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Royal College of Obstetricians & Gynaecologists

Information for you

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Cervical stitch

About this information

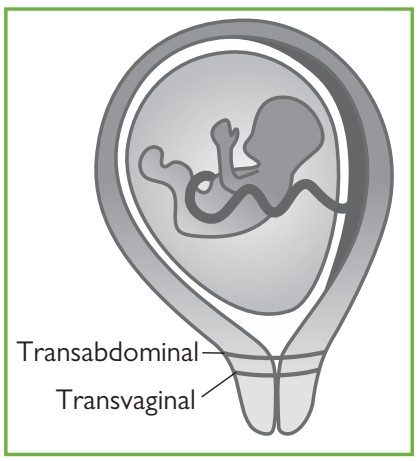
This information is for you if you want to know about having a cervical stitch, which is also called cervical cerclage. You may also find it helpful if you are a partner, relative or friend of someone who is in this situation.

A glossary of all medical terms used is available on the RCOG website at: www.rcog.org.uk/en/patients/medical-terms.

Key points

- A cervical stitch may help to keep your cervix closed and may reduce the risk of you giving birth early.
- You may be offered a cervical stitch if you are at risk of giving birth early.
- A cervical stitch is usually put in between 12 and 24 weeks of pregnancy and then removed at 36–37 weeks unless you go into labour before this.

What is a cervical stitch?



A cervical stitch is an operation where a stitch is placed around the cervix (neck of the womb). It is usually done between 12 and 24 weeks of pregnancy although occasionally it may be done at later stages in pregnancy.

A cervical stitch is more commonly put in vaginally (transvaginal) and less commonly by an abdominal route (transabdominal)

Why is it done?

Babies born early (before 37 completed weeks of pregnancy) have an increased risk of short- and long-term health problems. You can find out more about this from the NICE guidance on *Preterm Labour and Birth*, which can be found at: www.nice.org.uk/guidance/ng25/ifp/chapter/About-this-information.

There are many possible causes for giving birth early. One possible cause is because your cervix shortens and opens too soon. A cervical stitch may help to prevent this.

You should be referred to a specialist early in your pregnancy if:

- you have had a miscarriage after 16 weeks of pregnancy
- you have had a previous birth before 34 weeks of pregnancy
- your waters broke before 37 weeks in a previous pregnancy
- you have had certain types of treatment to your cervix (for example, cone biopsy for treatment of an abnormal smear)

Your healthcare team may arrange for you to have transvaginal ultrasound scans to measure your cervix. If it is found to be short (less than 25 mm long), you may be offered:

- a cervical stitch
- a hormonal treatment with progesterone pessaries
- a combination of the two treatments above
- close monitoring by your healthcare team.

Are there situations when a cervical stitch would not be advised?

Your healthcare professional should discuss the benefits and risks in your individual situation. Sometimes a cervical stitch is not advised because it may carry risks to you and it would not improve the outcome for your baby. This may be if:

- you have any signs of infection
- you are having vaginal bleeding
- you are having contractions
- your waters have already broken.

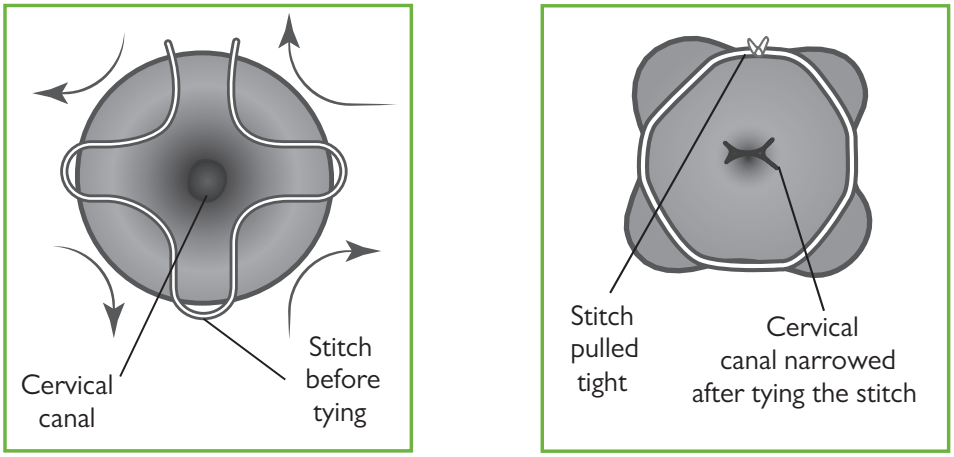
If you are pregnant with more than one baby, there is no definite evidence to show that a cervical stitch will prevent you going into labour early. See the RCOG patient information *Multiple pregnancy: having more than one baby*, which is available at: www.rcog.org.uk/en/patients/patient-leaflets/multiple-pregnancy-having-more-than-one-baby/.

