SHORT CERVIX – 3CENTRES COLLABORATION RECOMMENDATIONS

**POPULATION GROUP** | **DESCRIPTION** | **MANAGEMENT OPTIONS**
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General population—Low risk women with a short cervix
- Cervix <20mm (Hassan 2011)
- Cervix <15mm (Fonseca 2007)
- Cervix <25mm (De Franco 2007)

- Vaginal progesterone 90mg daily [Hassan 2011] (100mg-200mg if 90mg is unavailable)
- Vaginal progesterone 200mg nocte (Fonseca 2007) Or
- Vaginal progesterone 90mg daily (DeFranco 2007) (100mg-200mg if 90mg is unavailable)

- Conservative management. Consider repeat TVU

High-risk women
- Previous cerclage
- Previous preterm births (≥1) <34 weeks
- Multiple cervical dilatations
- Multiple gestation*
- Uterine malformations
- Cervical surgery

- Vaginal Progesterone 100mg daily [DaFonseca 2003] (Use 200mg if 100mg is unavailable)

- History indicated cerclage 13-16 weeks [RCOG 2011]

- Increased ultrasound surveillance [ACOG-Level B]

- Remove at 36-37 weeks (RCOG 2011)* Cerclage and progesterone not advised for multiple gestation

High-risk women with a short cervix
- Cervix <20mm (Hassan 2011)
- Cervix <15mm (Fonseca 2007)
- Cervix <25mm (O’Brien 2007)
- Cervix <25mm (O’Brien 2009)

- Progesterone 90mg daily (Hassan 2011) Or
- Progesterone 200mg nocte (Fonseca 2007) Or
- Progesterone 90mg daily (DeFranco 2007) Or
- Progesterone 90mg daily (O’Brien 2009)

- Ultrasound indicated cerclage (RCOG 2013)

- Increased ultrasound surveillance (ACOG-Level B)

- Remove at 36-37 weeks (RCOG 2011)

3centres recommendations are:
- Cervix < 20mm 90-200mg daily Or
- Cervix <15mm 200mg nocte

- Increased ultrasound surveillance (ACOG-Level B)