

Obstetric Case 10

September 2023

30 y/o female. G3,P0.

History of late miscarriage. Recurrent PV loss. EPAU attendances at:

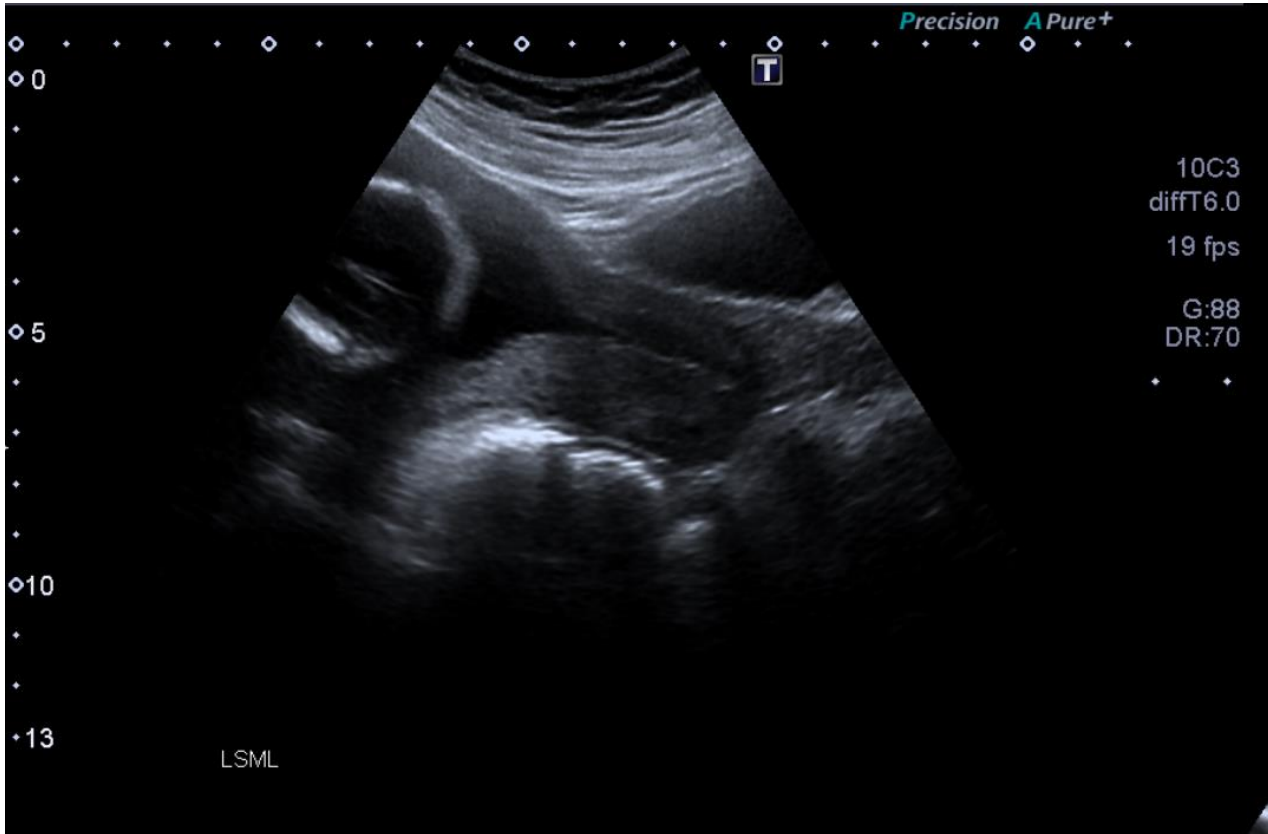
15 weeks 1 day

16 weeks 4 days

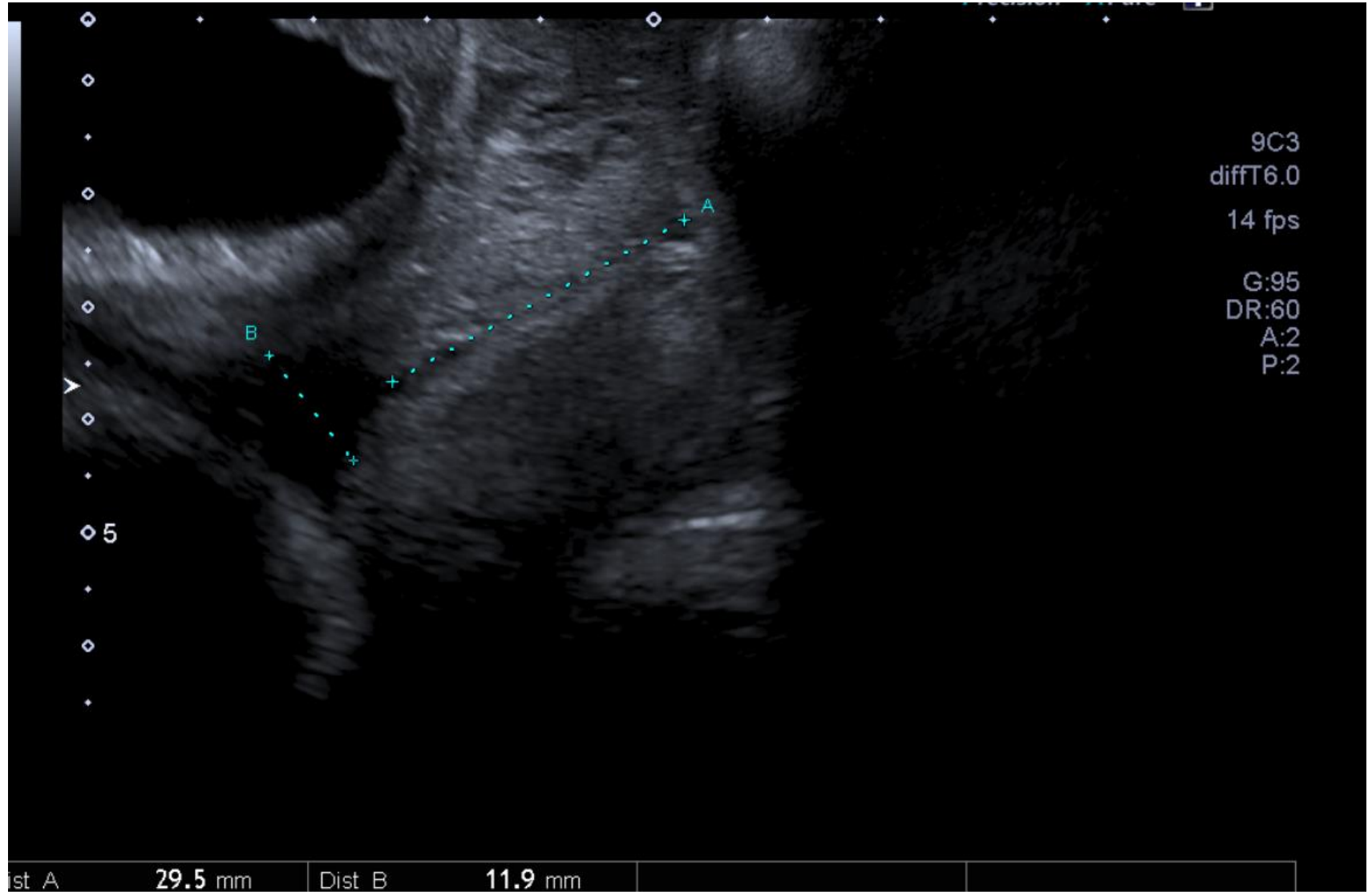


Normal appearances

Cervix at 20 weeks 0 days



Cervix on TVUS
20 weeks 0 days



Consider the following questions:

1. Does the cervix look normal?
2. How would you report the cervix?

Report:

The cervix measures 30mm in length and demonstrates funnelling.

By definition this is not a short cervix but, given the history of second trimester losses in the presence of U-shaped funnelling, referral is required for assessment.

BMUS))

22 weeks 3 days

Clinical history: second trimester losses, funnelling on previous US. Rescan.



1. How would you report these scan appearances?
2. Suggest appropriate management

Report:

The cervix is completely open.

Referral to midwifery team is required immediately. Patient is not to walk and must be taken on a wheelchair. No lifting or exertion.

Cervical incompetence (or weakened cervix)

- Symptoms: intense pelvic pressure, vaginal bleeding (without a low lying placenta), discharge and abdominal cramps
- Risk factors: cervical trauma, cervical surgery, congenital abnormalities and history of cerclage
- Those who've had previous incompetence are at higher risk of recurrence
- Cervical funnelling is opening of the internal os with protrusion of the amniotic sac into the cervical canal
- Cervical funnelling may be transient and seen in normal pregnancies, so practitioners must be mindful of this and observe carefully
- Management that may help avoid preterm birth include progesterone supplementation or cervical cerclage