



Experience in managing pregnant women at high risk for preterm birth, by using a domeshaped obstetrics pessary and cerclage

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Abstract

Statement of the Problem: Preterm birth is one of the major global health problems and part of the Millennium Development goals because of the associated high number of perinatal or neonatal mortality and long-term risks of neurodevelopmental and metabolic diseases. Globally, preterm birth (PTB) rates are rising and have a significant impact on neonatal morbidity and mortality. Cervical pessary and vaginal progesterone is safe and feasible option, which may be beneficial for the prolongation of the pregnancy and therefore could be an effective method for preventing SPB. Despite being a common clinical practice, some authors consider that evidence to support the combined use of multiple versus single interventions for preventing PTB is scarce. Purpose of this study was to evaluate the efficacy of dome-shaped obstetric pessary and cerclage in combination with intravaginal progesterone in managing pregnant women at high risk for preterm birth. **Methodology & Theoretical Orientation:** This was a prospective comparison study of 150 women with singleton pregnancies with history of PTB or middle trimester miscarriage Group I consisted of 100 women who applied a cerclage, Group II consisted of 50 women with pessary placement. All patients administered intravaginal progesterone in the dosage of 200 mg per day. **Findings:** The results of this study showed the similar primary outcomes (the frequency of spontaneous PTB before 37, 34, and 28 weeks gestation) and secondary outcomes (average weight of newborns, the infant's score on the Apgar scale, and the percentage of low-weight newborns). The frequency of term birth in high risk women were 54% and 57.1% correspondingly. **Conclusion & Significance:** The dome-shaped obstetric pessary and cerclage with vaginal progesterone showed equally efficacy in the prevention of PTB in high risk women with singleton pregnancy in the middle trimester. Further multicenter studies are necessary to confirm these findings and determine as guidelines in the future.

Biography

She is The Head of the Department of Obstetrics and Gynecology of Kemerovo State Medical University, President of the Kemerovo Regional Public Organization "Association of Obstetricians-Gynecologists", Chief Specialist of the Ministry of Health of the Russian Federation of Obstetrics and Gynecology in the Siberian Federal District, member of the Presidium of the Board of the Russian Society of Obstetricians-Gynecologists.

Publication

1. Karis Allen L, Schulz J, Flood C, Ross S, Naud K.
2. J ObstetGynaecol Can. 2017 Aug 16. pii: S1701-2163(17)30066-X. doi: 10.1016/j.jogc.2017.05.017.
3. Matei A, Saccone G, Vogel JP, Armson AB. Primary and secondary prevention of preterm birth: a review of systematic reviews and ongoing randomized controlled trials. EurJ ObstetGynecolReprod Biol. 2019 May;236:224-239. doi: 10.1016/j.ejogrb.2018.12.022. Epub 2019 Jan 25.
4. Kyvernitakis I et al. Controversies about the Secondary Prevention of Spontaneous Preterm Birth GeburtshFrauenheilk 2018; 78: 585-59



European Gynecology and Obstetrics Congress,
February 17-18, 2020 | Paris, France

Author Citation: Natalia Artymuk, Experience in managing pregnant women at high risk for preterm birth, by using a domeshaped obstetrics pessary and cerclage, Gynecology 2020, European Gynecology and Obstetrics Congress, Paris, 17-18 February, 2020, pp. 03