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Patient information

Cervical Cerclage in pregnancy



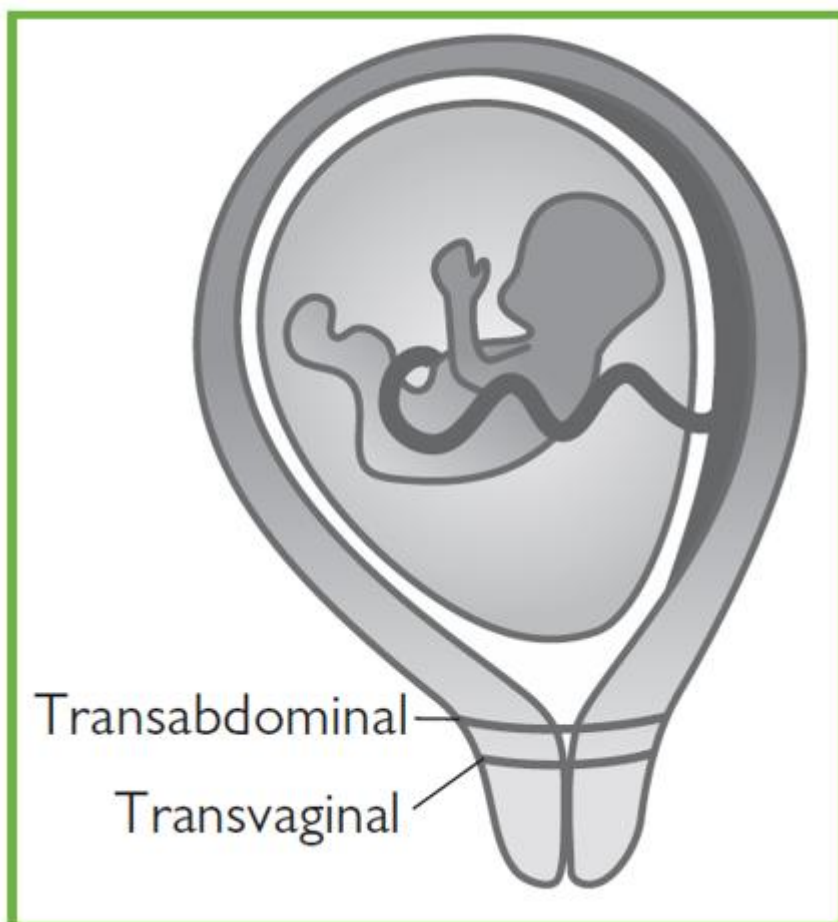
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What is a cervical cerclage?

- A cervical cerclage is a stitch placed around the cervix (the neck of the womb) during pregnancy. The stitch helps keep the cervix closed and may reduce the risk of miscarriage or early (preterm) birth in women whose cervix is at risk of opening too early.

Why might I be offered a cervical cerclage?

- You may be offered a cervical stitch if you have a higher chance of giving birth early.
- A cervical stitch may help to keep your cervix closed and may reduce the risk of you having a late miscarriage or a preterm birth.
- 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
- A cervical stitch may be recommended by your health care professional if there is a chance that your cervix may shorten and open too soon. This can lead to an early birth (premature birth) or late miscarriage. A cervical stitch may help to prevent this by keeping your cervix closed.



You should be referred to the prevention of preterm birth clinic early in your pregnancy to discuss a plan of care for you if:

- you have had a previous miscarriage after 16 weeks of pregnancy
- you have had a previous birth before 34 weeks of pregnancy

- your waters broke before 34 weeks in a previous pregnancy.
- you have had certain types of treatment to your cervix (e.g. Large Loop Excision of the Transformation Zone (LLETZ) or knife cone biopsy for treatment of an abnormal smear). Note that if you have a history of a single LLETZ with no other risk factors for preterm birth, you will be referred for an ultrasound of your cervix. This which will happen at the same time as your anomaly scan and only referred to the prevention of preterm birth clinic if your cervix is found to be short (less than 25mm).
- you have scarring to your endometrium (the lining of your uterus) or your uterus is an unusual shape
- you have had a previous caesarean birth when you were fully dilated (10cm)
- you have needed a cervical stitch in any of your previous pregnancies

Depending on your individual situation, your healthcare team may recommend you have a planned cervical stitch (a history indicated cervical stitch).

