Guideline: role of ultrasound in the prediction of spontaneous preterm birth

Coutinho C, da Silva Costa F

Gold Coast University Hospital, Gold Coast, Australia

Objective

The scope of this guideline is to evaluate the role of ultrasound in the prediction of PTB in asymptomatic women and women with symptoms of PTL, with the goal of preventing prematurity and improving the perinatal and long-term outcome of the infant.

Methods

An International Taskforce was established to synthesize the latest research findings and produce practical recommendations for the management of preterm birth.

Results

Main guideline recommendations: - CL measurement for the prediction of PTB should be performed using TVS - TVS CL measurements should be performed in a standardized way, preferably by operators who have been certified by a scientific body, such asThe Fetal Medicine Foundation28 or the Perinatal Quality Foundation (CLEAR) - CL ≤ 25 mm can be used as a cut-off for the initiation of measures to prevent PTB in asymptomatic singleton pregnancies, irrespective of risk factors - For asymptomatic women with singleton pregnancy without prior spontaneous PTB and with TVS CL ≤ 25 mm before 24 weeks, administration of natural vaginal progesterone is recommended, from the time of detection of the short cervix until 36 weeks - Cervical cerclage can be considered in women whose cervix shortens to < 10 mm despite being on progesterone.

Conclusion

In conclusion, the ISUOG Practice Guidelines for the role of ultrasound in the prediction of spontaneous preterm birth represent a significant step forward in the screening and prevention of preterm birth. By providing evidence-based recommendations on the use of ultrasound markers for predicting preterm birth, the guideline sets clinical standards that can guide practitioners in their management. Overall, the guideline represents an important contribution to the field of fetal medicine and has the potential to improve outcomes for mothers and babies worldwide.