The predictive value of transvaginal cervical length measurement in preterm labor

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Objective
To investigate the relationship of cervical length and the presence of true or false labor.

Methods
We included in the study 100 women with singleton pregnancies admitted in our hospital with regular and painful uterine contractions at 24-36 weeks of gestation. Women in active labor defined by the presence of cervical dilatation 3 cm or more, and those with ruptured membranes were excluded. On admission in the Hospital a transvaginal scan was performed to measure the cervical length. The primary outcome was delivery within 7 days upon admission in the Hospital.

Results
In 79 cases the cervical length was more than 15 mm and only one of this woman delivery within 7 days upon admission in the Hospital. In 21 cases the cervical length was <15 mm. In 9 cases delivery occur within 7 days of admission in the Hospital. Statistical analysis demonstrated that the only significant contributor in the prediction of delivery within 7 days of admission was cervical length <15 mm(PPV 95%;P<0.0001). the other variables like maternal age, gestational age, parity, previous history of preterm delivery, cigarette smoking, contraction frequency or use of tocolytics had poor significance.

Conclusion
Transvaginal measurement of cervical length in patients with threatened premature labor help distinguish true from false labor.