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A newsletter published exclusively
 for Pennsylvania OB-GYNs

Chair's Message

News from the Chair

by Sherry L. Blumenthal, MD, FACOG



Pennsylvania is taking its place as a battleground state for women's health care rights. Passage of The Abortion Control Act, requiring compliance with ambulatory surgery center regulations for the free-standing clinics in PA which provide abortion services, passed both houses and was

signed by the Governor. There is a way for clinics to apply for an exemption from the ambulatory surgical center requirements and one of the clinics in Pittsburgh is already doing this.

HB 1077 came to the floor of the House, but has been tabled for now as Rep. Mike Turzai, Speaker of the House, stated that there have been concerns by physicians about the bill. This bill, mimicking legislation passed in Texas, North Carolina and Virginia, requires women seeking abortion to have a fetal ultrasound with the screen turned towards her, have the practitioner performing the study describe the parts of the fetus and show the woman the heartbeat, or have her listen to it. Representative Kathy Rapp, primary sponsor of the bill which originally had 130 co-sponsors, stated that women have the right to know about what they are doing and that informed consent for abortion is not as thorough as consent for other surgical procedures. The bill currently has 82 sponsors. Many have withdrawn due to controversy, media exposure and the outrage of many women, especially over the issue of using a vaginal probe. Right now, our tactic is to try to delay the legislation as much as possible.

We are gratified that we have convinced the PA Medical Society (PAMED) to lend its support and lobbyists to defeat this bill. While the society avoids issues pertaining to abortion, they have agreed that HB 1077 mandates what procedures physicians have to perform, interferes with the patient-doctor relationship, and that this bill in particular will raise medical costs without medical benefit to the patient. Their lobbyists actively worked in Harrisburg to defeat the bill and deserve credit for the bill being moved "off the table," at least until after the November election.

There are some legislators in PA, particularly State Senator Pat Vance, who strongly support health care for women. We have applied for funds from the ACOG National Political Action Committee to support Sen. Vance in her primary battle for re-election.

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Note: If you have an important announcement of interest to Pennsylvania ob-gyns, send it to Jan Reisinger at the PA Section of ACOG office.

Legislative Report

by Lynne Coslett-Charlton, MD, Legislative Committee Chair and PA ACOG Treasurer



In case you haven't noticed, our national and state legislatures have been very interested in attempting to legislate medical practice. In Pennsylvania, we have witnessed introduction of multiple pieces of legislation in both the House and Senate which have direct impact on our patients and practices. Most notably, is the interest in reproductive women's health which has kept our legislative committee very active.

HB 1077 or "Patient Right to Know Act" has drawn the most attention. This legislation directly infringes on the sacred doctor-patient relationship by placing mandates on ultrasound use prior to termination of pregnancy with criminal penalties for failure to comply. Despite the controversy with reproductive rights, we gained the overwhelming support of the Pennsylvania Medical Society. Working together, we were able to stall the legislation because of the serious concerns of the medical community. The legislation lost many of its co-sponsors and a vote is temporarily on hold.

Many of us find it difficult enough to balance the increasing pressures of practicing medicine and caring for patients without the distraction of how government may negatively infringe on women's health. PA ACOG has a wonderful relationship with our State Medical Society. Their diligent staff keep us well informed of impending issues. We are also pursuing retaining a lobbyist to keep us better engaged with our State Legislature on issues that particularly effect OBGYN practice. These efforts have greatly matured our legislative efforts, but most exciting has been the contribution of our National Ob-GynPAC.

The governing committee of our National Ob-GynPAC has had the foresight to realize that many of the important women's health battles have trickled down to the state level. We are very excited to announce that for the first time, our National Ob-GynPAC has donated to the campaign of an important supporter of women's health care issues in the Pennsylvania State Senate.

Senator Patricia Vance of the 31st District Pennsylvania is a professional nurse and Chair of Public Health and Welfare Committee. She is a strong supporter of women's and children's health, advocate for reproductive access for women and champion of crucial HIV opt out legislation following CDC recommendations. She is a voice for our patients, a strong supporter of organized medicine, and a wonderful ally for PA ACOG. We are so grateful that our PAC has recognized her contributions to women's health.

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Please Support State Senator Pat Vance

Senator Pat Vance needs our support. She has been a strong and proven supporter of women's health care in Pennsylvania, willing to fight for the issues that matter to Ob/Gyn. Personal contributions can be sent to: PO Box 652, Camp Hill, PA 17011.

PA ACOG and the Pennsylvania Medical Society Oppose House Bill 1077

by Steve Smith, MD, PA ACOG Secretary



“To be an advocate in the Commonwealth for the lifelong care for all women,” is the opening part of the mission statement for the Pennsylvania Section of ACOG. Political advocacy is an increasingly important aspect. An example is the recent collaboration of PA ACOG and the Pennsylvania Medical Society to

successfully oppose House Bill 1077, a bill that would

require women seeking pregnancy termination to have an ultrasound and to either view the embryo or hear the heartbeat. The following letter, authored by Section Chair, Sherry Blumenthal, and signed by the Section officers, summarizes the position of PA ACOG on this issue. This represents an example of the work that we can accomplish. However, it requires a loud voice to make an impact. As you read the letter, please ask yourself how you can contribute.