Alternatively, you may be offered vaginal ultrasound scans to measure your cervix between 16 and 22 weeks of pregnancy. If the cervix is found to be short (less than 25 mm long), you may be offered:

- a scan-indicated cervical stitch
- a hormonal treatment with progesterone pessaries used daily until 34 weeks
- close monitoring by your healthcare team if you prefer not to have a stitch or the pessaries

Your healthcare professional will discuss the risks and benefits of these options with you depending on your individual circumstances

Types of cervical cerclage

- There are four main types. Which one is offered depends on your history and what is found during pregnancy:

1. History-indicated (planned) cerclage

- Inserted at 13–14 weeks of pregnancy
- Offered if you have had three or more previous late miscarriages or preterm births
- Can be considered if you have had a previous cervical cerclage
- Done as an elective (planned) procedure, often as a day case

2. Ultrasound-indicated cerclage

- Offered if scans show your cervix has shortened to less than 25mm between 16–24 weeks, and you have a previous history of preterm birth or late miscarriage
- Vaginal progesterone may also be discussed as an alternative or additional option.

3. Rescue (emergency) cerclage

- Considered if the cervix is already opening between 16+0 and 27+6 weeks, but the membranes around the baby are still intact
- Aims to prolong the pregnancy, but carries more risks
- Always involves senior doctor (consultant) in the decision-making

- On average this prolongs the pregnancy by 6-8 weeks.

4. Abdominal cerclage

- A permanent stitch around the cervix undertaken outside of pregnancy or in the first 10 weeks.
- Usually considered in women who have had a preterm birth or late miscarriage despite a cervical cerclage
- Would require birth to be by Caesarean Section due to the permanent nature of the stitch.
- Placed using open or keyhole surgery
- Would remain in place for future pregnancies.

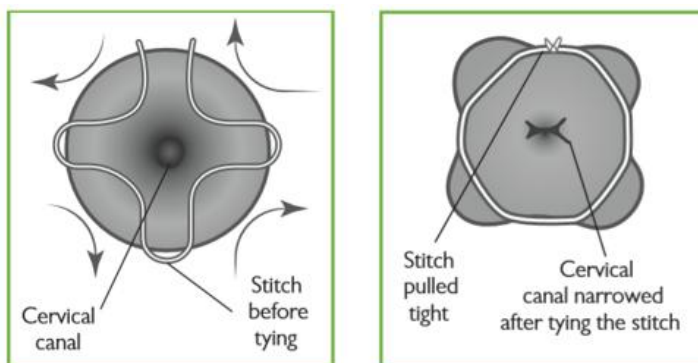
How is the transvaginal cerclage carried out?

- The stitch is usually placed through the vagina using a small operation.
- You will have either a spinal, epidural, or general anaesthetic.
- The most common techniques are called a McDonald or Shirodkar.
- 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 below). The stitch is then tightened and tied, helping to keep the cervix closed. The operation 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.
- Antibiotics may be given, depending on clinical judgement

The procedure is carried out by an experienced doctor with senior support.

You usually be discharged from hospital the following day.

In the image: The transvaginal stitch procedure, viewed looking at the cervix through the speculum. The stitch is first inserted around the opening of the cervix (left); the stitch is pulled tight and completed (right).



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

What are the risks?

Serious complications are uncommon, but can include:

- breaking the waters (rupture of membranes)
- bleeding
- infection
- cervical injury
- injury to your bladder
- the need for removal of the stitch earlier than planned
- If your cervix is too short or too far open, it may not be possible to insert the stitch.
- Even if the stitch is put in successfully, it may not always work, and you might still experience a late miscarriage or preterm birth.
- If you go into labour with the stitch in place, there is a risk of injury to your cervix during labour. A vaginal cervical stitch should be removed as soon as possible after the start of labour but does not increase your chances of needing a caesarean birth.

Emergency (rescue) cerclage carries a higher risk than planned cerclage. Your healthcare team will discuss these risks with you before the procedure

Are there any circumstances where a cervical cerclage would not be recommended?

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.

After the procedure

- Bed rest is not routinely recommended, but advice will be individualised
- It is usual to have bleeding for a few days after a stitch insertion
- You will have a blood clot risk assessment and may be given stockings or medication
- Sexual intercourse is not routinely restricted, but may be advised against in some cases
- Contact maternity services if you develop pain, contractions, bleeding, discharge, fever, or concerns

When to contact your healthcare team

You should contact your healthcare team without delay 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

When is the stitch removed?

- Usually between 36–37 weeks if you are planning a vaginal birth
- Removed earlier if you go into labour
- If you are having a planned caesarean section, the stitch may be removed at the time of surgery
- Removal is usually quick; some stitches require anaesthetic

Making a decision

Having a cervical cerclage is your choice. Your maternity team will explain:

- Why it is being suggested
- What alternatives exist (such as observation or progesterone)
- The possible benefits and risks

Please ask questions and take time to decide whenever possible.