How will the cervical stitch be put in?

Insertion of a cervical stitch takes place in an operating theatre. You may have a spinal anaesthetic where you will stay awake but will be numb from the waist down, or you may be given a general anaesthetic where you will be asleep. Your team will discuss the best option for you.

In the operating theatre, your legs will be put in supports and sterile covers will be used to keep the operating area clean. The surgeon will then insert a speculum into your vagina, hold the cervix and put a stitch around it (see the illustration on page 1). The stitch is then tightened and tied, helping to keep the cervix closed. The operation, which is called a 'transvaginal cerclage', takes less than one hour. You may also have a catheter (tube) inserted into your bladder that will be removed once the anaesthetic has worn off.

You will be offered medication to ease any discomfort after the surgery. You are likely to be able to go home the same day although you may be advised to stay in hospital longer.



The transvaginal cervical stitch procedure (left) and once it is completed (right)

What is an abdominal stitch?

This involves an operation to put a stitch around your cervix, through your abdomen, and is also called a 'transabdominal cerclage'. It is an uncommon procedure but may be recommended if a vaginal cervical stitch has not worked in the past or if it is not possible to insert a vaginal stitch.

It is done either before you become pregnant or in early pregnancy.

It may be done through a cut on your abdomen or via keyhole surgery. This sort of stitch is not removed and your baby would need to be born by caesarean section.

What is a rescue stitch?

Occasionally, you may be offered a stitch as an emergency procedure after your cervix has already opened up, to help prevent having a late miscarriage or preterm birth. This is called a 'rescue stitch' and your healthcare team will discuss the risks and benefits of this with you. This type of stitch has higher risks and doesn't always work.

Are there any risks from having a cervical stitch?

The risks of surgery include:

- bleeding
- infection
- injury to the bladder
- injury to the cervix
- your waters breaking early
- it sometimes not being possible to put the stitch in, for example if your cervix is already too short or too far open.

The stitch may not always work and you might still experience a late miscarriage or preterm birth. A cervical stitch does not increase your chances of needing induction of labour or a caesarean section.

What should I expect afterwards?

After the operation, you may have some vaginal bleeding or brownish discharge for a day or two.

Once you recover from the operation, you can carry on as normal for the rest of your pregnancy. Resting in bed is not recommended. You can have sex when you feel comfortable to do so.

Is there anything I should look out for?

You should contact your healthcare team if you experience any of the following:

- contractions or cramping abdominal pain
- continued or heavy vaginal bleeding
- your waters breaking
- smelly or green vaginal discharge.

How and when will the stitch be taken out?

Your stitch will be taken out at the hospital. This will normally happen at around 36–37 weeks of pregnancy, unless you go into labour before then.

You will not normally need anaesthetic for removal of the stitch. A speculum is inserted into your vagina and the stitch is cut and removed.

It usually takes just a few minutes and you may experience some discomfort. Occasionally, you will be advised by your healthcare professional that you will need an anaesthetic for removal of the stitch.

