

P194 The effective strategy of prevention preterm birth with women with a previous history of PB

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Prediction and prevention of premature birth (PB) are an important area of modern obstetrics. The main requirements for preventive measures should be their timeliness (up to 22 weeks of pregnancy) and effectiveness. The high-risk group for PB includes pregnant women with impaired obturation cervical function. Cervical incompetence (CI) is the insufficiency of the circular musculature of the internal os, which contributes to the development of insolvency of the obstructive function of the cervix. CI was found in every 3-rd case of preterm birth. The use of cervical cerclage pessary (CCP) from 14 weeks of pregnancy, even with multiple pregnancies, is a modern method for effective prevention strategy of PB. The aim of the study was to determine the effectiveness of CCP in pregnant women with a previous history of PB. 64 women with a singleton pregnancy with the previous history of PB were included in our prospective investigation. Pregnant patients were randomly assigned to the installation of a CCP in 14-16 weeks of gestation (n = 34) or preventive management with vaginal progestin from 20 weeks (n = 30). As clinical outcomes, we assessed the amount of PB (up to 28 weeks, up to 34 weeks, up to 37 weeks), cases of preterm rupture of membrane, cases of vaginal dysbiosis, and cases of labor dystocia. We delineated the clinical effectiveness of CCPs in reducing the incidence of PB to 28 weeks 0% versus 6,7% for progestin therapy respectively; to 34 weeks RR 0,44; 95% CI 0,09 to 2,24, P=0,32 and cases of preterm rupture of membranes (RR 0,71; 95% CI 0,21 to 2,39, P=0,58). There were 5 and 8 cases of labor dystocia (RR 0,55; 95% CI 0,20 to 1,50, P=0,24), respectively. 70,6% of pregnant women with CCPs there were vaginal dysbiosis versus 66,7% who used vaginal progestin (RR 1,06; 95% CI 0,76 to 1,48, P=0,74). The CCP, as well as a vaginal progestin, had effective prevention of preterm birth in singleton pregnancy among women with the previous history of PB. The differences between the selected strategies were not significant.