Long-term infant outcomes following midtrimester emergency cerclage in the presence of bulging membranes

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Objective
We aimed to investigate the long-term morbidity of infants, whose delivery was prolonged by an emergency cervical cerclage (EC).

Methods
Antenatal and postnatal data on subsequent EC procedures performed between 14-28 weeks of gestation for advanced cervical dilatation with bulging of amniotic membranes at a single institution within a 5-year period were retrieved.

Results
We identified 21 fetuses from 18 pregnancies. Mean gestational age at EC and prolongation of pregnancy was 20.6 ± 2.3 (range, 14-28) weeks and 58.7 ± 5.4 days (range, 2-168) days, respectively. There were 4 (19%) stillbirths, 3 (14%) neonatal deaths, and 1 (5%) infant death. Ten infants (59% of live births) were admitted to neonatal intensive care unit and hospitalized for 28.8 ± 7.3 days. Of the surviving foetuses (14/21, 66.7%), 9 (42.8%) were intact whereas 3 (17.6% of live births) had cerebral palsy, 1 had been diagnosed with hypothyroidism, and another had growth failure at 12 months of follow-up.

Conclusion
EC seems to be beneficial only in a subset of pregnancies presenting with advanced dilatation, and there is a requirement for more objective selection criteria. Long-term morbidity, especially neurodevelopmental disability should be discussed thoroughly prior to this procedure.