You may notice some blood staining or vaginal spotting afterwards. This should settle within 24 hours but you may have a brown discharge for longer. If you have any concerns, you should tell your healthcare professional.

If you go into labour with the cervical stitch still in place, you should contact your maternity unit straight away. It is important to have the stitch removed to prevent damage to your cervix.

If your waters break early but you are not in labour, the stitch will usually be removed because of the increased risk of infection. The timing of this will be decided by the healthcare team looking after you.

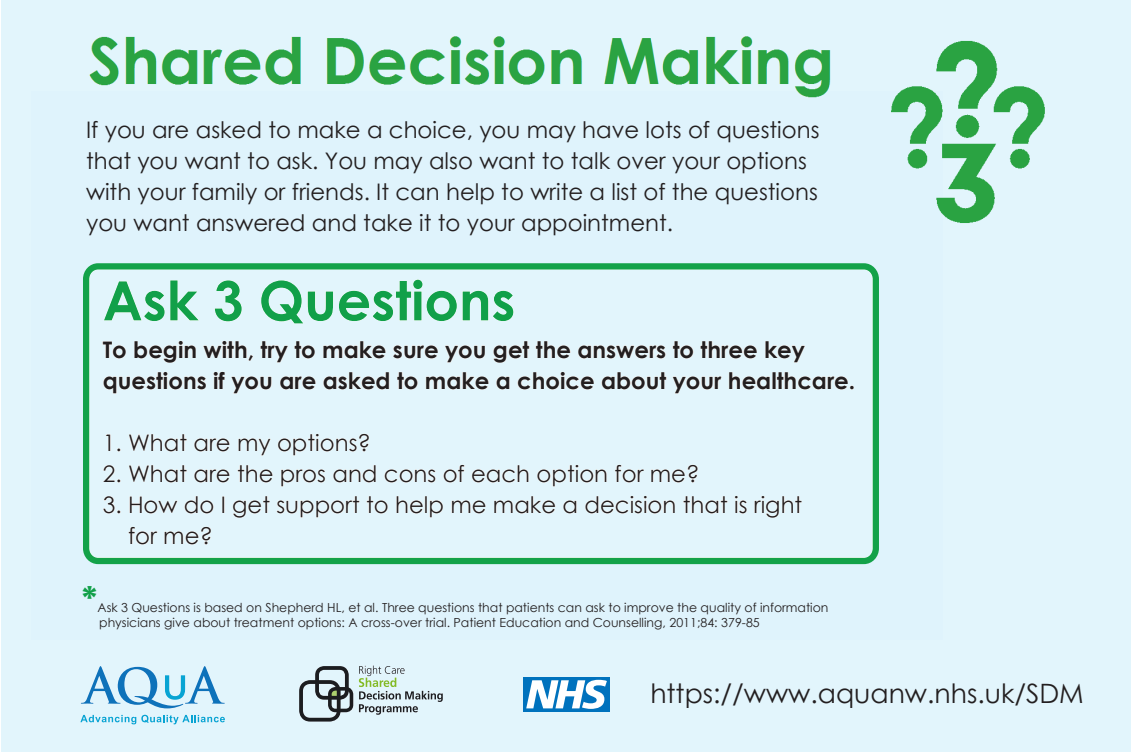
Further information

Miscarriage Association: www.miscarriageassociation.org.uk

National Institute for Health and Care Excellence (NICE) – Preterm Labour and Birth: www.nice.org.uk/guidance/ng25/ifp/chapter/About-this-information

A full list of useful organisations (including the above) is available on the RCOG website at: https://www.rcog.org.uk/en/patients/other-sources-of-help/

Making a choice



Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on NICE guideline 25 on *Preterm Labour and Birth*, published in November 2015. The guideline contains a full list of the sources of evidence we have used. You can find it online at: www.nice.org.uk/guidance/ng25.

This information has been reviewed before publication by women attending clinics in Newcastle upon Tyne, Basildon and Manchester, by the RCOG Women's Network and by the RCOG Women's Voices Involvement Panel.