Cervical pessary and micronized progesterone vaginal tablets for the prevention of spontaneous preterm birth

Zimerman AL, Glick N, Wiener Y, Maymon R, Neeman O
Asaf Harofe Medical Center, Tzriffin, Israel

Objective
To report our experience in the use of combined treatment with cervical pessary (CP) and micronized progesterone vaginal tablets (VMP) for the prevention of preterm birth (PTB) in singleton pregnancies with 2nd trimester cervical length CL ≤25mm compared to matched historical controls.

Methods
A prospective study, all singleton pregnancies hospitalized in our unit with CL ≤25mm at 16 to 28 weeks between September 1st 2011 to April 30th 2013 were offered combined treatment with CP and VMP 200mg bid. VMP was continued until 34 weeks, CP removed at 36 weeks or at labor. Excluded were multiple pregnancies, contractions, bleeding or discharge, and induced PTB. Outcome was compared with matched historical controls for week and CL, ratio 1: 1: 1, treated with VMP only and with expectant management only.

Results
Study group of 43 patients. Mean age, week of admission, and CL: 30. 1yr ±6. 3, 25. 0w ±3. 3, 13. 3mm ±5. 7. Mean week of delivery in study group compared to VMP only group and expectant group was 35. 5w ±3. 8 vs 34. 1w ±4. 3 and 33. 4w ±3. 4 correspondingly, p=0. 06. PTB before ≤34w and ≤28w was lower, non-statistically significant, in study group compared with the controls VMP only and expectant groups: 7 (16%) vs. 10 (23%) vs. 14 (32%), odds ratio 0. 64, 95% (CI 0. 22-1. 88), and 3 (5%) vs. 5 (12%) vs. 4 (9%), odds ratio 0. 57, (95% CI 0. 13-2. 55). No complications associated with the introduction, use and removal of the CP were reported.

Conclusion
Combined treatment with CP and VMP in singleton patients with midtrimester short cervix is feasible and shows a trend toward fewer PTB compared to historical controls.