MISCARRIAGE ASSOCIATION

The knowledge to help

About the Cervical Stitch

You are probably reading this leaflet because you have experienced a late miscarriage or very premature birth. Your doctor may have told you that s/he suspects that this happened because of a weakness in your cervix. Or you might have heard about this problem and its treatment elsewhere and want to find out more.

In this leaflet we aim to tell you about the cervical stitch and why you may need one, or perhaps why you have one already.

Do bear in mind that doctors may have different opinions, experience and/or training regarding the cervical stitch. You might want to ask why your doctor recommends one treatment over another.

What is a cervical stitch?

A cervical stitch is also known as a cervical *suture* or cervical *cerclage*. It involves "stitching" a tape around the cervix to support it. This aims to keep the cervix closed and therefore to help prevent a baby being born too early.

Where is my cervix?

Your cervix is the lowest part of your womb (or *uterus*) and sits in the upper end of your vagina. It has a central canal or passageway, which connects the vagina and the womb. So you can think of your cervix as the "gateway" from your womb into the vagina.

During a normal pregnancy and birth, the cervix widens (or *dilates*) during labour, allowing your baby to move into your vagina to be born.

Why do I need a cervical stitch?

You may need a cervical stitch because your doctor has diagnosed, or strongly suspects, that you have a weakness in your cervix – doctors call this "cervical incompetence". This means that your cervix runs the risk of opening before the end of a 40-week pregnancy, and maybe even very early on in pregnancy.

If your cervix opens, there is an increased risk of your baby being born very early and either not surviving, or surviving with a serious risk of long-term problems.

Who is at risk of cervical weakness?

Sometimes there is no obvious cause, but your cervix may be weak because of the following:

- previous surgery to your cervix (such as a cone biopsy or repeated treatment for pre-cancerous cells); or
- previous damage to your cervix (e.g. from repeated surgery where your cervix needed to be dilated, or from a previous traumatic birth); or
- a weakness that you have had since birth, which may also be associated with an abnormally shaped womb

The weakness might have been spotted during a scan or a vaginal examination during pregnancy. It may have been diagnosed after a very premature birth or late miscarriage (i.e. more than 17 weeks). You may even have been warned of cervical weakness after surgical treatment.

Whatever the suspected cause, it can be difficult to be certain about the diagnosis. It is also very rare; it's estimated to affect less than 1 in 100 women.

"After an investigation by laparoscopy, it was clear that my womb was abnormal in shape and it was likely that my cervix was weak.

I was told that it would be wise to have my cervix scanned during pregnancy."

What happens if I need a cervical stitch?

The procedure involves "stitching" a tape around the cervix to support it and keep it closed. There are two main types of stitch:

The **Shirodkar** stitch is placed under the surface of your cervix near where it meets the womb.

The **MacDonald** stitch is placed lower down on your cervix, nearer to your vagina.

The stitches are inserted vaginally and usually at around 13 or 14 weeks of pregnancy. You will be given either a general or regional (epidural or spinal) anaesthetic and you may stay one night in hospital. Recovery is generally very quick and should be painless, though some women say they have period-like cramps and bleeding.

If your cervix is already opening (*dilating*), you may need a **rescue** cervical stitch instead, which is similar to a MacDonald stitch.

You may have regular scans of your cervix during the rest of the pregnancy and, if all goes well, the stitch will usually be removed at 37-38 weeks in preparation for birth. Removal of the stitch can be uncomfortable and may be done under a local anaesthetic.

"My cervix began to open at 24 weeks, so a rescue stitch was put in which held until 29 weeks.

Although my son was born very early, the extra five weeks in the womb were vital to his eventual health."

Are there any risks?

Placing a cervical stitch is fairly straightforward, but it does carry a risk of infection, which your doctor will discuss with you. Such an infection could cause your waters to break early (*premature rupture of the membranes*), which would trigger an early labour. Some doctors prescribe antibiotics when they insert the stitch, to help prevent this.

If the stitch ruptures or tears, this might cause further damage to your cervix and you are likely to miscarry or give birth prematurely.

If you have a "rescue" stitch, there is a risk that the needle used could prick the membranes and cause your waters to break. If this happens, the rescue stitch can't be put in.

"After I had the stitch I bled heavily and I couldn't believe this wasn't a miscarriage. I was reassured this can happen and had my healthy baby at 36 weeks."

