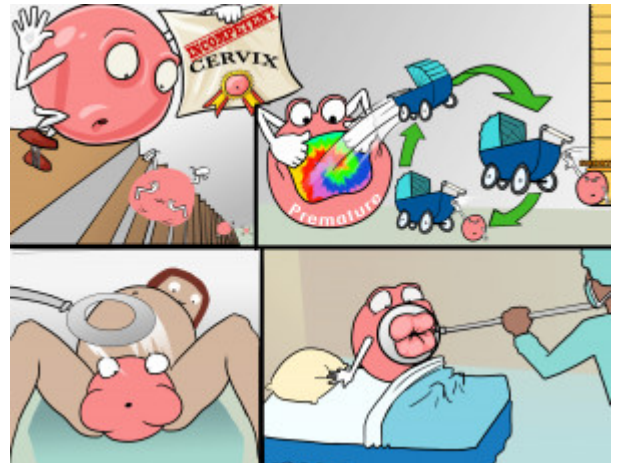


Incompetent Cervix

The premature dilation of the cervical os is a cause of late miscarriage. It can be a recurrent condition. Signs and symptoms include a recurring loss of pregnancy and a short cervix. Interventions include a cervical cerclage, encouraging rest, and preparing for labor.



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Mechanism

Premature Cervical Dilation

[Premature Cervix with Dyed-dilation](#)

Reduced cervical competence allows for a passive and painless dilation of the cervix in the 2nd trimester. This can be caused by prior surgery on the cervix or trauma (childbirth lacerations, excessive D&C or biopsies), ingestion of diethylstilbestrol (DES) while pregnant (rare now – no DES for pregnant woman in a LONG time), is often the cause.

Assessment

Recurring Miscarriage

[Recurring Missed-carriage](#)

Pregnant women with a history of multiple miscarriages is one sign of this condition.

Short Cervix

[Short Cervix](#)

Often the cervix is less than 25 mm and leads to reduced cervical competence.

Considerations

Cervical Cerclage

[Cervix with Circle-suture](#)

This is a placement of a prophylactic cerclage suture (McDonald technique or suture) at 11-15 weeks gestation, which places a suture beneath the mucosa to constrict the internal os of the cervix. Also, a cerclage suture may be placed later in pregnancy prophylactically, when the cervix begins to dilate prematurely.

Rest

[Bed-rest](#)

It is important that pregnant woman rest for a few days following the cerclage placement. Intercourse and physical activity restrictions are individualized based on the status of the cervix, which is determined by digital and ultrasound exams.

Labor

Labor

Cerclage suture is removed prior to labor usually at 37 weeks; however, if it is a Cesarean birth, the suture may be left in place for subsequent pregnancies. Removal of the suture can cause further trauma to the cervix.