



A guide to...

Pregnancy after cervical surgery

Patient Information

How to contact us

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If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 198** or email **westherts.pals@nhs.net**



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Introduction

We hope this leaflet will be helpful for women who are pregnant following treatment to the cervix. It will help you to understand the risk factors and how the maternity team will support you during your pregnancy to try and reduce the risk of preterm birth. If you have any questions or concerns, please speak to the midwife or doctor caring for you.

What treatment might I have had to the cervix and why?

Women are called in for a cervical smear every three years. Sometimes the test results are abnormal. When this happens, a further assessment (called a colposcopy) is performed to assess the cervix in greater detail. During this assessment, a small sample of cells may be taken. This is called a cervical biopsy.

CIN (Cervical Intraepithelial Neoplasia)

The results may show CIN (cervical intraepithelial neoplasia). CIN is not cancer. There are three levels of CIN and they relate to how deep into the skin the abnormal cells have gone.

CIN 1 – up to one third of the thickness of the lining covering the cervix has abnormal cells

CIN 2 – between one third and two thirds of the skin covering the cervix has abnormal cells

CIN 3 – the full thickness of the lining covering the cervix has abnormal cells

Depending on the result from the colposcopy, treatments to remove the abnormal cells – LLETZ or cone biopsy may then be undertaken.

LLETZ (Large Loop Excision of the Transformation Zone)

In the LLETZ procedure a thin wire loop heated by an electrical current is used to remove the abnormal tissue from the cervix. It is a quick procedure, carried out either under a local anaesthetic or with a general anaesthetic. The tissue sample is sent to a laboratory for examination.

Cone biopsy

A cone biopsy is so called because a cone-shaped piece of tissue is surgically removed from the cervix. The cone biopsy is usually done under a general anaesthetic and involves a day or overnight stay in hospital. Results are usually available in a week.

What problems might I experience in pregnancy following cervical surgery?

Women who had have a cone biopsy or a LLETZ procedure, prior to pregnancy are at a slightly higher risk of having a late miscarriage or premature birth (before 37 weeks). If you have had a cervical biopsy and no further treatment was needed, this carries no additional risk in your pregnancy.

The level of risk depends on the extent of the procedure that was carried out. Evidence shows that in cases where the excision is more than 10mm, or if more than one procedure has been carried out, then the risk is increased. We understand that the majority of women will not know the extent of the excision they underwent and as a result, we offer cervical length screening to all women in order to provide close monitoring and reduce the chance of your baby being born early.

The majority of women who have had previous treatment to the cervix will have a baby born at term.

What is a preterm birth?

We normally expect babies to be born between 37-42 weeks of pregnancy. When babies are born before 37 weeks then it is known as a preterm (premature) birth. About eight out of 100 babies will be born prematurely before 37 weeks.

What does screening involve?

You will be offered a scan of the cervix to assess its length. This will be carried out between 18-22 weeks and ideally at the time of your anomaly ultrasound which is at around 20 weeks gestation. This will be an internal scan, where the probe is inserted into the vagina in order to be able to accurately assess the cervix.

Please note that the ultrasound technicians are skilled and will make sure you're as comfortable as possible. This procedure is completely safe during pregnancy and does not pose any risk to yourself or your baby.

If you have had more than one LLETZ treatment or a knife cone, you will be referred to the Preterm Birth Clinic as in these cases, the depth of the excision is likely to be higher than if you have had only one LLETZ treatment.

Please contact us in advance if you have any concerns or if you are anxious about having a transvaginal scan. See below for a picture of the cervical scan procedure.

Please note: It is important that you empty your bladder before the scan as this enables us to look at the cervix more accurately.

What happens after the ultrasound?

- If the cervix measures 26mm or longer, this is a normal cervical length. You will not require any further follow up scan to assess the cervix and you can continue your pregnancy care with your midwife (and your obstetrician if you have other risk factors not related to preterm birth).
- If your cervix measures 25mm or less, you will be asked to attend Maternity Day Unit for review by a doctor to discuss the management options.

