

Cervical Cerclage

Cervical cerclage is a procedure done in pregnancy to help prevent preterm birth. It involves temporarily stitching the cervix closed. This fact sheet explains how it's done, why it's sometimes recommended, and its risks and potential benefits. It also briefly explains what to expect before and after a cerclage procedure.

About the cervix in pregnancy

The cervix is the neck-like opening at the bottom of the uterus. Normally, the cervix stays closed until about 37 weeks of pregnancy, when it gradually shortens and opens as the body prepares for childbirth.

Sometimes a woman's cervix will begin to shorten and open too early in pregnancy. You may have heard this described as a “weak” or insufficient cervix — and it is a major risk factor for a preterm birth. Cervical cerclage is one way to treat this risk factor and possibly prolong a pregnancy.

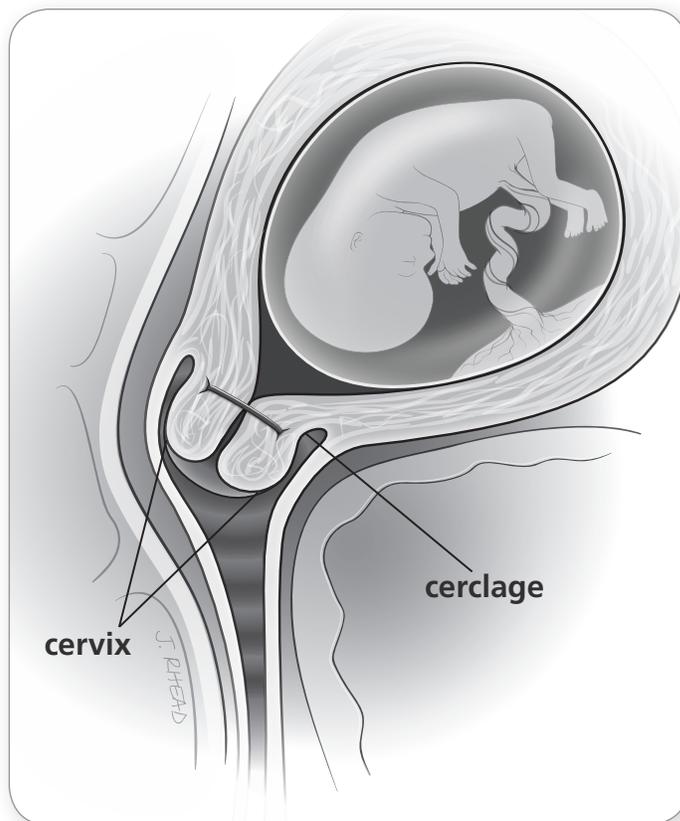
About cerclage: how is it done?

Cervical cerclage involves placing stitches to keep the cervix closed. The stitches are usually placed transvaginally (through the vagina), though they can also be placed through an incision in the abdomen.

The closure can be done in different ways. One common method is to place stitches around the outside of the cervix. Another method involves tying special tape around the cervix and then stitching it in place.

To block any pain during the procedure, the woman will have either regional anesthesia (a spinal or epidural) or general anesthesia. The procedure itself usually lasts less than an hour. It's done in the hospital, usually as an outpatient procedure.

A cerclage is temporary. It's removed when the pregnancy draws close to full term (36 to 37 weeks of pregnancy), when the woman goes into labor, or if her water breaks early (premature rupture of membranes) — whichever comes first.



When is cerclage recommended?

Your doctor or midwife may recommend cervical cerclage in a circumstance such as the following:

- You have had a previous preterm delivery, and a vaginal ultrasound shows that your cervix is changing — shortening or opening — too early in this pregnancy.
- You have had previous pregnancy losses or preterm deliveries that may be due to a weak cervix. In this case, your provider may suggest cerclage to try to prevent another bad outcome in this pregnancy.
- Your doctor or midwife notes cervical changes before 24 weeks of pregnancy and sees that the amniotic sac (bag of waters) is beginning to bulge through the opening. In this case, the procedure might be called an emergency or rescue cerclage.

What happens BEFORE the procedure?

- **In the days before your cerclage placement**, your provider may order an ultrasound to check on the baby. Your provider may also suggest other tests or procedures to check for signs of infection.
- **The night before procedure**, have a light dinner. But **don't have anything to eat or drink after midnight**. Having an empty stomach makes the procedure safer for you.
- **On the day of the procedure**, you'll come to the hospital and check in. The medical team will start an IV, and you'll meet with the anesthesiologist. The anesthesiologist will review your health history and discuss pain management options with you. You'll be offered either general anesthesia (you're put asleep) or regional anesthesia. Regional anesthesia — a spinal or epidural — numbs you from the chest or waist down, but doesn't put you to sleep for the procedure.

What happens DURING the procedure?

Most cerclage procedures are done transvaginally (through the vagina). Here's what to expect during a transvaginal cerclage procedure:

- Your provider will open your vagina with a speculum and grasp the cervix with forceps.
- Your provider will place stitches (and perhaps special tape) around your cervix and tightly tie it closed.
- Placing the cerclage usually takes less than an hour.

What happens AFTER the procedure?

- **Recovery.** After the procedure, you'll go to the recovery room. There, the medical team will monitor you as the anesthesia wears off. If you feel some cramping, the team may give you medication for pain. The team will also check on the baby's heart rate.
- **Going home.** Most women are able to go home the same day, after they've recovered from the anesthesia. (You shouldn't drive yourself home — arrange for a ride.) You may be given antibiotics to fight infection and medication for cramping and pain.
- **The first few days after your procedure.**
 - Take it easy for the first 2 to 3 days — plan to stay at home. This means no lifting, exercising, traveling, or sex. Your provider can give you more specific instructions as needed.
 - Take any medication as directed.
 - You may have some light bleeding, and an increase in vaginal discharge.

Call your doctor or midwife right away if you notice any of the following:

- Contractions, cramping, or low back or abdominal pain that comes and goes in waves.
- Rupture of membranes (your water breaks).
- Vaginal bleeding that's heavier than your provider has told you to expect.
- Fever of 100°F or higher, chills.
- Foul-smelling vaginal discharge.

Talking with your provider about cervical cerclage

The table below lists the most common potential benefits, risks, and alternatives for this treatment. Other benefits and risks may apply in your unique situation. Talk with your provider — and if you have questions, be sure to ask.

Potential benefits	Risks and potential complications	Alternatives
May prolong pregnancy and help prevent or delay preterm delivery.	Each of these complications is rare, happening less than 1% of the time: <ul style="list-style-type: none"> • Preterm labor contractions • Premature rupture of membranes (your water breaks) • Cervical infection • Cervical laceration if labor happens before the cerclage is removed • Reaction to anesthesia • Nausea and vomiting 	<ul style="list-style-type: none"> • Serial cervical length measurements: regular, repeat measures of cervix to monitor the pregnancy • Progesterone therapy alone