

To Rescreen or Not To Rescreen: Management of Low-Risk Patients with Cervical Lengths of 25-29 mm

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OBJECTIVE

To determine the rate of short cervix (<25mm) and characteristics that may inform cervical length (CL) screening protocols after a midtrimester CL of 25-29mm in low-risk patients.

METHODS

- Retrospective cohort study
- Single urban institution, 2016-2020
- Non-anomalous singleton gestations with no prior spontaneous preterm birth (PTB) and initial transvaginal ultrasound CL of 25-29 mm at 16wk0d – 22w6d, ≥1 additional CL assessments prior to 24 wks, and available delivery outcomes
- Primary outcome: Rate of CL <25 mm on follow-up
- Secondary outcomes: Number of and interval between CL measurements, change in CL, rates of PTB <34 and <37 wks, neonatal morbidity composite

RESULTS

- 100 patients, 41 (41%) progressed to CL < 25 mm
- Those who developed short cervix had a decrease in CL of 0.20mm per day vs. an increase of 0.19mm in those whose CL remained ≥25mm (p<0.001)
- CL <25mm was identified up to 55 days or 9 scans after initial ultrasound
- Follow-up CL< 25 mm was associated with significantly increased PTB <34 wks, <37 wks, and neonatal composite morbidity

(1) In low-risk patients with a CL of 25-29 mm at midtrimester ultrasound, there was a 41% rate of progression to CL < 25mm

(2) Follow-up CL <25 mm was associated with increased PTB risk and neonatal morbidity.

(3) Serial CL monitoring may be considered in this context, as progression to CL <25 mm occurred up to 55 days and 9 assessments after initial ultrasound

Figure 2: Time to Short Cervix from Initial Scan

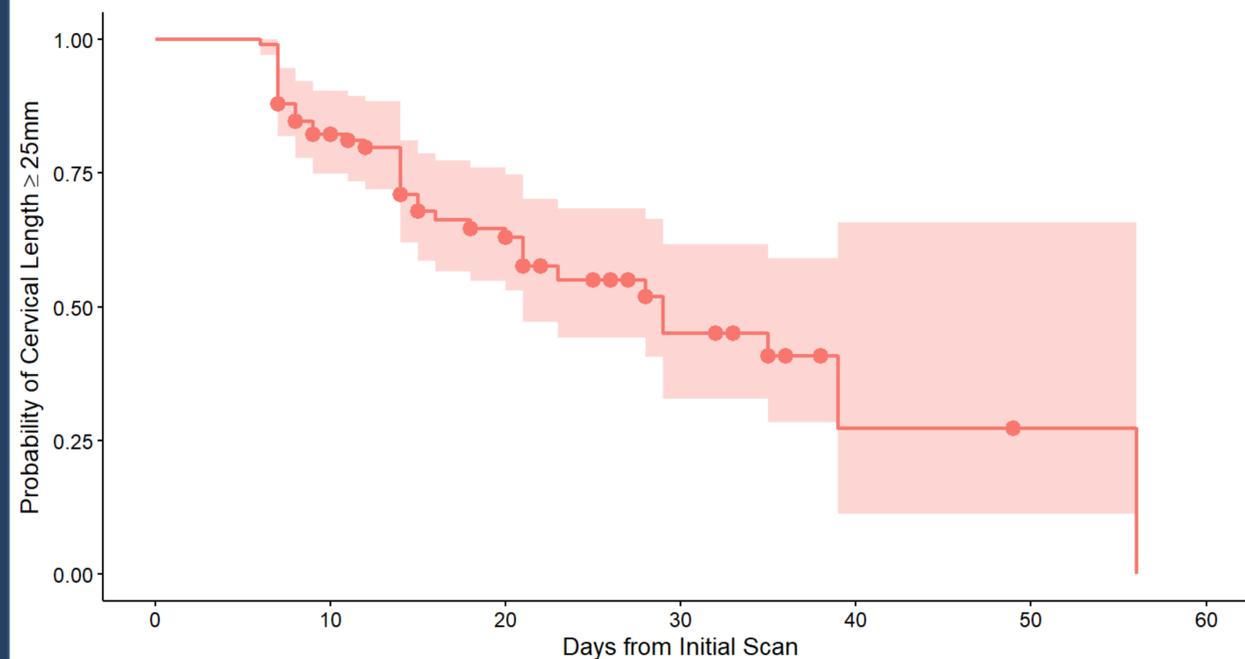


TABLE : Delivery Outcomes

	<25 mm CL	≥ 25 mm CL	p
Gestational age at Delivery (Weeks) Median [IQR]	38.6 [37.3 to 39.6]	39.0 [38.5 to 39.9]	0.02
PTB < 37 Weeks, N (%)	9 (22.0)	4 (6.8)	0.03
PTB < 34 Weeks, N (%)	5 (12.2)	1 (1.7)	0.04
Periviable delivery, N (%)	0 (0.0)	0 (0.0)	>0.99
Neonatal Birthweight, Median [IQR]	3300.0 [2955.0, 3600.0]	3230.0 [2985.0, 3560.0]	0.78
NICU Admission, N (%)	7 (17.1)	3 (5.2)	0.09
Stillbirth, N (%)	0 (0.0)	0 (0.0)	>0.99
*Neonatal Morbidity Composite, N (%)	5 (12.2)	1 (1.7)	0.04

*Binary variable composed of those that have any of the following: stillbirth, neonatal demise, RDS, VH, PVL, BPD, ROP, or sepsis.

Figure 1: Rate of change in CL in patients with Subsequent CL<25 mm versus > 25mm