Management for women with a shorter cervix

Most women who have a scan because of previous treatment to the cervix are found to have a normal length cervix and will not have a baby born preterm.

For those women who are found to have a short cervix, there are several management options we may offer to try and reduce the risk of preterm labour and birth.

Cervical cerclage

This is sometimes referred to as a cervical stitch or suture. A stitch is placed around the cervix and tied in order to prevent the cervix opening too early during the pregnancy. This is most commonly done through the vagina (transvaginal) and is done under spinal anaesthetic where you will be made numb from the waist down. It is then removed vaginally at 36–37 weeks unless you go into labour, or your waters break before this time.

A cervical cerclage can be placed at the beginning of the second trimester (around 12-14 weeks), based on the previous pregnancy history (history-indicated stitch), or later in the second trimester in response to the cervix starting to shorten (an ultrasound indicated stitch).

If you do need a cervical cerclage, we will provide you with more in-depth information on the procedure and what to expect. For most women this reduces the risk of prematurity significantly.

Progesterone (cyclogest)

This is a hormone that plays a role in maintaining pregnancy. There is some evidence to support the use of progesterone to strengthen a cervix which is shortening. Progesterone can be given in the vagina or rectally (into the bottom). If we think you need to start taking progesterone, we would usually start the treatment between 16-24 weeks of pregnancy and continue until at least 34 weeks.

We understand that this may sound a little worrying, please do not hesitate to contact your midwife or obstetricians if you have any questions or concerns.

PRETERM LABOUR

Please see below for some of the signs or symptoms you should look out for and contact us about. If you are ever in doubt, do not panic and just phone us and we will be happy to help you and direct you where to go.

If you think you are in preterm labour or that your waters have broken, contact the hospital:

- **Less than 16 weeks pregnant** - Contact the Early Pregnancy Unit (EPU) on 01923 217831 - Monday to Friday 8.30-16.00 or attend the Emergency Department if urgent open 24/7.
- **Over 16 weeks** - Telephone Maternity Triage on **01923 217343**. Triage is open 24 hours a day.

Signs of preterm labour can include

- Backache (intermittent or continuous)
- Cramps like strong period pains (usually more painful than Braxton-Hicks 'practice' contractions, although these can also be painful in late pregnancy)
- Frequent need to urinate
- Feeling of pressure in your pelvis
- Feeling sick (nausea), being sick (vomiting) or having diarrhoea
- A 'show' when the mucous plug in the cervix comes away
- Your waters breaking. Sometimes you may feel a soft, popping sensation. There may be a slow trickle or a gush of clear or pinkish fluid from your vagina.

Preterm prelabour rupture of membranes (PPROM)

This is when your waters break before your labour starts and before you reach 37 weeks gestation. If this happens, it can sometimes trigger early labour, but not always.

It is diagnosed when pooling of amniotic fluid is seen either on a pad or by speculum examination. If you are unsure that your waters have broken and we cannot see any fluid pooling during the speculum examination, we can offer a swab test called the ROM plus test. This is a swab test taken during the speculum examination to check for amniotic fluid. The results take five to 10 minutes.

If your waters have broken, then we would advise that you are admitted to our antenatal ward (Victoria ward) for at least 48 hours. This is to observe for signs of labour or infection, and to prepare for possible early birth of your baby.

Please see the PPRM leaflet for more information.

What if I have any questions?

If you have any questions or concerns, please speak to the midwife or doctor caring for you.

Useful contact telephone numbers

Consultant Led Unit, Watford Hospital ☎ 01923 217371 or 01923 217920

Victoria Ward ☎ 01923 217377

Maternity Triage, Watford Hospital ☎ 01923 217343

Useful websites for more information

The organisations below can provide more information:

NHS website

<https://www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/premature-labour-and-birth/>

Tommy's

<https://www.tommys.org/pregnancy-information/premature-birth>

RCOG patient information leaflet

<https://www.rcog.org.uk/for-the-public/browse-all-patient-informationleaflets/when-your-waters-break-prematurely-patient-informationleaflet/>