CERVICAL CERCLAGE: AN IN-DEPTH REVIEW AT A TERTIARY MATERNITY CENTRE

DR CHELSEA WATT

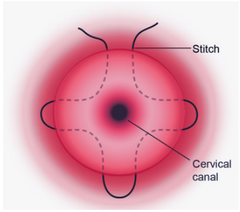
Gold Coast Hospital and Health Service

BACKGROUND

- A history of PTB is a risk factor for recurrent PTB; however, the majority of spontaneous PTBs occur in primiparous women.[1]
- Cervical integrity is likely to be a continuum influenced by factors related not solely to the intrinsic structure of the cervix but also to processes driving premature effacement and dilatation.[2]
- Cerclage remains one of the standard options for prophylactic intervention in the care of women at risk of preterm birth and second trimester fetal loss and is used by most obstetricians.[3]
- There is lack of consensus on the optimal cerclage technique, timing of suture placement, and optimal care following insertion.[3]

AIM

- This project aimed to review the indications for cervical cerclage as well as the intraoperative and postoperative management of women who have a cervical cerclage placed during pregnancy in a large tertiary maternity unit.
- Additionally, this research aimed to assess registrar exposure to cervical cerclage.



METHODS

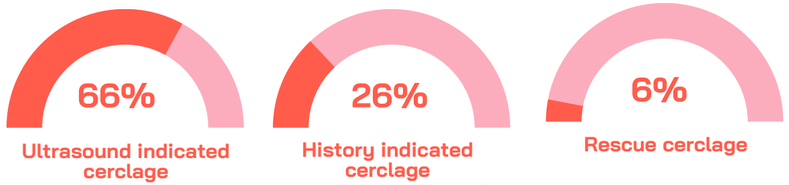
- This quality improvement initiative was a single-centre audit at Gold Coast University Hospital with the Maternal Fetal Medicine Department.
- We retrospectively analysed the demographics, indications for cervical cerclage as well as analysing cerclage technique, after care and follow up of these women.
- To assess the secondary outcome, a survey was sent to Registrars to assess exposure to cervical cerclage.

RESULTS

- There were 58 cervical cerclages placed between 2019 and 2023 at Gold Coast University Hospital.
- 94% of cases were performed by an MFM Specialist.
- 100% of sutures placed were using the McDonald technique and mersilene tape - a transvaginal purse-string suture placed at the cervical isthmus junction, without bladder mobilization.
- There is variation in postoperative care particularly regarding admission length, antibiotic use, use of tocolytics and frequency of ongoing cervical surveillance.
- 50% of patients who had a cervical cerclage placed, went on to have a preterm birth.
- Only 7% of registrars at this tertiary unit have been the primary surgeon for a cervical cerclage whilst 40% of registrars have not seen a cervical cerclage placed.

DISCUSSION AND CONCLUSIONS

- Whilst the definition of a shortening cervix used in the Department is consistent and in line with the RCOG guidelines [3] (<25mm), the management varied.
- The indications for cervical cerclage were in line with the three accepted indications for cervical cerclage:



- The RCOG Guideline [3] pertaining to cervical cerclage reports insufficient evidence to recommend routine antibiotics, tocolysis, progesterone pessaries and prolonged admission. These four areas of postoperative care, varied significantly between Consultants. In the absence of strong evidence, a tailored, patient-centered approach is recommended.
- This review has allowed identification of areas for improvement of the provision of consistent care across the health service and highlighted a lack of local policy regarding cervical cerclage management.
- At a tertiary centre, the MFM Department is the appropriate team to be managing patients at risk of preterm birth – as evidenced by 94% of cases being performed by an MFM Specialist.

However, only 7% of registrars at this tertiary unit have been the primary surgeon for a cervical cerclage whilst 40% of registrars have not seen a cervical cerclage placed.

- As a training hospital an area of particular focus needs to be on increasing learning opportunities for registrars to ensure acquisition of this surgical technique for those who will work in non-tertiary centres without an MFM Department.

REFERENCES

- 1. WHO: Recommended definitions, terminology and format for statistical tables related to the perinatal period and use of a new certificate for cause of perinatal deaths. FIGO. Acta Obstetricia Gynecologica Scandinavica 1977;56(3):247–53.
- 2. Withanawasam, N and Tara, S. (2019). The shortened cervix in pregnancy: Investigation and current management recommendations for primary caregivers. Australian Journal of General Practice. Volume 48, Issue 3.
- 3. Shennan AH, Story L. (2022). The Royal College of Obstetricians and Gynaecologists. Cervical Cerclage. BJOG 2022;129:1178–1210.