in a tertiary centre.

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## INTRODUCTION:

Preterm birth (birth <37+0 weeks), is a common complication of pregnancy, comprising around 8% of births in England and Wales. Prematurity is the most significant cause of mortality in children under five and has significant morbidity in surviving infants. Cervical stitch is one of the new recommendations for prevention of premature births in line with saving babies lives report 2023.

## OBJECTIVE:

To audit the outcomes of cervical stitch insertion in high risk of pre-term birth patients through a designated pre-term clinic in Queen Alexandra Hospital (Portsmouth). We hypothesise our outcomes are in line with current RCOG and Green Top guidelines. The aim was to assess the quality of care in Queen Alexandra Hospital.

## METHODOLOGY

Retrospective study

All woman who had a cervical cerclage- Total of 36

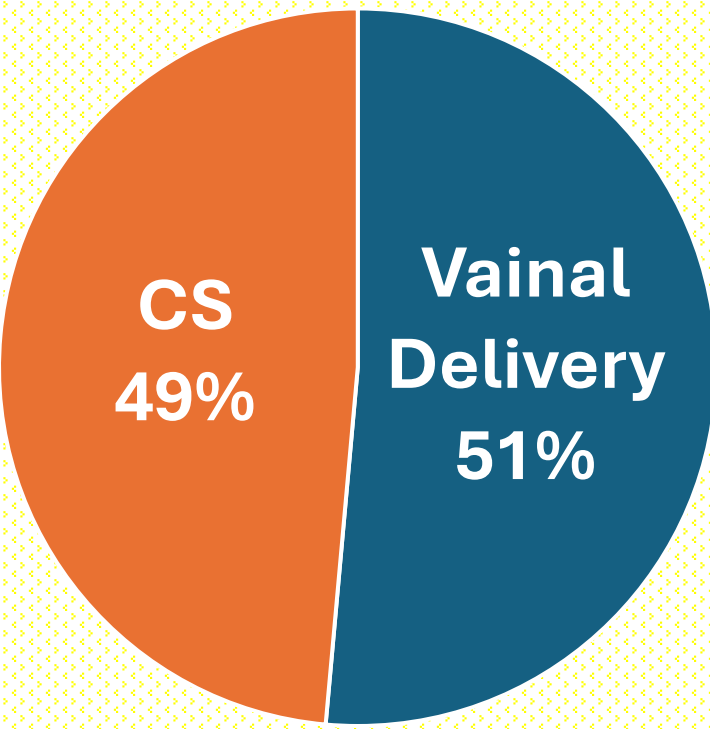
(February 2021 -February 2024)

Reviewed patients' Badgernet electronic notes and collected data on a set proforma on an Excel sheet

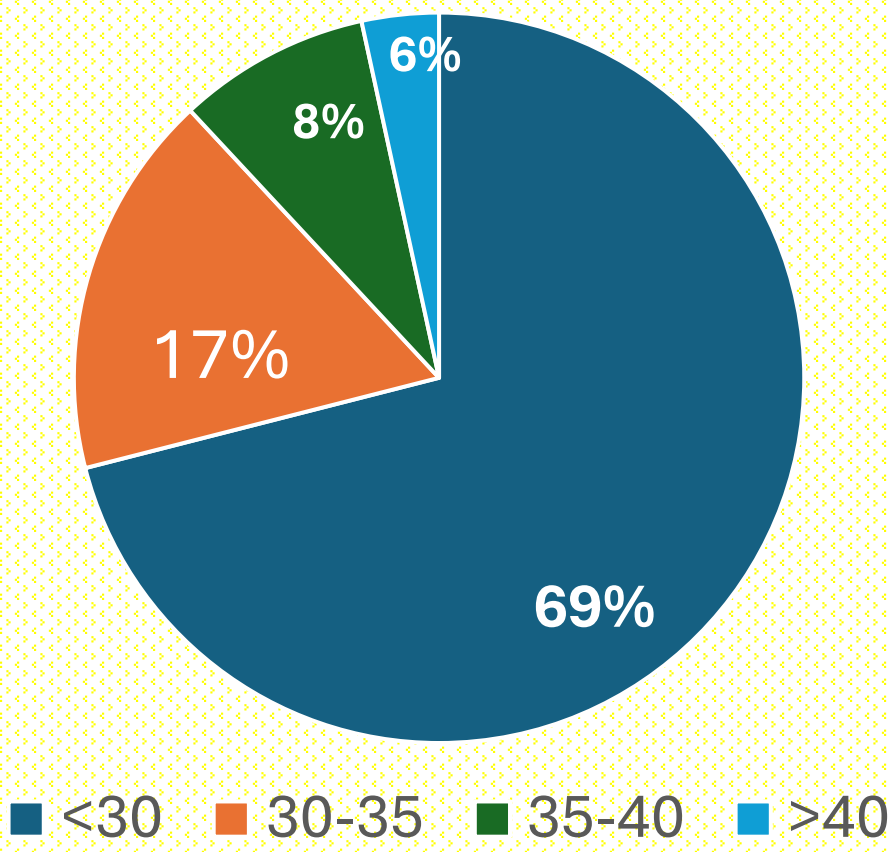
## RESULTS:

There were 100% live births.

