

# Rescue Cervical Cerclage – an obstetric dilemma

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## Introduction

Cervical incompetence complicates 1% of pregnancies. Cervical cerclage is offered as an elective procedure based on history of cervical incompetence or ultrasound findings and, in some women, it is offered as an emergency procedure when the cervix is dilated to reduce the incidence of pre term delivery.

## Aim

Compare the outcome of women who had elective cerclage with those who had a rescue cerclage.

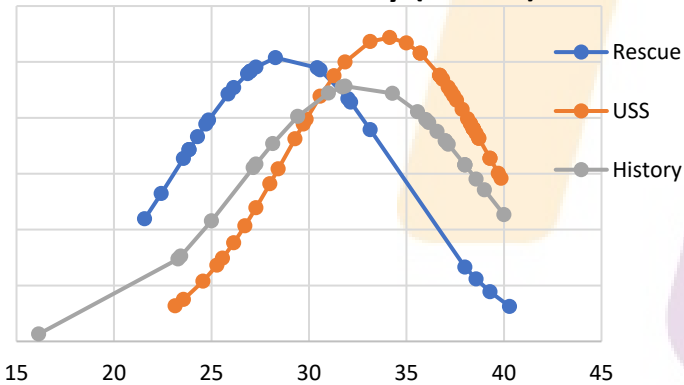
## Methods

Retrospective cohort study of women with a singleton pregnancy who had a cervical cerclage at RBWH, Qld, Australia between 2014-2019.

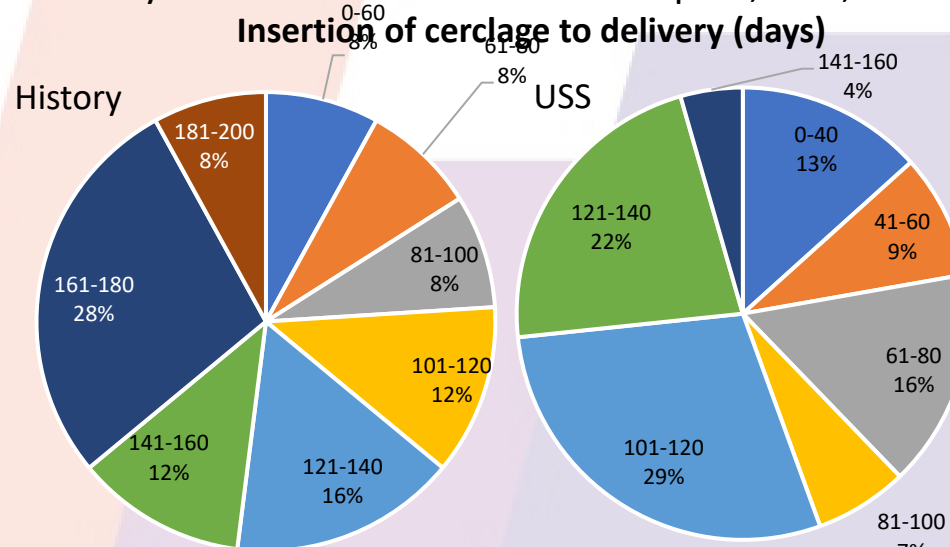
## Results

- Of the 94 women: 25 had a history indicated cerclage, 45 ultrasound indicated cerclage, 24 had rescue cerclage.
- PPROM rates were 28%, 26.7% and 50% respectively

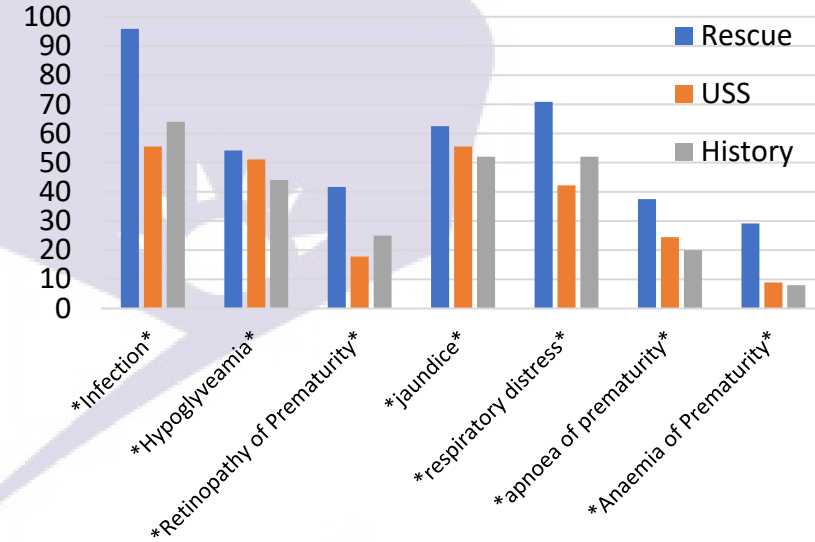
## GA at Delivery (Weeks)



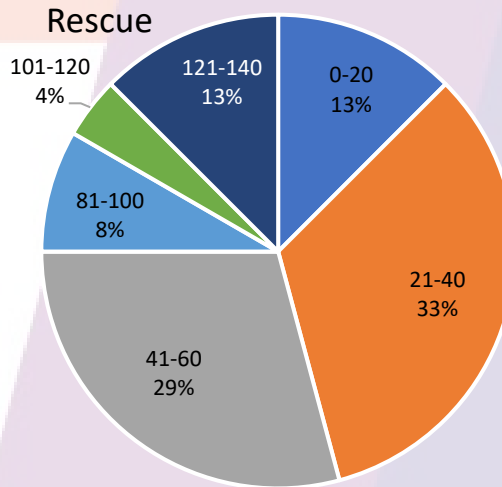
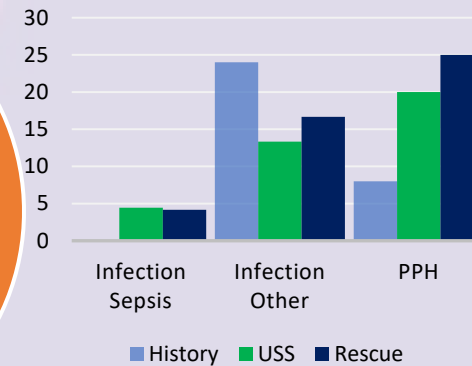
## Insertion of cerclage to delivery (days)



## Neonatal Complications %



## Maternal Complications %



## Neonatal Complications

- There were 2 NNDs in history group, 0 NND in USS group, and 5 (1 x stillborn, 3 x NND, 1x post-neonatal) deaths in rescue group.
- There were 64%, 60% and 71% SCN/ICN admissions, respectively.

APGAR	1 min			5 min		
	0-3	4-6	7+	0-3	4-6	7+
History (n=25)	3	7	15	3	1	21
USS (n=45)	8	9	28	0	3	42
Rescue (n=24)	9	4	11	5	2	17

## Discussion

Women who had a rescue cerclage inserted had higher pre term delivery, PPRM and neonatal admission rates compared to those who had prophylactic cerclage. Neonatal mortality and morbidity were also increased in the rescue cerclage group. There was no significant increase in maternal complications intrapartum/postpartum with rescue cerclage.