Can sonographic measurements and changes in cervical length predict the need for cervical ripening in term pregnancies? Hanoch Schreiber, Michal Ovadia, Hadar Gluska, Maya Sharon-Weiner, Tal Biron-Shental, Ofer Markovitch. Department of OB GYN, Meir Medical Center, Kfar Saba, Sackler School of Medicine, Tel Aviv University, Israel

Introduction

It is well known that short cervix during pregnancy, detected by transvaginal US is associated with preterm labor. However there is lack of data regarding absence of changes in the cervical length during pregnancy and the association to primary cesarean delivery, prolonged labor and the need of using cervical ripening to induce labor in term pregnancies.

Objective

Our aim was to evaluate the role of sonographic cervical length and change in measurements between 14-16 weeks of gestation to 21-24 weeks on cervical ripening frequency at term pregnancies.

Methods

This retrospective, cohort study included pregnancies who laboured at term and underwent two consecutive cervical length (CL) measurements performed by transvaginal sonography. CL1 measured at 14-16 weeks of gestation and CL2 measured at 21-24 weeks.

Results

Women with shortening of the cervix between the two scans, were associated with less cervical ripening procedures (7.1% Vs 16.8%, p=0.049). In addition, in the group of the shortening cervix, CL2, although in the normal range, was significantly shorter (3.43 ± 0.67 cm versus 4.01 ± 0.64 cm, p <0.01).

Conclusions

At term pregnancies, shortening of the cervical length between 14-16 weeks of gestation to 21-24 weeks of gestation, is associated with less cervical ripening methods use.

Absence of cervical length shortening and using of cervical ripening methods

<table>
<thead>
<tr>
<th>Spontaneous onset of labor</th>
<th>Using cervical ripening methods</th>
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<tbody>
<tr>
<td>No CL shortening</td>
<td>CL shortening</td>
</tr>
<tr>
<td>92.90%</td>
<td>83.20%</td>
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<td>7.10%</td>
<td>16.80%</td>
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