Mode of delivery



Women's BMI during cerclage



### History-indicated cerclage:

Woman's obstetric or gynaecological history, which increase the risk of spontaneous second trimester loss or preterm birth.

### USS- indicated cerclage:

in cases of cervical length shortening seen on transvaginal USS

### Emergency cerclage:

Insertion of cerclage as a salvage measure in the case of premature cervical dilatation with exposed fetal membranes in the vagina.

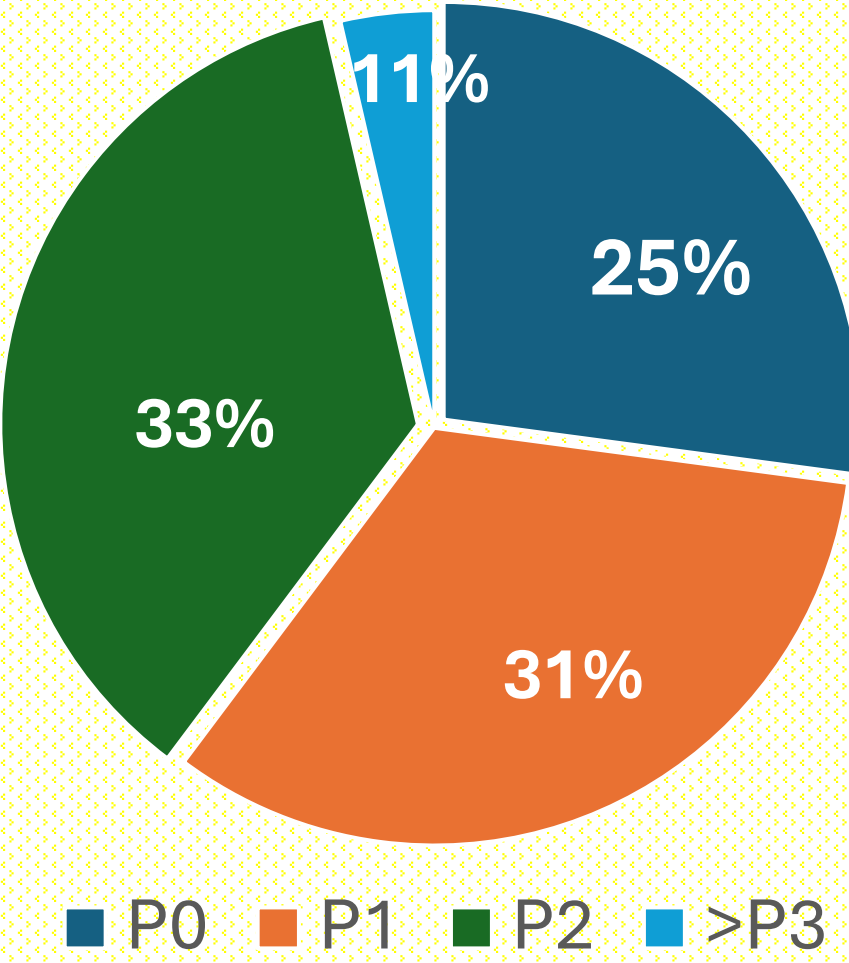
Maternal WBC And CRP before emergency cerclage



USS and aneuploidy screening prior to insertion



Parity of women who had cerclage



One patient had care Transferred out of country and outcome was unknown.

There were **100% livebirths** of which **51% delivered vaginally** and **49% via Caesarean section**.

