“Cerclage for Short Cervix on Ultrasonography in Women With Singleton Gestations and Previous Preterm Birth: A Meta-Analysis”
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1. Describe the study design and its strengths and limitations.
2. Review the abstract. The abstracts of systematic reviews in Obstetrics & Gynecology are structured differently from the abstracts of original research articles. Reviews include the headings "Data Sources" and "Tabulation, Integration, and Results." How do these headings aid the reader in evaluating the meta-analysis?
3. The data sources for this analysis included MEDLINE, PubMed, Embase, and the Cochrane Library. Do you have access to all of these sources? Why would you search one compared with another? How are they similar and how are they different? Discuss the reasons to use the different sources.
4. The authors excluded cerclage trials evaluating history-indicated cerclage (placed for the sole indication of poor obstetric history) or physical examination–indicated cerclage (placed for second-trimester cervical dilatation detected on physical examination). How might including these trials have affected the results? Would you have excluded these trials?
5. The authors also excluded trials with women with multiple gestations. Why would these women be excluded? How might they affect the results of the meta-analysis?
6. Review the UpToDate articles titled “Cervical insufficiency” and “Prevention of spontaneous preterm birth”:
   a. “Cervical insufficiency”: Discusses women with a history of early preterm birth and ultrasonographic evidence of cervical shortening before 24 weeks of gestation. A cervical length of less than 25 mm should prompt a discussion of the risks and benefits of cerclage, after which some women may choose this approach; the authors recommend cerclage when cervical length is less than 15 mm.
   b. “Prevention of spontaneous preterm birth”: The efficacy of cerclage for prolonging pregnancy in women with a shortened cervix has not been consistently demonstrated in randomized trials (To MS, Alfirevic Z, Heath VC, Cicero S, Cacho AM, Williamson PR, Nicolaides KH, on behalf of the Fetal Medicine Foundation Second Trimester Screening Group. Cervical cerclage for prevention of preterm delivery in women with short cervix: randomised controlled trial. Lancet 2004;363:1849–53); the optimum treatment of these women remains to be determined.

The article by Berghella et al concludes that in women with prior spontaneous preterm birth, a singleton gestation, and a cervical length of less than 25 mm, cerclage significantly prevents preterm birth and composite perinatal mortality and morbidity. How does that compare to the recommendations in UpToDate?
7. Do the recommendations in *UpToDate* need to be revised? If yes, how? If no, what evidence would be needed to consider revising them?

8. Given the new trials and this meta-analysis, do you believe that the guidelines in “ACOG Practice Bulletin No. 48: Cervical Insufficiency” ([Obstet Gynecol 2003;102:1091–9](https://doi.org/10.1097/01.AOG.0000115562.40378.EF)) should be revised? If yes, how?

9. Will the findings of the Berghella et al article alter your clinical practice? Why or why not? If yes, how will you incorporate these findings? If not, why not?

10. Will the findings change how you counsel patients with a prior preterm birth?