▸ **Click here** to view the complete care process model, ***Prevention and Management of Preterm Birth (Spontaneous and Indicated)***

# CARE PROTOCOL: Short Cervix

| Gestational age | PREVIOUS PTB | NO previous PTB |
|---|---|---|
| **<23 weeks gestation** | **If cervical length (CL) 1.50 cm–2.50 cm** on transvaginal ultrasound (TVU):<br>• **Refer for Maternal-Fetal Medicine consult;** patient should be seen within one week (ideally within 1 or 2 days).<br>• **Start or adjust progesterone therapy;** note that for patients with both short cervix and prior PTB, evidence re: the best form of progesterone is unclear (see progesterone discussion page 20). Give ANY ONE of the following acceptable options:<br>– **Vaginal progesterone:** either crinone gel (8% - 90 mg progesterone daily), OR natural progesterone vaginal suppositories (200 mg nightly).<br>– **17P injections**, per prior PTB protocol (see page 13).<br>– **BOTH 17P injections and vaginal progesterone** (gel or suppository).<br>**If CL <1.50 cm** on TVU:<br>• **Refer immediately to labor and delivery** for further assessment.<br>• **Admit patient for a minimum 23-hour observation period to assess for active labor and/or intra-amniotic infection (IAI).** The CL will be reassessed via sterile digital examination and/or TVU at the discretion of the attending physician.<br>– If evidence of active labor and/or IAI at <24.0 weeks gestation, **counsel the patient regarding risks** of maternal morbidity with attempted continuation of pregnancy.<br>– If no evidence of active labor or IAI, **offer an ultrasound-indicated cerclage placement** (unless multiple gestation; see cerclage discussion page 21). **Consider amniocentesis prior to cerclage placement.**<br>• **Start or adjust progesterone therapy;** note that for patients with both short cervix and prior PTB, evidence re: the best form of progesterone is unclear (see discussion page 20). Give ANY ONE of the following acceptable options:<br>– **Vaginal progesterone:** either crinone gel (8% - 90 mg progesterone daily) OR natural progesterone vaginal suppositories (200 mg nightly).<br>– **17P injections**, per prior PTB protocol on page 13.<br>– **BOTH 17P injections and vaginal progesterone** (gel or suppository). | **If cervical length (CL) 1.50 cm–2.50 cm** on transvaginal ultrasound (TVU):<br>• **Refer for Maternal-Fetal Medicine consult;** patient should be seen within one week (ideally within 1 or 2 days).<br>• **Start vaginal progesterone therapy,** either crinone gel (8% - 90 mg progesterone daily), OR natural progesterone vaginal suppositories (200 mg nightly).<br>**If CL <1.50 cm** on TVU:<br>• **Refer immediately to labor and delivery** for further assessment.<br>• **Admit patient for a minimum 23-hour observation period** if contractions are noted. The CL will be reassessed via sterile speculum examination and/or TVU at the discretion of the attending physician.<br>– If evidence of active labor and/or IAI at <24.0 weeks gestation, **counsel the patient regarding risks** of maternal morbidity with attempted continuation of pregnancy.<br>– If no evidence of active labor or IAI AND membranes visible on sterile digital exam, **offer an ultrasound-indicated cerclage placement** (unless multiple gestation; see discussion page 21). **Consider amniocentesis prior to cerclage placement.**<br>• **Start vaginal progesterone therapy,** either crinone gel (8% - 90 mg progesterone daily), or natural progesterone vaginal suppositories (200 mg nightly). |
| **23–28 weeks gestation**<br>• Consider serial cervical length every 2 weeks until 28 weeks gestation<br>• If further shortening noted:<br>– Add tocolysis with nifedipine<br>– Treat with steroids if not done previously | **If CL <2.5 cm:**<br>• **Refer immediately to labor and delivery** for further assessment.<br>• **Admit patient for a minimum 23-hour observation period** if contractions are noted.<br>• **Give steroids.** See PTL/PTB Medication Table on page 23.<br>• **Give magnesium sulfate.** See PTL/PTB Medication Table on page 23.<br>• **If evidence of regular contractions on uterine monitor, give tocolysis.** See PTL/PTB Medication Table on page 23. | **If CL 1.5 cm–2.5 cm:**<br>• **Monitor for uterine contractions:**<br>– If no contractions, **discharge** with follow-up in one week.<br>– If contractions noted, **admit** the patient. See pages 22–23.<br>**If CL <1.5 cm:**<br>• **Refer immediately to labor and delivery** for further assessment.<br>• **Admit patient for a minimum 23-hour observation period** if contractions are noted.<br>• **Give steroids.** See PTL/PTB Medication Table on page 23.<br>• **Give magnesium sulfate.** See PTL/PTB Medication Table on page 23.<br>• **If evidence of regular contractions on uterine monitor, give tocolysis.** See PTL/PTB Medication Table on page 23. |

PATIENT EDUCATION MATERIALS

Intermountain fact sheets supporting this risk-specific protocol:

- *17P for Preventing Preterm Birth*
- *Cervical Cerclage*

*Fact sheets available in English and Spanish. See page 25 for a list of all related resources, instructions for accessing them.*

***KEY ACTIONS for providers:***

- ❒ Initiate progesterone therapy at diagnosis, and promote adherence to therapy throughout the pregnancy
- ❒ Offer cervical cerclage as/when appropriate.