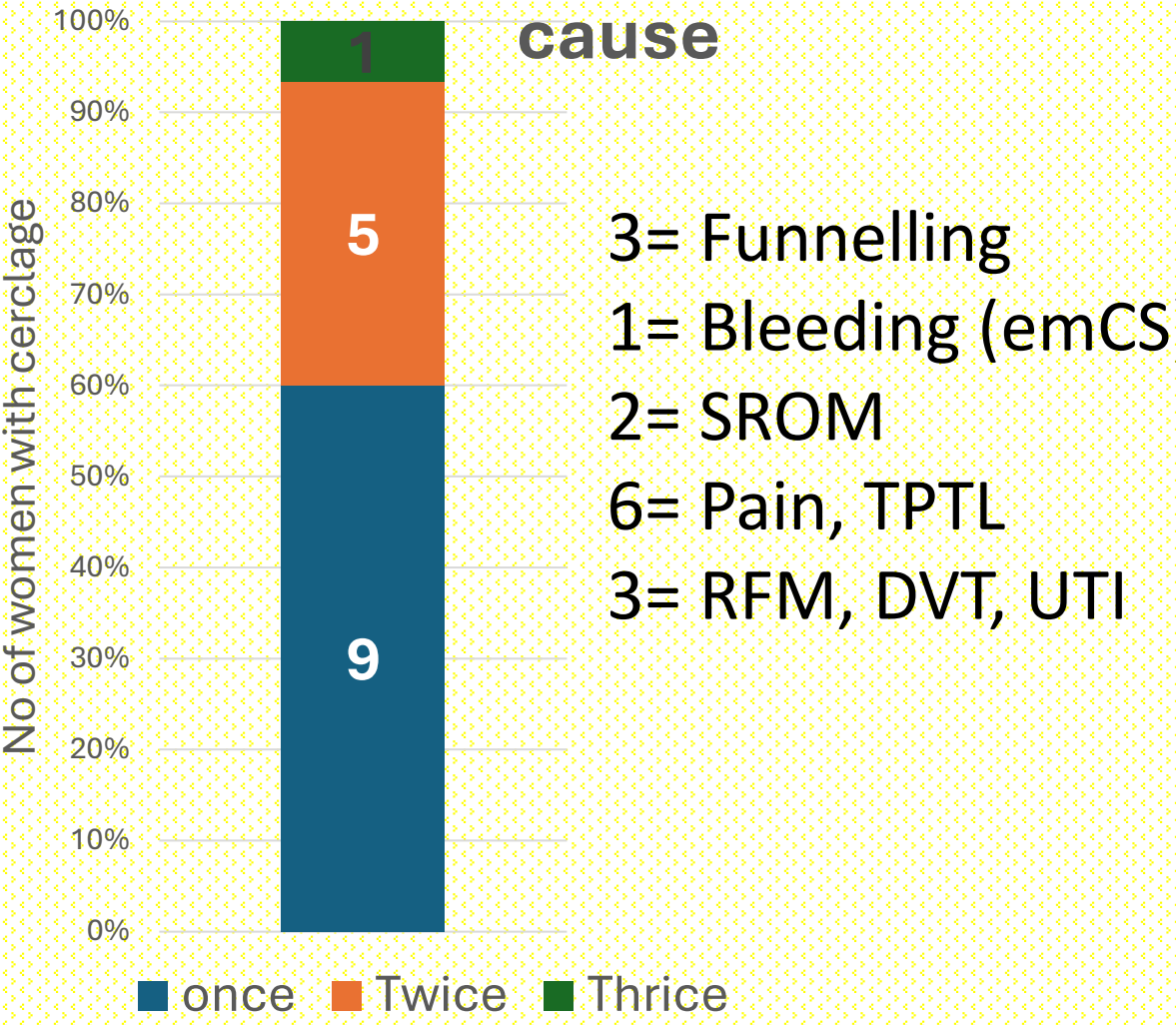
In line with recommendations **28 = History indicated cerclage**, **7= USS indicated cerclage**, **1= Rescue cerclage**.

First trimester USS and aneuploidy screen was performed in **100%** of women.

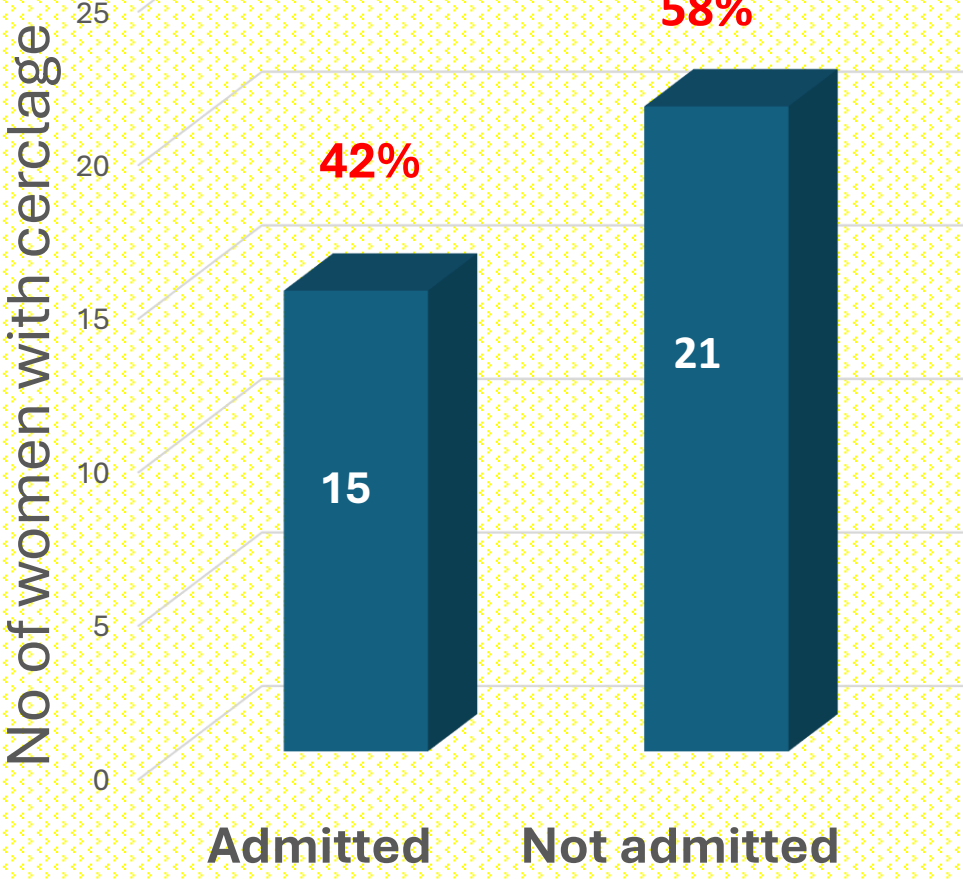
Total time patients were admitted to hospital amounted to **2hours** per week.

