

# Preterm Birth – ultrasonographic evaluation of the uterine cervix

*Patient Information Series – What you should know, what you should ask.*

## **How is preterm birth defined?**

Preterm birth occurs between the 20<sup>th</sup> and 36<sup>th</sup> + 6 days weeks of gestation, regardless the weight of the baby. Depending on the availability of advanced neonatal care, in high-income countries, babies that are born before 26<sup>th</sup> week are considered peri-viable, accounting for the majority of the neonatal deaths. In other countries, babies born before the 32<sup>nd</sup> week may be considered as peri-viable.

## **How does a preterm birth occur?**

Normally, women experience painful regular contractions. However, others may be mildly symptomatic and complain about increased vaginal discharge, especially if it resembles amniotic fluid or is bloody.

## **Should I be tested for the risk of having a preterm birth?**

The best way to tell if you are at increased risk for delivering early is to have your cervix checked with ultrasound during the mid-trimester scan. If you are experiencing some symptoms, however, you should immediately contact your doctor.

## **How is the risk of having a preterm birth evaluated?**

The cervical length is measured by ultrasound using a transvaginal camera called a probe. Although you might feel some discomfort, it is not a painful exam.

## **I have been diagnosed with a short cervix at the mid-trimester scan. What should I do?**

There are some preventive treatments that can be used in asymptomatic women. These include vaginal progesterone (a pill that is inserted in the vagina) and/or cerclage (a surgical procedure in which stitches are placed around the cervix). Your doctor will help you decide on the best management approach, based on the gestational age, your prior obstetrical history and the length of the cervix.

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## **I have been diagnosed with a short cervix, should I stay rest in bed?**

No. Bed rest does not prevent the risk of having a preterm birth and is associated with other complications such as blood clots in your legs and lungs.

## **I am having some contractions. Does it mean my baby is going to be born soon?**

Not necessarily. If you are experience some painful contractions, you should be checked urgently by an obstetrician. With early evaluation and adequate treatment, we can prevent at least 75% of the preterm births.

## **“My water broke”! Does it mean my baby is going to be born soon?**

Not necessarily. If premature preterm rupture of the membranes is confirmed, it means that you are at risk for having a preterm birth. However, with readily evaluation and adequate treatment, preterm birth can be delayed or prevented in most the cases.

## **I have had a previous preterm birth. Will it happen again?**

Previous preterm birth is a major risk factor for preterm birth, but it does not mean it happen again. Some preventive strategies such as progesterone, cerclage and ultrasonographic measurements of the cervical length will help you to avoid having another preterm birth.

### **What other questions should I ask?**

- How often should my cervix be checked by ultrasound?
- Do I have to stay in the hospital if my cervix is short?
- If I experience contractions, which hospital should I go to?
- If my baby is born early, what are the consequences (short and long-term)?
- If my baby is born early, how long will they need to stay in hospital?
- If my baby is born early, how long will I need to stay in the hospital?
- I have a twin pregnancy, are my babies going to be born earlier than term?
- What should I do the next time I get pregnant?

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