

Perth | 28 Oct - 1 Nov Aiming higher: More than healthcare



## Subsequent Pregnancy Outcomes When Laparoscopic Transabdominal Cerclage Is Left In-situ

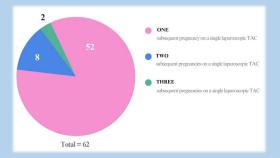
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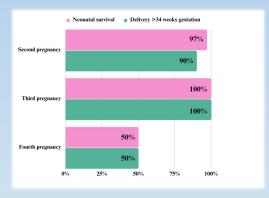
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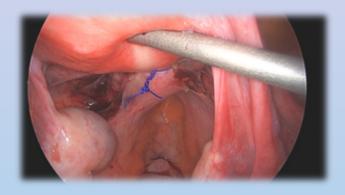
**Background** - Transabdominal Cerclage (TAC) is an effective intervention to prevent mid-trimester miscarriage and preterm delivery in patients with failed transvaginal cerclage, previous oncologic cervical surgery or congenital Mullerian abnormalities.

**Aim** - This study aims to present obstetric outcomes in subsequent pregnancies when a successful laparoscopic TAC remains in situ.

*Methods* - A prospective observational study from 2007 to 2023, of subsequent obstetric outcomes following a successful pregnancy on a laparoscopic TAC. The primary outcome was neonatal survival. The secondary outcome was delivery at or greater than 34 weeks of gestation.







**Results** - During the study period, 62 patients who had one successful pregnancy with a laparoscopic TAC in situ, became pregnant for a second, third or fourth time. We define a 'subsequent pregnancy' as a pregnancy following a delivery after 24 weeks of gestation. 52 patients had one subsequent pregnancy, 8 patients had two subsequent pregnancies and 2 patients had three subsequent pregnancies on the same initial stitch. With the cerclage in situ for their second pregnancies, the neonatal survival was 97% and 90% of patients delivered after 34 weeks of gestation. With the cerclage in situ for their third pregnancies, the neonatal survival was 100% and 100% of patients delivered after 34 weeks of gestation. With the cerclage in situ for their fourth pregnancies, the neonatal survival was 50% and 50% of patients delivered after 34 weeks of gestation.

**Conclusion** - When left in situ, the same transabdominal cerclage can be reused in subsequent pregnancies with good obstetric outcomes and high rates of neonatal survival.







