

MANAGING YOUR CERVICAL INSUFFICIENCY

What Is Cervical Insufficiency?

Cervical Insufficiency also known as cervical incompetence is abnormal weakness or opening (dilation) of the cervix early in pregnancy. The cervix is the mouth of the uterus. Cervical insufficiency usually leads to dilation of the entire cervical canal during the second trimester. Membranes that hold the fetus (bag of waters) may break, and the baby may be delivered prematurely. Up to 2% of all pregnancies can be affected. This condition can cause 20% to 25% of all second trimester pregnancy losses.

What Causes Cervical Insufficiency?

Different conditions can cause the weakness, but often the cause is unknown. Factors that increase the chance of having cervical insufficiency include injury to the cervix (such as with dilation and curettage, known as D&C) and having a previous insufficient cervix with an earlier pregnancy. Also, hormones, surgery (such as “cone” biopsy), exposure to DES (diethylstilbestrol), and abnormalities of the uterus or cervix (such as a short cervix) may have an effect.

What Are the Symptoms of Cervical Insufficiency?

Usually, women with cervical insufficiency have no or few symptoms. The health care provider can diagnose it only because of a suspicion that it's present based on your medical history.

How Is Cervical Insufficiency Diagnosed?

The health care provider will do a vaginal examination of the cervix and take a medical history. Measurements made by using ultrasonography will confirm it. Ultrasonography can be used to

view both the length and the shape of the cervix. Both factors affect the ability of the cervix to hold the pregnancy in place.

How Is Cervical Insufficiency Treated?

When the health care provider thinks that cervical insufficiency is possible, the health care provider may want to do physical and ultrasound examinations more often than normal. If cervical insufficiency is diagnosed, the cervix may be sewn closed with a special suture (stitch). This minor surgical procedure is done during an outpatient visit. This suture is left in place until about 38 weeks of pregnancy when it's removed in a simple office procedure. Possible complications include risk of bleeding, contractions, rupture of membranes, or infection. The suture also doesn't completely take away the risk of preterm delivery. This procedure is best done between 10 and 14 weeks of pregnancy. It generally cannot be done after about 24 weeks. The health care provider may also suggest remaining at bed rest.

DOs and DON'Ts in Managing Cervical Insufficiency

- ✓ **DO** tell your health care provider about a history of preterm labor or delivery. This is the greatest predictor for possible cervical insufficiency.
- ✓ **DO** tell your health care provider about bleeding, contractions, or loss of fluid that occur during pregnancy.
- ⊗ **DON'T** feel shy about asking your health care provider whether your condition or its treatment will mean that you must have a cesarean section and cannot give birth normally.

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FOR MORE INFORMATION

Contact the following sources:

- American College of Obstetricians and Gynecologists: Tel: (202) 638-5577; Website: <http://www.acog.org>
- WebMD: Website: <http://www.webmd.com>
- U.S. Department of Health and Human Services: Websites: <http://womenshealth.gov>,
<http://www.4women.gov/pregnancy>

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