

Press release

Measuring the cervix for preventing preterm births

PARMA, 21 NOVEMBER 2017 – Measuring the cervix: this is an exam that only takes five minutes but which can prevent preterm births, an event that represents the first cause of mortality of the foetus during pregnancy and of the newborn during the first few days of life. “Despite all the progress made in the field of survival, even with infants with a birth weight of less than one kilo, the neurological consequences of a preterm birth are still very significant”, warns Tiziana Frusca, Director of the Department of Clinical Obstetrics and Gynaecology of the University of Parma and Chairwoman of the Symposium entitled “Preterm birth: prevention & treatment” organised in Parma by the Department of Obstetrics and Gynaecology of the University of Parma and promoted by the Fondazione Internazionale Menarini. “That’s why it is essential to develop increasingly more advanced methods for identifying those women who during pregnancy are at a greater risk of a preterm birth, thus avoiding this event or at least prolonging the pregnancy as much as possible. The identification of patients at risk over the last few years has made great progress thanks to the use of the transvaginal ultrasound. By measuring of the cervix between the twentieth and twenty-fourth week it is possible to establish with reasonable accuracy whether a pregnant woman is at risk of a preterm birth. This method is certainly validated when applied to women who have already had a preterm birth, however the big issue among the experts is whether it could be worth using it in the entire population in order to identify women who have a higher risk of preterm birth”. This hypothesis is advanced with conviction by Vincenzo Berghella, Professor of Obstetrics and Gynaecology of the Thomas Jefferson University of Philadelphia, USA; “We mustn’t wait till women start having contractions with the risk of their water breaking before term. We must measure the cervix of all pregnant women, just like the entire population measures blood pressure and cholesterol to prevent heart attacks. This exam, which only takes five minutes, is painless and without any consequences”.

According to the World Health Association preterm births account for 10% of births worldwide and despite the progress made in medicine their number does not look like dropping. There are various reasons underlying the difficulty in preventing preterm births: preterm birth is not usually caused by one factor alone; no routine tests are conducted that are capable of preventing all preterm births; there is no single treatment available capable of preventing all preterm births.

“Once the women at risk have been identified, there are two ways of trying to avoid a preterm birth but we are lacking in any definite indications as to which one to choose”, confirms Tiziana Frusca. “It is possible to use cervical cerclage, a surgical procedure that “closes” the cervix, otherwise it is possible to administer a drug, vaginal progesterone. However, there is a great debate among specialists about which option to choose”.

According to Vincenzo Berghella, “In women with a shorter cervix and a lower risk we could administer progesterone, whereas in women with a high risk, as in the case of a previous preterm birth, cervical cerclage could be the answer”.

Lastly, a woman who goes to the emergency department complaining of contractions and pain is a different case. “In this specific situation the combined use of the evaluation of the length of the cervix together with the tests that use markers such as cervicovaginal foetal fibronectin, allow for predicting whether the woman is effectively at a high risk of delivering within a week. We can therefore administer all the therapies that help delay the birth or at least allow us to manage it in the best possible manner. In particular, a preterm infant may have limited lung development and in this case it is possible to help the newborn to breathe after birth via use of drugs called steroids. It has been demonstrated that steroids obtain better results if administered before seven/ten days after the pregnancy, consequently it is important to identify in advance patients to whom this drug should be administered”.

Press Office:

Marco Strambi

Telephone: 328 3979185

Email: marco.strambi@ibiscomunicazione.it