

INCOMPETENT CERVIX



BASIC INFORMATION

DESCRIPTION

The cervix is the neck of the womb that connects the vagina with the uterus. Women who are diagnosed with an incompetent cervix experience premature opening (dilation) of the cervix, usually in mid-pregnancy (18 to 22 weeks). Normally, the cervix remains closed throughout pregnancy until labor begins. The condition occurs in about 1 out of every 100 pregnancies and may be responsible for 20 to 25% of second trimester miscarriages. The miscarriage occurs after the uterus has enlarged somewhat and the developing fetus becomes heavy enough to press the cervix open.

FREQUENT SIGNS AND SYMPTOMS

- No signs and symptoms are usually apparent. In a pregnant woman, there is a gradual thinning and dilatation of the cervix, usually without vaginal bleeding or uterine contractions.
- In some cases, a woman may experience pressure in the lower abdomen or vaginal pressure, unusual urinary frequency, vaginal discharge (with or without blood), or a sensation of a lump in the vagina.

CAUSES

- The cervix may be weakened by injury, previous childbirth, induced abortion, D & C (dilatation and curettage) surgery, cervical surgery or laser therapy.
- There are rare conditions in which the substance of the cervix is not strong enough to support a pregnancy.
- Many times a cause cannot be found.

RISK INCREASES IN/WITH

- Multiple gestation (e.g., twins).
- A woman who was exposed to DES (diethylstilbestrol; a drug once used to prevent miscarriage) when she was in her mother's womb.
- Women who have been diagnosed with cervical dysplasia (abnormal cells) and have undergone a cone biopsy or LEEP.
- Cervical trauma.
- History of dilation and curettage (D & C).
- Hormonal influences.
- Congenitally short cervix.

PREVENTIVE MEASURES

- If a woman experiences a miscarriage that is diagnosed as being caused by cervical incompetence, there are preventive measures that can be taken with a subsequent pregnancy to reduce the risk of another miscarriage.
- With uncertain risk factors, some women may be monitored by transvaginal cervical length assessments and digital (finger) exam.

EXPECTED OUTCOME

If diagnosed with a previous miscarriage and with proper treatment in the subsequent pregnancy, chances of carrying to term are good.

POSSIBLE COMPLICATIONS

- Miscarriage.
- Preterm delivery.



TREATMENT

GENERAL MEASURES

- Diagnosis is determined by a history of prior miscarriage(s) in the second trimester, an internal pelvic examination, and by ultrasound scanning.
- Treatment:
 - Involves placing of stitch or suture (cerclage) into the wall of the cervix. This helps hold the fetus in the womb.
 - There are several techniques for performing the cerclage. Your obstetric provider will discuss the options with you.
 - The stitch is usually placed from the vagina. In rare cases, an abdominal incision may be necessary. Abdominal cerclage requires a cesarean section to deliver the baby. The stitch is usually left in place for future pregnancies.
 - The procedure is normally performed under regional anesthetic or sometimes local anesthetic at about the 12th to 14th week of pregnancy.
 - The stitch is removed shortly before the baby is due or at the time of delivery (depending on the doctor's preference), so a normal delivery can take place. Stitch removal is simple and does not require anesthesia.
 - Complications of the stitch include rupture of the membranes at the time of placement, and increased risk of infection.
- An incompetent cervix may also be corrected in a nonpregnant woman.
- Rarely, bed rest and use of a uterine support (pessary) for the duration of the pregnancy may be recommended instead of the surgical procedure.

MEDICATION

Antibiotics are frequently prescribed prior to the procedure (and sometimes continued following the procedure) to prevent any infection.

ACTIVITY

- Bed rest for 24 hours following the cerclage procedure. Additional restrictions may be recommended by the obstetric provider.
- For some patients, sexual intercourse may be restricted for the duration of the pregnancy.

DIET

No diet restrictions; continue with your recommended pregnancy diet.



NOTIFY OUR OFFICE IF

- You or a family member is pregnant and experiences any new or unusual symptoms such as cramping or spotting.
- Any sign of infection develops, such as fever, pain on urination, frequent urination or a general ill feeling.