HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Obstetrics and Gynecology (Ward)		
Document:	Departmental Policy and Procedure		
Title:	Cervical Cerclage		
Applies To:	All Obstetrics and Gynecology Staff		
Preparation Date:	January 08, 2025	**Index No:**	L&D-DPP-043
Approval Date:	January 22, 2025	**Version :**	2
Effective Date:	February 22, 2025	**Replacement No.:**	L&D-DPP-043(1)
Review Date:	February 22, 2028	**No. of Pages:**	8

1. PURPOSE:

1.1 To describe pre and postoperative care for the cervical cerclage.

2. DEFINITIONS:

2.1 **Cervical cerclage**- also known as a cervical stitch is a treatment for cervical incompetence or insufficiency, when the cervix starts to shorten and open too early during a pregnancy causing either a late miscarriage or preterm birth. Usually the treatment is done in the first or second trimester of pregnancy, for a woman who has had one or more late miscarriages in the past.

3. POLICY:

3.1 Cervical cerclage is a surgical procedure carried out during pregnancy. The operation involves suturing the neck of the womb (cervix) with a purse type stitch to keep the cervix closed at 12-14 weeks gestation.

3.2 Cerclage was defined as:

3.2.1 Elective if it was a planned procedure. This includes both prophylactic and therapeutic cerclage.

3.2.1.1 A prophylactic cerclage is a stitch inserted in asymptomatic women who are risk of preterm delivery based on previous obstetric risk factor.

3.2.1.2 A therapeutic cerclage is a stitch inserted asymptomatic women in whom a short cervix has been detected by ultrasound or digital vaginal examination.

3.2.2 Emergency or rescue cerclage describe a stitch inserted after advanced cervical dilation or bulging membranes through the cervix.

3.3 Type of cervical Cerclage

3.3.1 **Rescue Cerclage**

Insertion of cerclage as a salvage measure in the case of premature cervical dilatation with exposed fetal membranes in the vagina. This may be discovered by ultrasound examination of the cervix or as a result of a speculum/physical examination performed for symptoms such as vaginal discharge, bleeding or "sensation of pressure".

3.3.2 **Transvaginal Cerclage (McDonald)**

A transvaginal purse-string suture placed at the cervicovaginal junction, without bladder mobilisation.

3.3.3 **High transvaginal cerclage (Shirodkar)**

A transvaginal purse-string suture placed following bladder mobilisation, insertion above the level of the cardinal ligaments.

3.3.4 **Transabdominal Cerclage**

A suture performed via a laparotomy or laparoscopy, placing the suture at the cervicoisthmic junction.

3.3.5 **Occlusion Cerclage**

Occlusion of the external os by placement of continuous nonabsorbable suture. The theory behind the potential benefit of occlusion cerclage is retention of the mucus plug.

3.4 Performing a preliminary ultrasound to check gestation and number of foetuses., exclude lethal anomaly.

3.5 Patient should have treatment of any documented pre-existing urinary or genital tract infections.

3.6 Patient should be counselled and consented that she might have miscarriage, rupture membrane or premature labour even after cerclage.

3.7 The contraindication for cercalge insertion are:

- 3.7.1 Active Preterm Labor.
- 3.7.2 Clinical evidence of chrorioamnionitis.
- 3.7.3 Continuing vaginal bleeding.
- 3.7.4 PROM.
- 3.7.5 Evidence of fetal compromise.
- 3.7.6 Lethal Fetal Defect.
- 3.7.7 Fetal Death.

4. PROCEDURE:

4.1 On Admission:

- 4.1.1 Usual admission Procedure:
- 4.1.2 Clinical Assessment:
  - 4.1.2.1 Review History – LMP, previous obstetrics history (history of midtrimester abortion, preterm labor, history of cervical trauma and previous Cerclage). History of dilatation and curettage, heart, chest and abdomen.
  - 4.1.2.2 Physical Examination – Check vital signs Do cervical assessment if not done.

4.2 Preoperative Care

- 4.2.1 Check FHR with Sonicaid, ultrasound scanning, confirm fetal viability and gestation and fetal congenital abnormalities if possible.
- 4.2.2 Blood for antenatal screening. If unbooked; blood grouping, CBC, rubella and serology.

4.3 Postoperative Care

- 4.3.1 Check FHR.
- 4.3.2 Regular vital signs monitoring.
- 4.3.3 Check Pads for bleeding.
- 4.3.4 Note type and amount.
- 4.3.5 Clearly identify postoperative orders.
- 4.3.6 The patient will be observed for at least several hours (sometimes overnight) to ensure that she does not go into premature labor.
- 4.3.7 Patient to be instructed on discharge.
  - 4.3.7.1 To avoid physical activity for two to three days.
  - 4.3.7.2 Not to have intercourse for at least one week.
  - 4.3.7.3 She may experience mild bleeding and cramping which should have stopped after few days.
  - 4.3.7.4 Vaginal discharge may continue for remainder of pregnancy.
  - 4.3.7.5 She should report to the hospital if she has contraction, abdominal pain like labor pain, vaginal bleeding, and fever or rupture membrane.

4.4 Follow up:

- 4.4.1 Patient to be seen every 2 weeks till 28 weeks, then weekly.
- 4.4.2 Cervical cerclage to be removed at 37 weeks.

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

6.1 Physician
6.2 Nurses

7. APPENDICES:

7.1 Antenatal Sheet
7.2 Admission Form

8. REFERENCES:

8.1 Guidelines for Obstetrics and Gynecology/ Ministry of Health, General Directorate of Health Centers-Riyadh, 2013
8.2 https://en.wikipedia.org/wiki/Cervical_cerclage

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Atheer Al Ajmi	OBS-1 Head Nurse		January 08, 2025
Prepared by:	Dr. Abdalla Mohamed Albasha	Obstetrician and Gynecologist		January 08, 2025
Reviewed by:	Dr. Mohannad Yaghmour	Head of the Department		January 12, 2025
Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 13, 2025
Reviewed by:	Dr. Thamer Naguib	Medical Director		January 14, 2025
Reviewed by:	Mr. Abdulelah Ayed Al - Mutairi	QM&PS Director		January 15, 2025
Approved by:	Mr. Fahad Hezam Al - Shammari	Hospital Director		January 22, 2025