How successful is it?

While many stitch pregnancies are successful, inserting a cervical stitch will not necessarily prevent the cervix opening and your baby delivering early.

This may be because there is a different reason for early labour and delivery, rather than cervical weakness – for example, infection.

In other cases, even where there is good evidence to show a weak cervix, the stitch may not be able to prevent it opening.

However, once a possible cervical weakness is diagnosed, it is very difficult for you and your doctor to do nothing – the stitch *might* help.

"When I was 20 weeks pregnant I lost my mucus plug and had an emergency stitch put in as my cervix was opening and had become very thin. It held my cervix closed for two more weeks before labour started.

My twins were too young to survive but I at least felt that the hospital had done all that they could to save the pregnancy."

What if it doesn't work?

If your stitch doesn't stop your cervix opening and your doctor still suspects that you have a weak cervix, s/he may suggest an *abdominal* cervical stitch for a future pregnancy.

The abdominal stitch sits much higher up your cervix (away from the vagina and nearer to your womb). It can't be placed through the vagina, and you would need abdominal surgery, under general anaesthetic. It is usually done before you become pregnant.

As with any open surgery, this has some risks (including infection), and it can take a few weeks to recover. In theory, this stitch remains in place for some time, and may support more than one pregnancy.

A small number of hospitals place the abdominal stitch by using keyhole surgery (*laparoscopy*). This way of operating has less risk of infection and a shorter recovery time (a few days). Again, this is usually done before pregnancy.

As with the other types of stitches, your cervix will be regularly monitored. The stitch can't be removed before labour, so your baby will have to be delivered by Caesarean Section.

"I had an abdominal stitch for my sixth pregnancy after a history of mid-trimester losses.

I was scanned regularly, which was nerve-wracking, but my cervix remained closed and I could maintain normal levels of activity.

I couldn't believe it when a healthy hearty baby was handed to me at full-term."

Questions you may want to ask your doctor:

Due to the lack of medical evidence, doctors have varying opinions about cervical weakness and how it should be managed. As it is such a rare condition, they may not have much experience of dealing with it. You might want to ask your doctor some of the following questions:

- What are the risks of delivering very early if I do, or if I do not have the stitch?
- What level of activity is safe? Should I stay in bed?
- Can I have sex?
- What should I do if my membranes rupture (waters break), or I go into labour with the stitch still in place?
- Will having a stitch mean I need to have another for the next pregnancy?
- Will the stitch damage my cervix?

> **"It was so reassuring to have a scan every two weeks, and to have an opportunity to talk to my doctor each time."**

Finally

Pregnancy after miscarriage can be a very anxious time, especially after the experience of late miscarriage or a very premature birth. Whether you have a stitch inserted or not, it will be important to have good care and support during your pregnancy.

You might want to talk to your GP and/or hospital doctor about planning regular scans or other checks.

You may also find it helps to share your feelings with someone else who can understand, such as a support volunteer from The Miscarriage Association who has had a stitch pregnancy and/or a late miscarriage. Our Internet message board is another place to find support.

> **"Having a stitch in place felt equally reassuring and frightening. Talking to other women with stitches really helped."**

Sources of support and information

The Miscarriage Association
c/o Clayton Hospital, Northgate,
Wakefield WF1 3JS
Tel: 01924 200799;
www.miscarriageassociation.org.uk

Support and information for anyone affected by the loss of a baby up to 24 weeks of pregnancy.

SANDS
28 Portland Place, London W1B 1LY
Tel: 020 7436 7940; www.uk-sands.org

Support and information for anyone affected by stillbirth or neonatal death

BLISS
9 Holyrood Street, London SE1 2EL
Tel: 0500 618140; www.bliss.org.uk

Support and information for parents of babies born prematurely

Book
The cervical stitch: what it's like, by Ros Kane.
First published in 1986, this book is sadly out of print but good quality photocopies are available from The Miscarriage Association

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Need to talk to someone who understands?
Call our support line on 01924 200799. Monday through Friday, 9am-4pm
Or email **info@miscarriageassociation.org.uk**

MISCARRIAGE
ASSOCIATION

The knowledge to help

The Miscarriage Association
c/o Clayton Hospital
Northgate
Wakefield
West Yorkshire WF1 3JS
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e-mail: info@miscarriageassociation.org.uk
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