



New Zealand
Maternal
Fetal
Medicine
Network

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Statement from the New Zealand Maternal Fetal Medicine Network

Routine measurement of cervical length at time of mid trimester anomaly scan in all women.

Cervical length measurement is commonly used in women with risk factors for preterm birth to more accurately predict those at highest risk who may benefit from interventions such as cervical cerclage or progesterone therapy. Recent clinical trials have also explored the potential of these interventions in women with short cervixes with or without other risk factors. A demonstration of a reduction in preterm birth rates associated with progesterone use in women with a short cervix has led some to suggest that universal cervical length screening should be introduced. However, these studies have not investigated the effect of cervical length screening, simply the effect of a treatment once a short cervix has been identified.

Large prediction studies that have identified an increased relative risk of preterm birth as the length of the cervix decreases have been in general populations which include women with risk factors for preterm birth, multiparous women with no previous preterm birth and nulliparous women. It is likely that for each of these groups of women the test and potential interventions will behave differently and this should be considered when reviewing their results.

Women without risk factors for preterm birth are at very low risk of spontaneous early preterm birth (<1% deliver <32 weeks) and have a very low prevalence of a short cervix at 20 weeks gestation (0.5-1% <20mm). Therefore although progesterone may be associated with a reduction in an individual's risk of preterm birth once short cervix has been identified it is not yet clear if a policy of routine transvaginal cervical length scanning is beneficial.

The NZMFM Network does not currently support a policy of routine transvaginal cervical length scanning at the time of the mid trimester anomaly scan. However, in the event of an incidental finding of a short cervix, specialist consultation should be sought and the use of progesterone considered.