INTRODUCTION
For years, the digital vaginal examination (DVE) has been the unique means of monitoring labor. Till now, it's considered to be the gold standard method. The transperineal ultrasound scan (TPUS) is an alternative tool aiming to reduce multiple digital examinations and therefore decrease the risk of maternal and fetal morbidity caused by DVE.

The purpose of this study is to prove whether TPUS measurement of the CD during labor is reliable compared to DVE findings.

METHODS
This is a prospective observational study including 56 women admitted to the labor ward. All patients were singletons with a fetus in cephalic presentation. First, transperineal CD measurements were assessed (figure 1), followed immediately by DVE performed by a different examiner. Both examiners were blinded to each other's results. Statistical analysis was performed using XLSTAT version 2014.4.09 (Addinsoft, New York, NY, USA) and P < 0.05 was considered statistically significant. Correlation between both methods was assessed using Person’s score coefficient (PCC) and agreement was studied using Bland-Altman plots (BA).

RESULTS
Overall, 111 paired TPUS and DVE measurements were performed with an average of 2 per patient. Ultrasonographic assessment of the CD correlated significantly with DVE. In fact, the PCC was R=0.93, (n= 11, p<0.0001). Using BA plots, the systematic bias was of -0.45mm (CI 95%; -2, 1.1 mm -0.45mm) 95% limits of agreement were -16.8, 15.9 mm.

CONCLUSION
The transperineal measurement of the cervical dilation is a feasible and reliable method that should be performed more frequently in the labor ward.