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## The Utility of Performing Cervical Length Follow-Up in Lower Risk Singleton

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## SI/PHR Abstract

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### The Utility of Performing Cervical Length Follow-Up in Lower Risk Singleton

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**Introduction:** Short cervical length (<25 mm) during pregnancy is known to be an increased risk factor for preterm birth (<37 weeks). While interventions exist for women who have had prior preterm births, it is important to investigate the cost effectiveness of screening low risk women with an intermediate cervical length (26-29 mm).

**Objective:** To quantify the association between change in cervical length on follow up and the incidence of preterm birth in otherwise low risk women with an initial intermediate cervical length.

**Methods:** A retrospective cohort study was conducted, reviewing 108 charts of women who had an initial screening between 26 and 29 mm. Charts were reviewed for whether or not a follow-up ultrasound was recommended, whether or not the follow-up was performed, and the outcome of their deliveries.

**Results:** 93.5% (N=101) of women were recommended to get a follow-up ultrasound and 84% (N=85) completed their follow-up. 9.3% (N=10) had a CL of <25mm on followup. 9.3% (N=10) had preterm deliveries. A significant difference was found between cervical length on followup and the incidence of early preterm birth (<34 weeks) (p-value = .015). On univariate analysis, a significant difference was found between cervical length difference (initial cervical length-followup) and the incidence of preterm birth (p-value=.021).

**Conclusion:** Cervical Length Followup for low risk women is a worthwhile investment to decrease the incidence of preterm birth and allows for the implementation of timely interventions for women whose cervixes spontaneously shorten to less than 25 mm.