

Short Cervix in Low Risk Women

- Current singleton pregnancy **without history of prior spontaneous PTB** with short cervix <25mm detected in anatomic survey between 16 0/7-23 6/7 weeks per “cervical length screening protocol”
- If high risk for preterm birth (prior spontaneous PTB 17 0/7-36 6/7 weeks) refer to “prior spontaneous preterm birth protocol”

- **CL < 20mm**
- Refer to Maternal-Fetal medicine for consultation
- Evaluate for asymptomatic cervical dilation, labor, intra-amniotic infection
- Initiate vaginal progesterone, either 90mg gel or 200mg suppository daily until 36 6/7 weeks

- **CL 20-25mm**
- Reevaluate TVCL in 1 week if less than 24 0/7 weeks GA at follow-up
- If cervical length <20mm, refer to box on left
- If cervical length \geq 20mm, no follow-up indicated.

- Once TVCL <20mm and progesterone initiated, consider follow-up physical exam in 1-2 weeks (if GA <24 0/7) to assess for cervical dilation
- If cervix is dilated and asymptomatic, may consider exam indicated cerclage

1. Prediction and Prevention of Preterm Birth. ACOG Practice Bulletin #130. October 2012. Reaffirmed 2018.
2. The role of routine cervical length screening in selected high- and low-risk women for preterm birth prevention. Society for Maternal-Fetal Medicine Consult series #40.
3. SMFM Preterm Birth Toolkit. 2016

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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