Contact information

If you have concerns after a cervical cerclage, please contact:

- Your maternity triage unit
- Your community midwife
- Labour ward / maternity assessment unit

This leaflet is based on local West Hertfordshire Teaching Hospitals NHS Trust guidance and national recommendations from the Royal College of Obstetricians and Gynaecologists and NICE.

How to contact us

Department name

[Watford General Hospital](#)

Vicarage Road

Watford

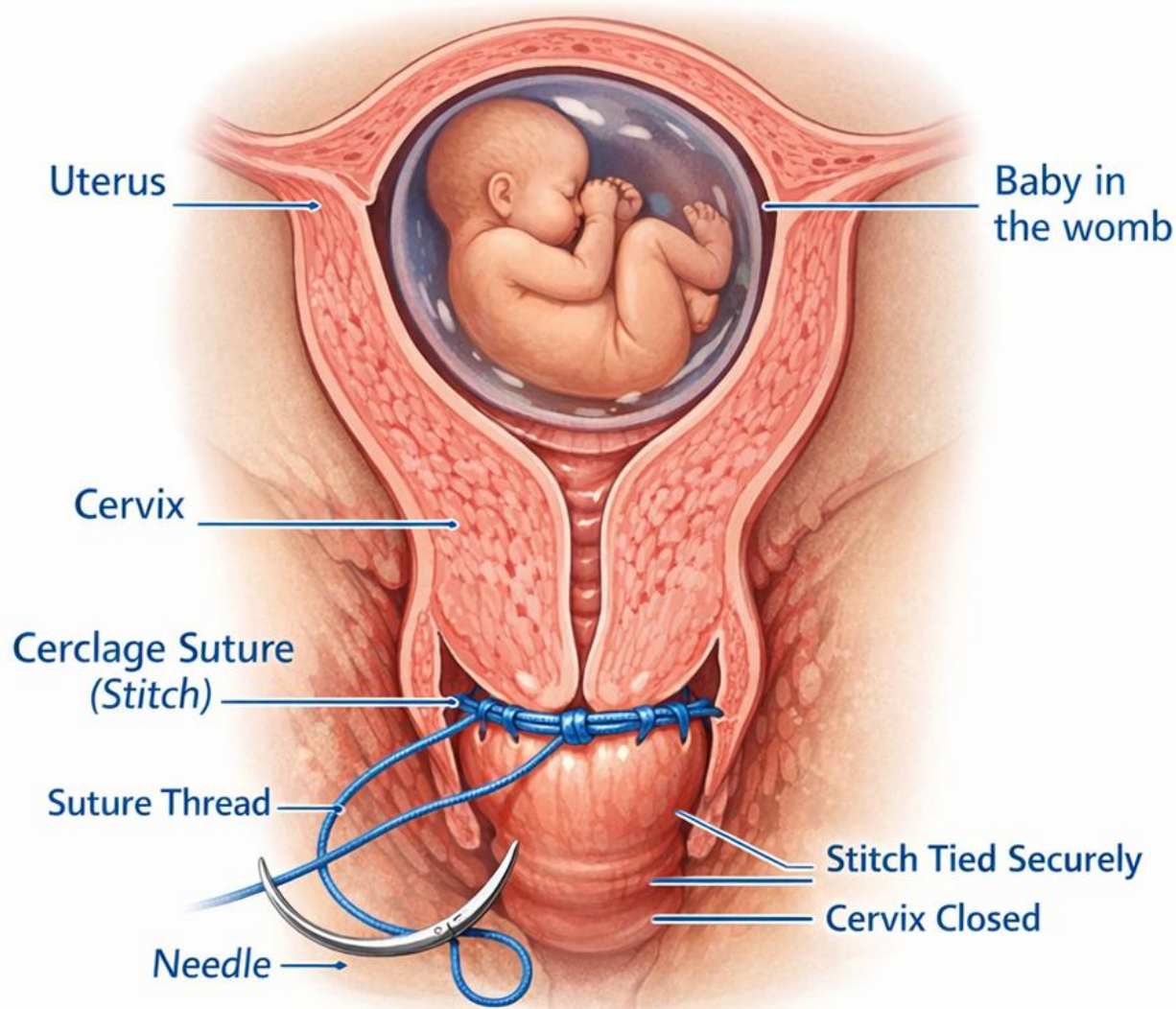
Hertfordshire WD18 0HB

Tel: 01923 XXXXXX (ext: XXXX)

Email: xxx.xxx@nhs.net

Hospital switchboard: 01923 244366

Cervical Cerclage



A stitch placed around the cervix to help keep it closed.

PALS

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Author (<i>optional</i>)	Suzanna Morton
Department	Maternity
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