Objective:
The cervical consistency index (CCI) performed better than sonographic cervical length (CL) to predict spontaneous preterm birth (sPTB) in high risk singleton gestations. The objective of this study was to evaluate the performance of the mid-trimester CCI to predict sPTB in a cohort of twin pregnancies and to compare the results with those obtained with the CL.

Methods:
Prospective cohort study of twin gestations between 18+0 and 22+0 weeks. The posterior cervical border was traced with a straight line. The anteroposterior diameter was measured perpendicular at cervical midpoint thereafter the CCI was calculated with the following formula: $\text{CCI} = \left(\frac{\text{AP}'}{\text{AP}}\right) \times 100$

Results:
Ninety-eight twin pregnancies were included. The area under the curve (AUC) to predict sPTB <37+0 weeks was 0.73 (95% confidence interval [CI], 0.57–0.88), compared to 0.67 (95% CI, 0.53–0.82) for CL. The AUC of the CCI to predict sPTB <34+0 weeks was 0.86 (95% CI, 0.77–0.95), being 0.78 (95% CI, 0.65–0.92) for CL. Neither of these differences reached significance.

Conclusion:
CCI did not perform better than sonographic CL to predict sPTB in twin gestations. Both modalities have limited predictive capacity, other tools are still needed to better identify twin pregnancies whom are at increased risk of sPTB.