Guidelines for management of pregnancies with laparoscopic transabdominal cerclage (TAC).

These guidelines were written based on experience and on the outcomes of hundreds of other pregnancies.

Please note that each woman and each pregnancy are different. Your personal circumstances may vary somewhat from the following guidelines. This document is not a substitute for advice from your doctor.

WHAT TO EXPECT

- The most common experience after placement of a TAC is a fairly uneventful pregnancy. There is no need to stop work. There is no need for bed rest.
- The desired outcome is an elective caesarean section around 38 weeks gestation.
- It is common to experience abdominal and pelvic discomfort as the pregnancy progresses, triggered by the weight of the pregnant uterus which causes pressure over the stich and over the pelvic bones.
- In a series of over 200 pregnancies who went past 12 weeks, over more than 10 years, 98.5% of women had a successful pregnancy and a healthy baby. Of those, 81% were delivered after 34 weeks gestation.
- 3 pregnancies ended up in late miscarriages.
- There are other pregnancy events that can influence the outcome such as pre-eclampsia, gestational diabetes, infection, placental problems, etc

WHAT YOU SHOULD DO

- You should be able to continue to do all your regular activities. You can work, drive and attend to most daily tasks.
- You can do light exercise such as walking, pregnancy directed Pilates, etc.
- You should do all usual pregnancy tests recommended by your doctor such as ultrasounds and blood tests.

Ultrasound frequency

- It is recommended that you have an ultrasound to measure the cervical length every 4 weeks until 24 weeks.
- Most women will routinely have ultrasounds at 12 and 20 weeks anyway. Another two, at 16 and 24 weeks should be added. If the cervix is long and closed at 24 weeks, no further scans are necessary. Further ultrasounds after that are at the discretion of your Obstetrician.

WHAT YOU SHOULD AVOID

- Avoid vigorous or strenuous exercise.
- Avoid heavy lifting. As a guide, anything heavier than 5 Kg is too heavy.

- From 14 weeks gestation, avoid sexual intercourse. All other forms of intimacy are fine.

PREGNANCY OUTCOMES AND MANAGEMENT OF DELIVERY

- As stated, the suture is not removed and all deliveries are by caesarean section.

Planned caesarean section

- The most common pregnancy outcome is an elective caesarean section at term.
- It should be planned for around 38 weeks.

Other possibilities are:

Preterm labour before the planned caesarean section date.

- If you start having regular painful contractions, you should inform your doctor or present to hospital immediately. Contractions can be normal, but could also be a sign of preterm labour.
- Sometime it is possible to give medication to stop the contractions. If that is not the case and labour is confirmed, a caesarean section should be done there and then.

First trimester miscarriage

- Spontaneous early miscarriages are fairly common and, although emotionally difficult, not a complex medical issue. Some resolve spontaneously after conservative management and do not require any intervention.
- If necessary, a suction curettage can be performed without damaging the cerclage. A suction curette number 8 can be used.

Second trimester miscarriage

- After around 14 weeks, the baby becomes too big to pass through the cerclage.
- In the event of rupture of membranes, fetal demise or other events that do not allow the pregnancy to continue, measures should be taken to avoid a hysterotomy (caesarean section on a small uterus for a baby that is not capable of surviving).
- The recommendation is that a laparoscopy is performed and the suture removed to allow for a vaginal delivery. Another cerclage can be placed in the future.
- The rational is that another laparoscopy is a much less invasive surgical procedure than a hysterotomy.
- These second trimester events are very rare.