

Wishaw General Hospital
Women's Services Directorate

Guidelines for Serial Cervical Length Scanning

Indications for serial cervical length scanning:

- Previous second trimester loss, the cause of which is unclear (~ 0.25% population)
- Previous spontaneous preterm labour and delivery < 33 completed weeks providing no other cause identified eg abruptio placenta (~ 1% population)
- Previous > 1 LLETZ procedure (only exception to this is if clinician confirms that extensive biopsy taken)
- Previous cone biopsy of cervix
- Known uterine anomaly
- Women who have an elective cervical suture do not require serial scanning of cervical length but may benefit psychologically from the reassurance that such scans can offer.
- Women who have a cerclage on the basis of a short cervix (<25mm) or who have a rescue cerclage (cervical dilation) .
- Rare indications – eg consideration of amnio reduction to prevent preterm birth in severe polyhydramnios – at discretion of obstetrician capable of undertaking procedure

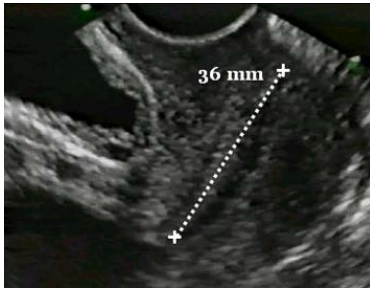
Timing of serial cervical length scanning:

- For previous preterm labour cervical length scans should be undertaken at 20, 22 and 24 weeks.
- For women with a previous 2nd trimester loss, cervical surgery or uterine anomaly offer fortnightly scans from 14- 24 weeks
- Women who have an elective cervical suture – timing at obstetricians discretion until 24 weeks
- Women who have a cerclage on the basis of a short cervix (<25mm) or who have a rescue cerclage (cervical dilation) may benefit from serial cervical length scans until 34 weeks to allow timely administration of steroids

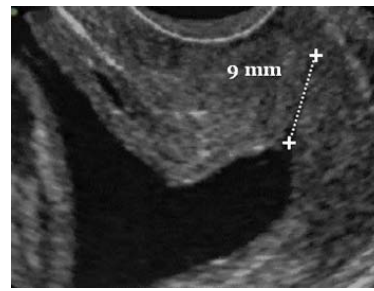
Measuring cervical length

This is best undertaken by the transvaginal route with an empty bladder. Calipers should be placed as shown and measurements taken from the internal to external os.

Note funnelling of the cervix in the absence of cervical shortening < 25mm is not associated with an increased risk of preterm labour and should not be commented on in the ultrasound report as this may lead to inappropriate clinician intervention.



Normal cervical length



Short cervical length

Managing results of cervical length scan:

In singleton pregnancies a cervical length of $< 25\text{mm}$ at $\leq 23\text{weeks} + 6\text{ days}$ is associated with an increased risk of preterm birth which can be reduced by $\sim 25\%$ by insertion of a cervical suture or vaginal progesterone 200 mgs administered daily until 34 weeks gestation.

The rate of preterm delivery is reduced even further if cervical length $< 15\text{mm}$.

Thus any woman with a cervical length $< 25\text{mm}$ who does not have an ongoing management plan in place should be referred to the maternity day care unit for review by medical staff.

References:

1. RCOG Green top guideline 60 Cervical Cerclage, November 2011
<http://www.rcog.org.uk/files/rcog-corp/GTG60cervicalcerclage.pdf>
2. Fetal Medicine Foundation: Certificates of Competence – Cervical assessment
<http://www.fetalmedicine.com/fmf/training-certification/certificates-of-competence/cervical-assessment/n>

Originator: Dr McLellan February 2014

Ratified: Clinical Effectiveness Group (Maternity) May 2014

Review: May 2017

This Guideline is currently being reviewed by the Maternity Clinical Effectiveness Group in regard to any changes. It remains a current guideline until the updated version is published.