

Frequently Asked Questions

What is a cervical cerclage?

A cervical **cerclage** is a treatment that involves temporarily sewing the **cervix** closed with stitches. This may help the cervix hold a pregnancy in the **uterus**. A cerclage is done in the second **trimester** of pregnancy to prevent **preterm** birth.

Why is a cerclage placed?

Sometimes the cervix isn't strong enough to stay closed as the pregnancy grows. This weakness is called **cervical insufficiency** (formerly called an incompetent cervix). Cervical weakness may cause a quick delivery and preterm birth. This can happen with only mild contractions or without any pain or other signs of preterm labor. The goal of a cerclage is to prevent cervical weakness from causing preterm birth.

How is cervical weakness diagnosed?

Your **obstetrician–gynecologist (ob-gyn)** may diagnose cervical weakness and recommend placing a cerclage if you have had

- pregnancy loss due to painless **dilation** of the cervix in the second trimester
- multiple second trimester pregnancy losses or preterm births
- a previous cerclage due to painless cervical dilation in the second trimester

Your ob-gyn also may recommend placing a cerclage based on

- painless dilation of the cervix in the second trimester
- an [ultrasound exam](#) that shows a short cervix, if you also have other risk factors for preterm birth

Who should not typically have a cerclage?

A cerclage is not normally placed if you

- have a short cervix but have not had a previous preterm birth
- have a twin pregnancy and a short cervix

How is a cerclage placed?

There are two types of cerclage:

Transvaginal cerclage. Ob-gyns most often do a cerclage by reaching through the [vagina](#) to place stitches in the cervix.

Transabdominal cerclage. This is when a cut is made in the abdomen (belly) to reach the cervix and place stitches. This can be done with open surgery ([laparotomy](#)) or with a very small cut and a camera ([laparoscopy](#)). Sometimes transabdominal cerclage is done if you

- have had surgeries on your cervix in the past
- had a previous transvaginal cerclage that didn't prevent the loss of a pregnancy

Cerclage usually is done in a hospital. It typically does not require an overnight stay.

How is a cerclage removed?

A transvaginal cerclage typically is removed around 37 weeks of pregnancy. This might be done at an office visit or in the hospital.

A transabdominal cerclage typically is left in place until delivery through [cesarean birth](#) . A transabdominal cerclage also can be left in place between pregnancies, to prevent future preterm birth or pregnancy loss.

What should I expect after a cerclage?

After a cerclage, you may have

- some bleeding or spotting for up to 3 days
- more clear discharge from the vagina than before
- a few days of light cramping

If you have spotting or discharge, wear a sanitary pad and change as often as needed. Do not put anything in your vagina. Avoid heavy activity for a few days and check with your ob-gyn before having sex.

What are the risks of a cerclage?

Overall, there is a low risk of [complications](#) from a cerclage. Possible complications include

- [preterm prelabor rupture of membranes \(PPROM\)](#)
- infection of fetal membranes and the uterus
- tears in the cervix
- the stitch moving from the correct place
- bleeding during or after the procedure

Are there other ways to treat cervical insufficiency besides cerclage?

There is some evidence that placing a soft, removable device called a [pessary](#) into the vagina may help some women. Talk with your ob-gyn about this option.

Will I need bed rest if I am at risk of preterm birth?

Bed rest is not recommended for women at risk of preterm birth. Research shows that bed rest and limiting physical activity do not prevent preterm birth or pregnancy loss.

Bed rest can increase the risk of blood clots, bone weakening, and loss of muscle strength.

Glossary

Cerclage: A procedure in which the cervical opening is closed with stitches to prevent or delay preterm birth.

Cervical Insufficiency: A condition in which the cervix is unable to hold a pregnancy in the uterus in the second trimester.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Cesarean birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Dilation: Widening the opening of the cervix.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Laparotomy: A surgical procedure in which an incision is made in the abdomen.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Pessary: A device that can be inserted into the vagina. It is typically used to support organs that have dropped down from their normal position or to help control urine leakage.

Preterm: Less than 37 weeks of pregnancy.

Preterm Prelabor Rupture of Membranes (PPROM): Rupture of the amniotic membranes that happens before labor begins and before 37 weeks of pregnancy.

Trimester: A 3-month time in pregnancy. It can be first, second, or third.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ526

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