14% of babies were born before 32 weeks. 11% between 32 and 37 weeks. 74% of babies were born term. **>85%** of babies had Apgar more than 7 at 1 and 5 minutes. Babies born with Low Apgar were very preterm (<32 weeks) or had fetal distress at term followed by LSCS. Percentage of babies admitted to NICU was **20%** for prematurity.

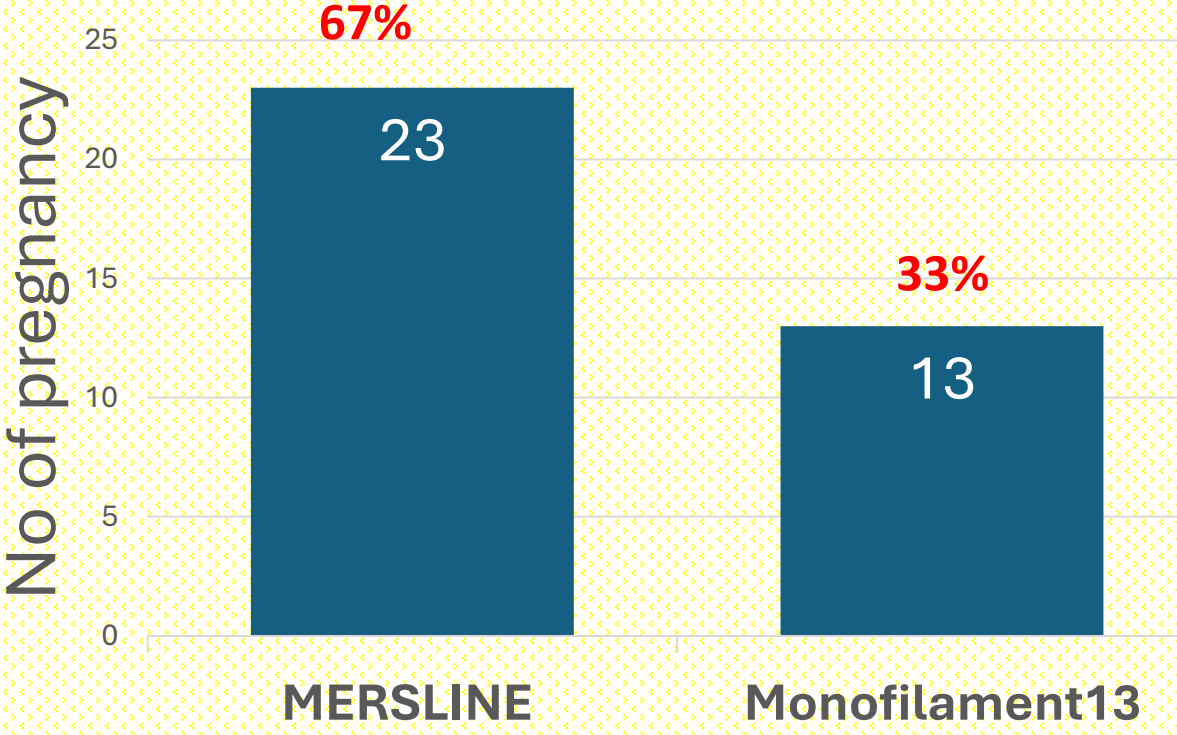
No of times admitted and cause



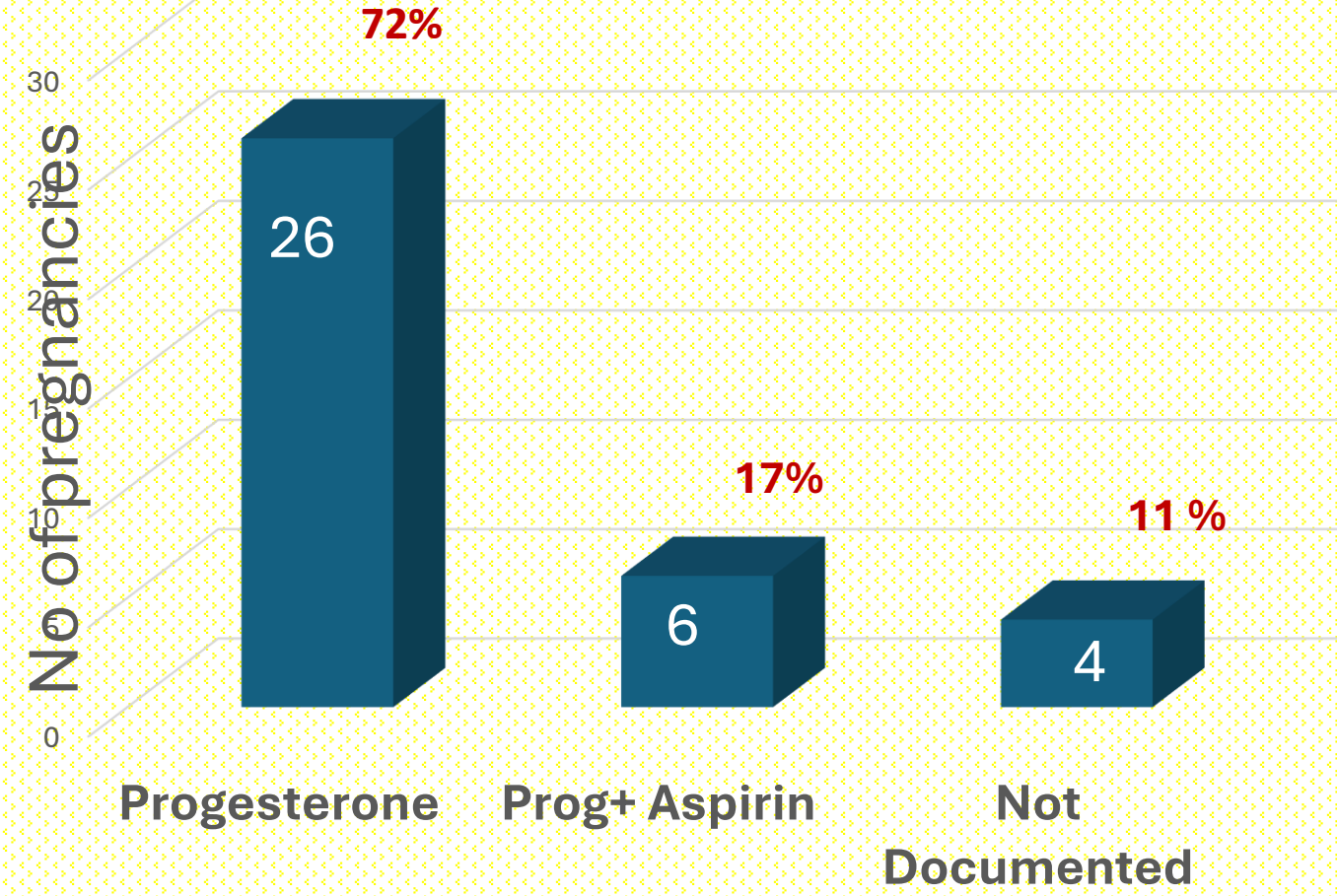
No of admissions



Type of Suture Material used

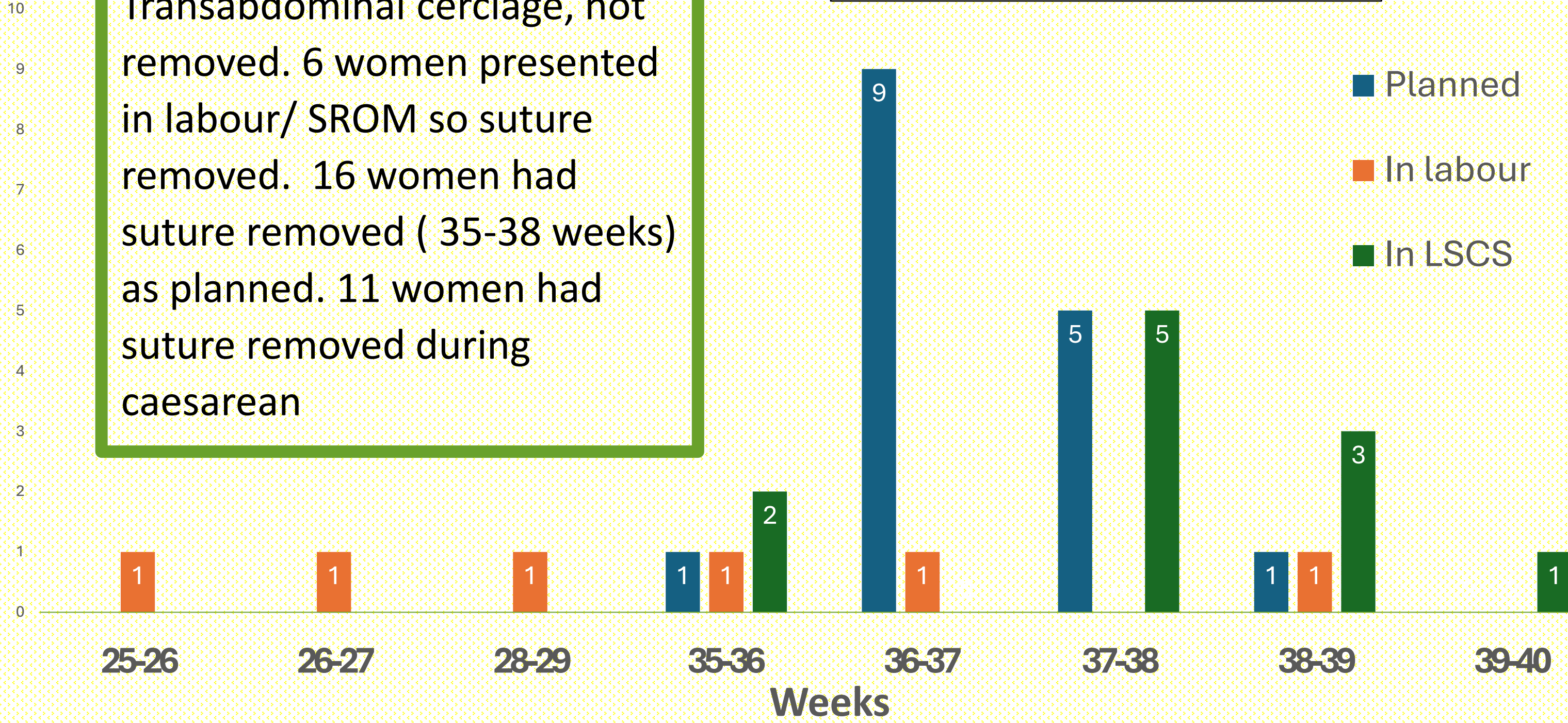


