**Results**

For the index singleton pregnancy, preterm birth occurred in seven (11.1%) of 63 women. There was no significant difference in cervical lengths during pregnancy in women with or without cerclage. In a multivariate logistic regression analysis, the independent risk factor for subsequent singleton preterm birth was the placement of emergency cerclage (odds ratio [OR] 91.2, 95% confidence interval [CI] 1.633-5316.628, \( p = 0.027 \)), but not the placement of prophylactic cerclage (OR 19.264, 95% CI 0.915-405.786, \( p = 0.057 \)). None of the women who received prophylactic cerclage delivered before 35 weeks’ gestation in the index singleton pregnancy.

**Methods**

Multicenter retrospective cohort study

Singleton pregnant women with a history of twin spontaneous preterm birth (sPTB) before the current pregnancy January 2009 - December 2018 at 10 referral hospitals

We compared cervical lengths during pregnancy and pregnancy outcomes, according to the placement of prophylactic or emergency cerclage. We evaluated the independent risk factors for sPTB (< 37 weeks of gestation) in a subsequent singleton pregnancy.

**Conclusion**

- Emergency cerclage was an independent risk factor for preterm birth.
- Prophylactic cerclage might be considered for women who experienced a twin spontaneous preterm birth at extreme gestation in a preceding pregnancy in order to prevent a recurrent preterm birth at extreme gestation.