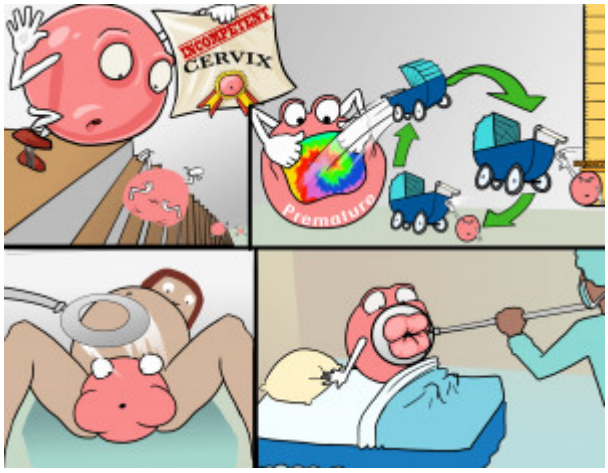
# Incompetent Cervix

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. <br />




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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.

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