Medications: Progesterone / Aspirin

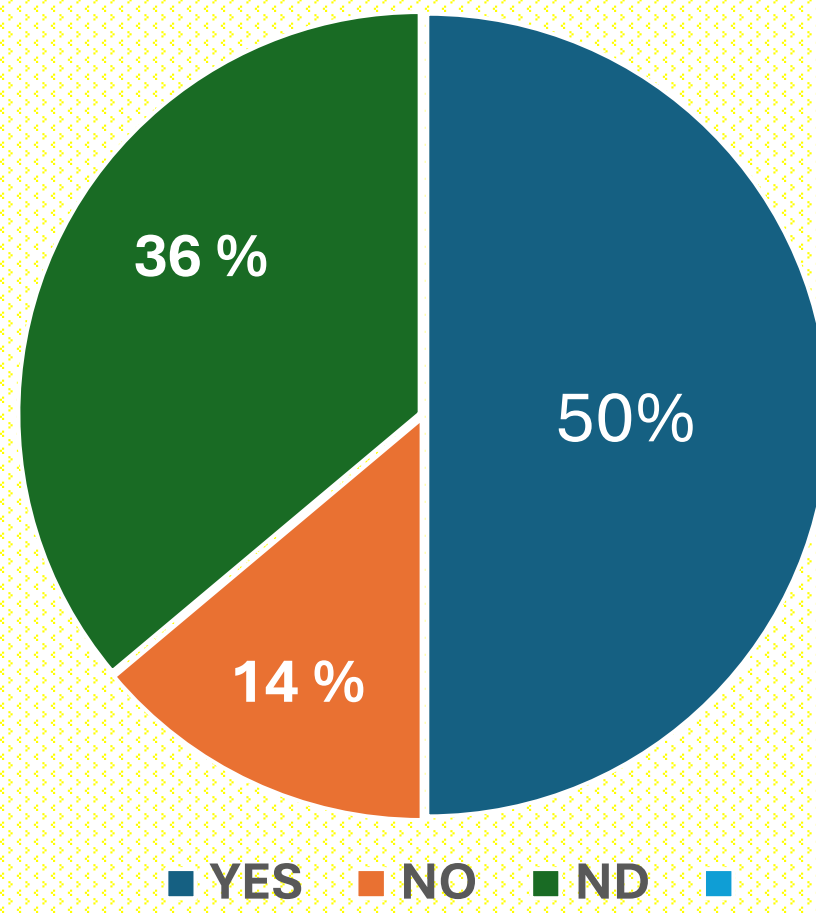


One transfer of care, two- Transabdominal cerclage, not removed. 6 women presented in labour/ SROM so suture removed. 16 women had suture removed ( 35-38 weeks) as planned. 11 women had suture removed during caesarean

