

1-2020

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

Varsha Kripalu

Thomas Jefferson University, varsha.kripalu@jefferson.edu

Rupsa Boelig, MD

*Thomas Jefferson University, rupsa.boelig@jefferson.edu*Follow this and additional works at: https://jdc.jefferson.edu/si_phr_2022_phase1Part of the [Obstetrics and Gynecology Commons](#), and the [Public Health Commons](#)**[Let us know how access to this document benefits you](#)**

Recommended Citation

Kripalu, Varsha and Boelig, MD, Rupsa, "The Utility of Performing Cervical Length Follow-Up in Lower Risk Singleton" (2020). *Phase 1*. Paper 27.https://jdc.jefferson.edu/si_phr_2022_phase1/27

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

SI/PHR Abstract

SKMC Class of 2022

Word Count: 250

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

Varsha Kripalu, BA, Rupsa Boelig, MD

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.