



## **CERVICAL INCOMPETENCE**

### **Q. WHAT IS AN INCOMPETENT CERVIX?**

A. Cervical incompetence is defined as a condition where the cervix (the area at the bottom of the uterus at the vaginal opening) begins to open (dilate) and thin (efface) due to pressures of the growing fetus and uterus. The opening of the cervix is a leading cause of premature delivery and miscarriage.

Less than 1% of all pregnancies will experience problems due to an incompetent cervix. However, it is believed to cause as many as 25% of all miscarriages in the second trimester.

### **Q. WHAT CAUSES CERVICAL INCOMPETENCE?**

A. Not all women who experience cervical incompetence can attribute the problem to any specific cause. However, the following are a few of the possible reasons it may occur:

- Cervix operation - coning, Dilation and Cutterage, abortion, or a biopsy
- Cervical damage from a previous delivery
- Cervical malformation from a birth defect (common in women whose mothers took DES while pregnant)
- Idiopathic - no reason can be found. This is actually the most common situation.

Often, cervical incompetence is not diagnosed until a woman is having problems with a pregnancy or after a miscarriage.

### **Q. WHAT ARE THE SYMPTOMS?**

A. Cervical incompetence symptoms usually begin around the 16th and 17th week and progress as the fetus and amniotic fluid put more and more pressure on the cervix. One of the main differences is that there is no pain due to contractions or cramping. The specific symptoms are as follows:

- Bleeding (spotting)
- Mucous-like discharge that may be tinged with blood due to passing of mucous plug
- Pressure in the lower abdomen without contractions

Alert your obstetrician to any of the symptoms mentioned above, especially if you have had a previous miscarriage.

**Q. CAN ANYTHING BE DONE FOR AN INCOMPETENT CERVIX?**

A. If an incompetent cervix has been detected, certain procedures can be performed to protect a current pregnancy or future pregnancies; they are as follows:

- Cerclage - suturing the cervix shut; performed after conception between the 12th and 16th week of pregnancy and not removed until due date is near.
- Aspirin - daily dosage of baby aspirin in some patients.
- Bedrest may or may not be helpful.

Even with a procedure such as cerclage, there is no guarantee that it will totally prevent premature delivery or miscarriage. Regular check-ups and close observation through ultrasounds is highly recommended throughout pregnancy when dealing with cervical incompetence.

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