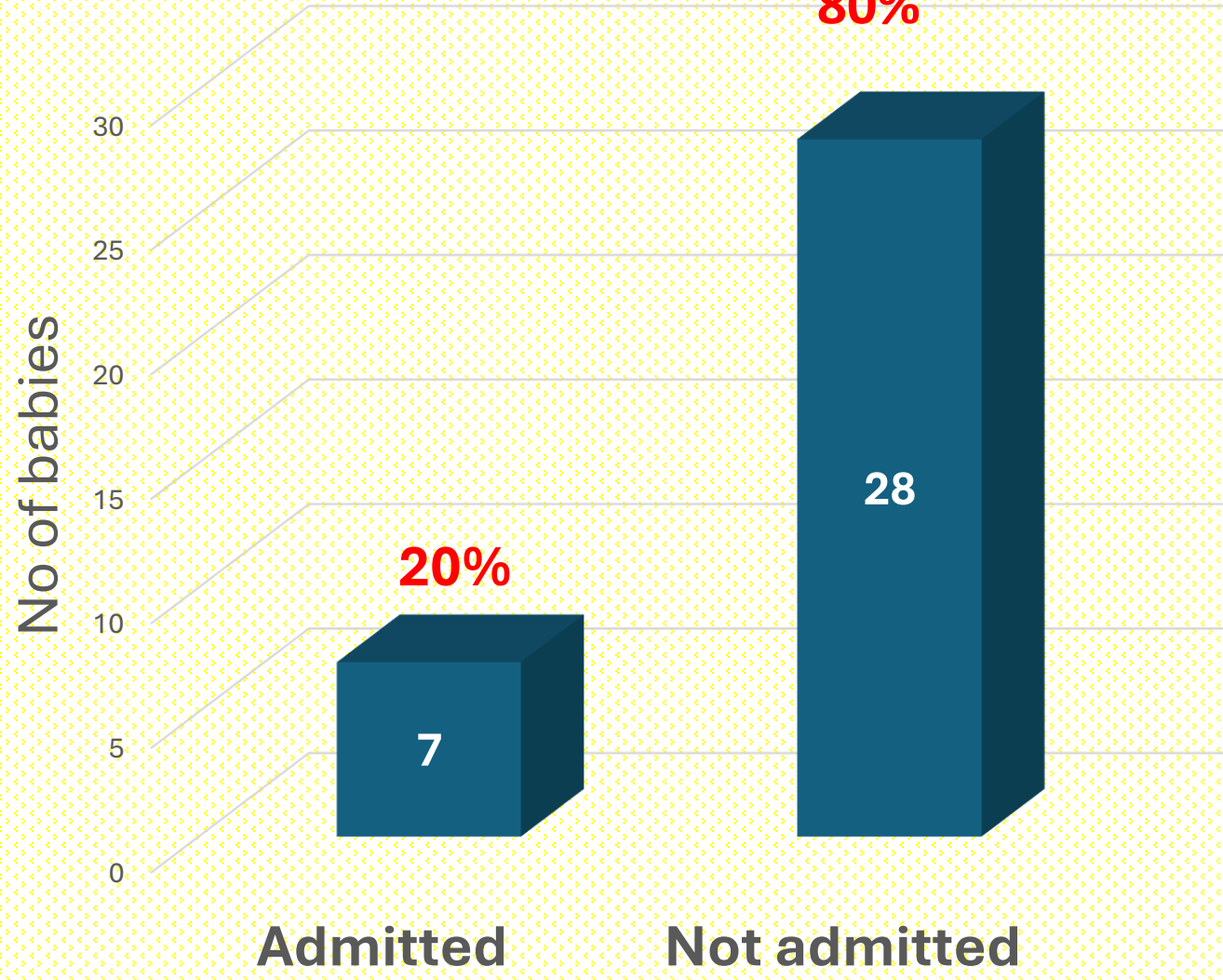
Removal of cervical suture



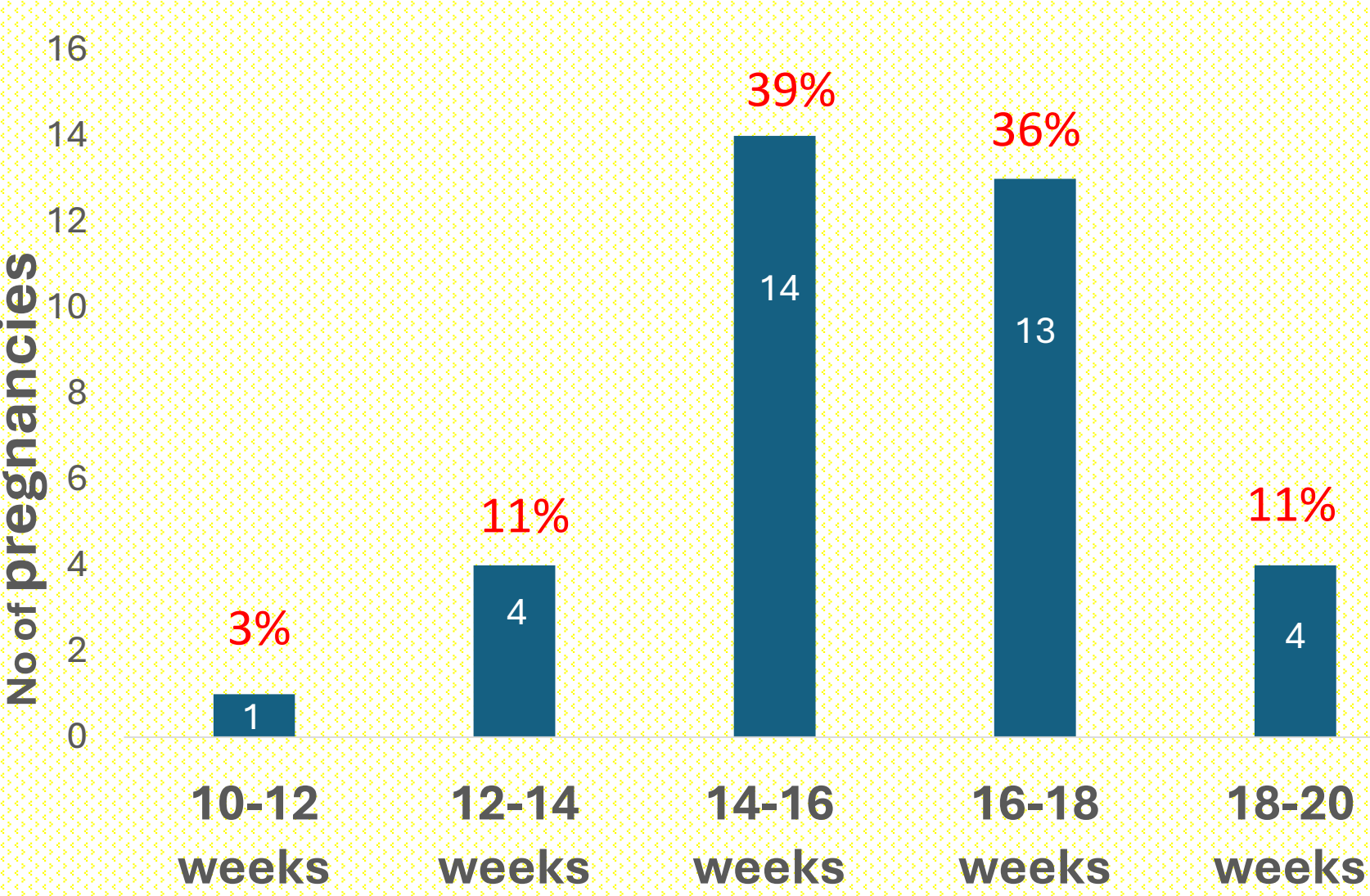
ANTIBIOTICS GIVEN BEFORE INSERTION



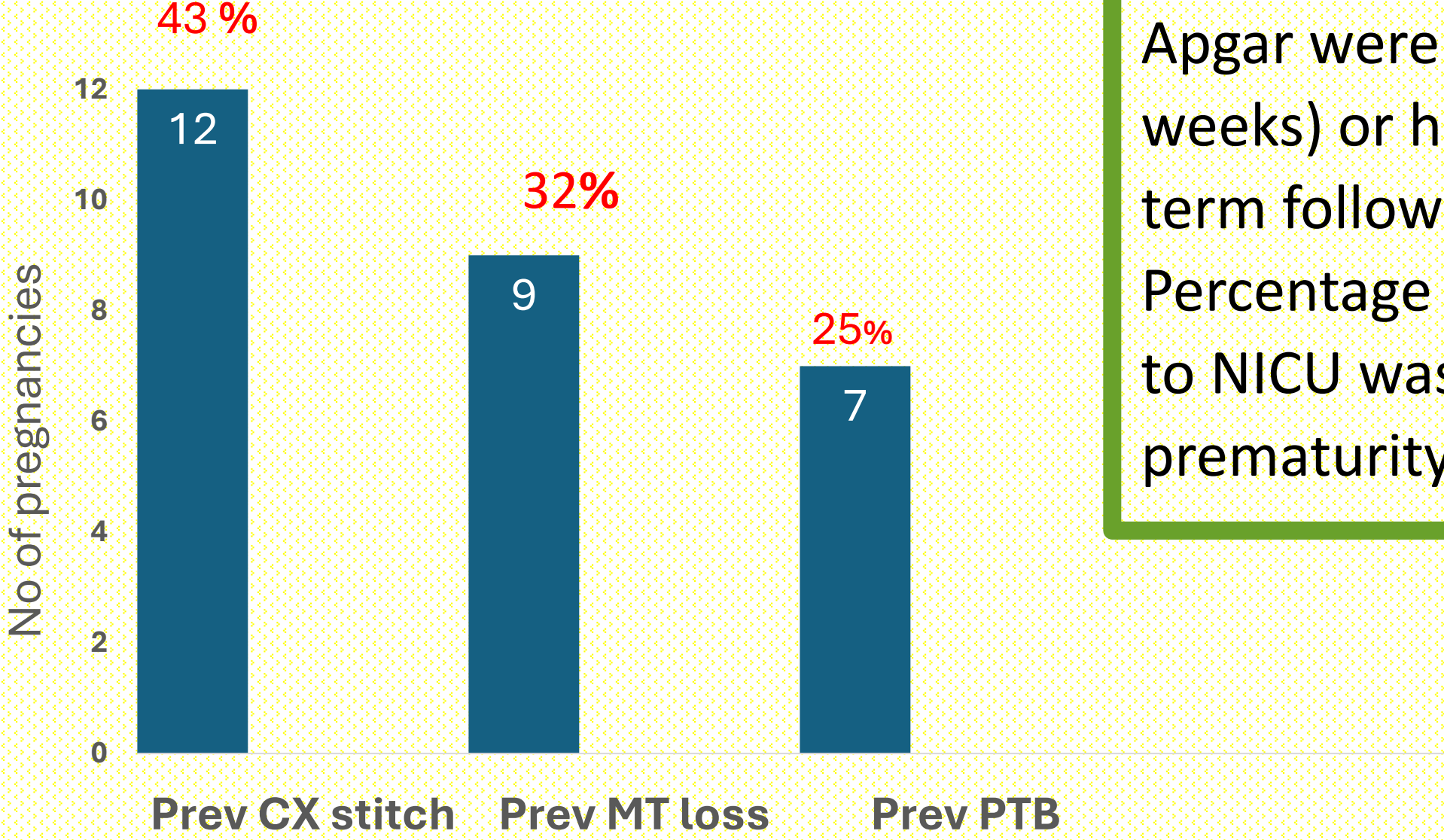
NICU admission



Gestation at time of insertion



History indicated cerclage



## REFERENCES:

England, N. H. S. (2023). Saving babies lives: a care bundle for reducing perinatal mortality version 3. London: NHS.  
Shennan, A. H., Story, L., & RCOG. (2022). Cervical cerclage: green-top guideline no. 75. BJOG: An International Journal of Obstetrics & Gynaecology, 129(7), 1178-1210.  
National Institute for Health and Care Excellence (2015). Preterm labour and birth (NICE Guideline 25). Last updated: 10 June 2022

## CONCLUSION:

- Pre-term prevention clinic is delivering high standard care in line with both RCOG and saving babies life's standards in QA hospital
- Outcomes for cervical cerclage were above expected national standards at QAH from Feb 2021 to Feb 2024.
- The presence of a designated pre-term clinic run by consultant and midwife specialists has resulted in the above expected care.