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JOURNAL ARTICLE

REVIEW OF THE USE OF CERVICAL CERCLAGE AT CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL

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ABSTRACT

Objective

The aim of the study was to review the use of transvaginal cervical cerclages at Charlotte Maxeke Johannesburg Academic Hospital (CMAJH) for the period 1 June 2016 to 1 June 2017.

Methods

This is a retrospective review of 39 transvaginal cervical cerclages. The data collected included maternal demographic and pregnancy characteristics, previous pregnancies and outcomes, indications for the cerclages, antenatal and maternal complications, and neonatal outcomes. STATA software version 16 (Stata Corporation, USA) was used to analyse the data.

Results

There were 39 transvaginal cerclages, 28 (72%) of which were history-indicated (HI) and 11 (28%) ultrasound-indicated (UI). The overall

live-born rate was 26/39 (67%). Seventy-one percent (20/28) and 55% (6/11) of history and ultrasound indicated cerclages culminated in livebirth respectively, however there were no statistical significance in terms of effectivity in preventing preterm birth between the two types of cerclages (p-value = 0.446>0.05). There was however higher incidence of PPROM in the ultrasound compared to the history indicated cerclage group (45.4% vs 10.7%) with a p-value= <0.05. The incidence of UTI in the entire cohort was 12.8%. No significant difference in the neonatal outcomes in (APGAR, FSB, and stillbirth) were found in the two groups (p-value=0.43, 0.99, and 0.29 >0.05 respectively).

Conclusion

Transvaginal cervical cerclage remains an important intervention in the prevention of pre-term labour secondary to cervical incompetence. The use of cervical cerclage in this study resulted in a significant number of live birth rates and good neonatal outcomes regardless of the indications for the cervical cerclage.

Keywords: Cervical incompetence, transvaginal cerclage, pregnancy