
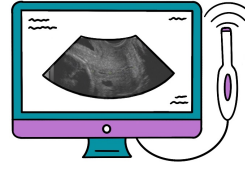


- DIAGNOSIS OF SHORT CERVIX


18 to 22-weeks Assessment of cervical length (CL) should be done using either a transabdominal or transvaginal ultrasound (TVU)*
*insufficient data to recommend a specific threshold measurement that should trigger TVU

≤ 25mm We recommend using a midtrimester CL of ≤ 25mm for diagnosis in individuals with a singleton gestation and no prior history of spontaneous PTB

 These individuals have a 6-fold increased risk of preterm birth

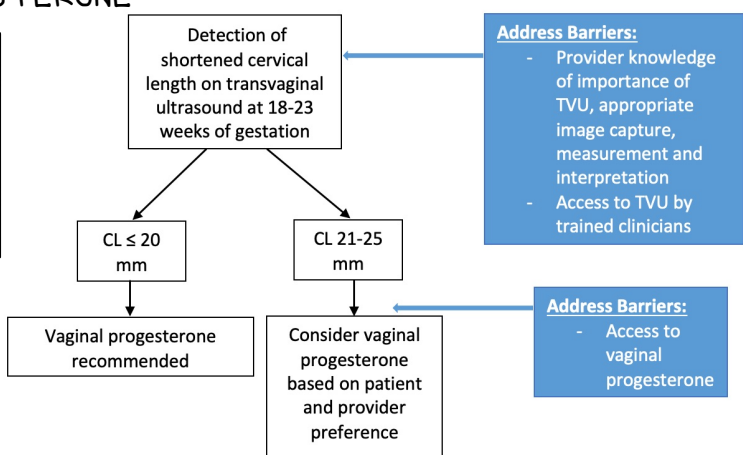
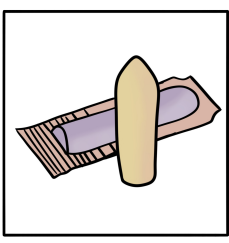



We recommend that all CL measurements used to guide therapy be performed using TVU

 Preterm birth (PTB) is the leading cause of perinatal morbidity and mortality in the United States

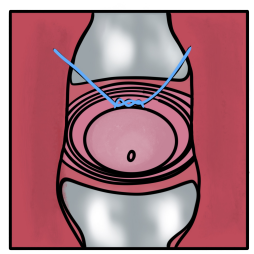
- INTERVENTIONS

VAGINAL PROGESTERONE



- insufficient data to recommend a specific formulation or dose
 - the most studied formulations are 90 mg (8%) progesterone gel and 200 mg micronized progesterone
- Risks/Contraindications**
- Many formulations contain peanut oil (gel formulations do not) 
 - Typical contraindications to progesterone hormonal therapy (eg hormone receptor-positive breast cancer)

CERVICAL CERCLAGE



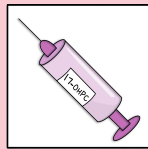
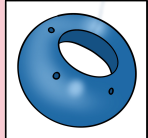
In individuals without a history of PTB and sonographic short cervix

- 10 to 25 mm** recommend against cerclage placement in the absence of cervical dilation
- <15mm** consider exam to assess for cervical dilation & candidacy for exam-indicated cerclage
- <10mm** consider cerclage even in the absence of dilation, based on shared decision making

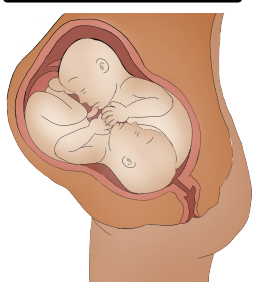
NOT RECOMMENDED

17-OHPC
We recommend that 17-OHPC, including compounded formulations, not be prescribed for the treatment of short cervix

CERVICAL PESSARY
We recommend that cervical pessary not be placed for the prevention of PTB in individuals with a singleton gestation and a short cervix

TWIN GESTATION



For an individual with a twin gestation, a diagnosis of short cervix, and no prior PTB:

We recommend against routine use of progesterone, pessary, or cerclage for treatment of cervical shortening in twin gestations outside the context of a clinical trial

