

Gestational and Neonatal Outcomes of a New Three-Step Procedure for Emergency Cerclage

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Abstract

Objective:The objective of our study was to evaluate a new technique for emergency cerclage performed in a cohort of patients with cervical incompetence in the second trimester of pregnancy.**Design:**Prospective observational study**Setting:**HMIP**Population:**24pregnant women at 15 to 24 wk gestation with cervical dilatation and bursa prolapsed.**Methods:**Depending on the clinical condition of the patient, a new emergency cerclage was performed with a technical consisting of a first cerclage in a purse-string and a second occlusive cerclage located inferiorly to the first one.The technique ended with the performance of a cervical cleisis, depending on the presence or absence of prolapse.This procedure is called the Three-Step Procedure for Emergency Cerclage (TSEC).**Outcome measure**Latency period to delivery**Results:**Latency from procedure to delivery, pregnancy duration, infant birth weight, rate of premature amniorrhexis.The mean latency from procedure to delivery was 14 weeks + 6 days, the mean weight of the newborns was 2550 g, and the mean age at delivery was 35 weeks.The neonatal survival rate was 95.8%. The rate of premature amniorrhexis<34 weeks was 8.3% with successful perinatal outcomes. There were significant differences ($p < 0.05$) between groups when we sub-divided the cohort in terms of history of conization,preterm delivery,and bursal prolapse.The multivariate regression model showed that best predictor variables for latency to delivery were cervical dilatation at diagnosis, the use of the TSEC,cervical length after the procedure, and gestational age at diagnosis.**Conclusion:**The excellent results obtained with the TSEC procedure in terms of the latency from procedure to delivery, gestational age at delivery, birth weight, and few reported complications

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