Introduction
Preterm birth is premature delivery before 37 completed weeks of gestation. Spontaneous preterm birth is the leading global cause of neonatal mortality, and premature babies who survive are at risk of its morbidity consequences. With the high statistics of preterm birth and its corresponding neonatal complications, prediction and prevention are of importance. Hence, the use of a diagnostic screening tool for asymptomatic women may be of value to initiate early preventive management to decrease the occurrence of preterm delivery.

Objective:
The purpose of this study is to evaluate the use of cervical elastography in the prediction of preterm delivery at 16-24 weeks age of gestation. And to compare elastography with cervical length determination in prediction of preterm birth.

Methodology:
Cervical length determination and elastography was done in singleton pregnant women seen at the women’s health care unit at 16-24 weeks age of gestation for their second trimester scan from April-December 2018. Patients were then followed up to determine the age of gestation at delivery.

Results
A total of 181 subjects were included in the study. Diagnostic values of each results showed the highest AUC is the yellow (0.92) and green results (0.89). P value shows that yellow, green and blue results can significantly discriminate pre-term from term deliveries. The highest overall accuracy is for yellow (94.5%). Elastography was compared with cervical length and showed that the AUC of cervical length is only 0.57 (p=.2550) and a sensitivity of 16.7%.

Conclusion
• Elastographic assessment of the internal cervical os at 16-24 weeks age of gestation can identify patients at risk for preterm delivery.
• It is a better predictor of preterm birth than cervical length determination.