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News From the Chair

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We urge those members of PA ACOG who live in her district, to lend her their verbal and financial support.

There have been more cuts to the health care budget in PA, and there is now a change in payment for delivery and neonatal hospital care for Medicaid patients. The plan is to combine them into one payment, which will result in decreased revenue for hospitals. The concern is that more hospitals in Pennsylvania will close their obstetrical units. In Southeastern PA alone, most of the hospitals which still provide OB services are those affiliated with medical schools and those having residency programs. With continued cuts to GME, the situation becomes more critical for those institutions. PA ACOG supported the Hospital and Healthsystem Association of Pennsylvania (HAP) in opposing the cuts in Medicaid payments.

We are working with the Maternity Care Coalition to help draft proposed coverage requirements by the Affordable Care ACT. We have also agreed to assist the American Academy of Pediatrics in educational programs to be sure fetal death and neonatal deaths are reported properly. This is vital so that they have correct statistics and can analyze ways to reduce infant deaths.

PAMED, through our representative on its Specialty Leadership Council, passed a resolution urging insurance companies in PA to cover contraception for all women. Although the ACA mandates coverage under the new health exchanges, existing plans are not required to provide coverage. We are also trying to clarify the state policy on expedited partner coverage for sexually transmitted infections. We are working with

pharmaceutical companies, who have greater resources, to try to lobby private insurers in PA, where Blue Cross/Blue Shield has 75% of the market and Aetna most of the remainder, to cover o.c.'s and IUD's. Many will not cover Mirena, even for the FDA-approved treatment of menorrhagia.

Legislative attempts were made several times to require emergency departments in the state to educate and offer emergency contraception (EC) to victims of sexual assault, however passage has been unsuccessful. The American College of Emergency Physicians (ACEP) has a policy that EC should be offered, however many health systems have no EC policy in place. Even in hospitals which do not have a religious affiliation, there is no consistent provision of EC. The PA chapter of ACEP is surveying its members to see how many of them work in EDs which have a policy and whether it is followed. We hope to work with them to be sure that all of their fellows are encouraged to comply with the guidelines.

We are interviewing candidates in hopes of hiring a lobbyist. We are also working on the budget to see if we can cut expenses in some areas to better afford this service. We have, as mentioned, been able to use PAMED to lobby for some of our issues, but there is so much happening at this time, we are not sure it is sufficient.

Respectfully submitted,

Sherry L. Blumenthal, MD, FACOG
Chair, Pennsylvania Section ACOG

PA ACOG and the Pennsylvania Medical Society Oppose House Bill 1077

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Dear PA ACOG member:

The relationships we share with our patients are the most intimate connection possible between a person and a professional.

That's why PA ACOG and the Pennsylvania Medical Society (PAMED) took action on [the proposed law](#) (House Bill 1077) that would require all women seeking an abortion to have an ultrasound to determine the gestational age, requiring the woman to see the ultrasound and see or hear the heartbeat.

Regardless of how one feels about abortion, we cannot have politicians standing over our shoulders, legislating the practice of medicine and interfering with the Physician-patient relationship. We partnered with the Pennsylvania Medical Society, to fight the bill, similar to those passed in Texas, North Carolina, and Virginia.

Because PA ACOG and PAMED worked together, debate on HB 1077 has been cancelled in the state House of Representatives. PAMED, with its seasoned staff of lobbyists, joined PA ACOG to help draw attention to this issue. House Majority Leader Mike Turzai said the debate was cancelled because of "concerns raised by the medical community, among others."

I urge you to get involved and help save our vital relationship with our patients. You can:

- Join PAMED and your county society to show your support. [Support efforts to preserve the physician-patient relationship.](#)
- [Contact your legislator](#) through PAMED's Grassroots Action Center

Posted to the right are some newspaper clips regarding PAMED assistance, indicating the power we can have when we work together.

Thank you. Please don't forget to contact your legislator.

Sincerely,

Sherry L. Blumenthal , MD, Chair PA ACOG

Kurt Barnhart, MD, Vice Chair PA ACOG

Lynne Coslett-Charlton, MD, Treasurer and Legislative Chair, PA ACOG

Stephen Smith, MD, Secretary PA ACOG

Philadelphia Inquirer, March 16, 2012

The bill, sponsored by State Rep. Kathy Rapp (R., Forest) was scheduled for a vote this month, but the Pennsylvania Medical Society registered its disapproval, and House leaders tabled the legislation for further study.

Wall Street Journal Blog, March 13, 2012

The Pennsylvania House postponed a scheduled March 12 vote on the bill. House Majority leader Mike Turzai, a Republican, said the debate was cancelled due to "concerns raised by the medical community, among others," Philly.com reported. The Pennsylvania Medical Society, which has no official position on abortion, opposes the bill because it would potentially interfere with the physician-patient relationship.

New York Times, February 28, 2012

Labeled the Women's Right to Know Act, the bill is opposed by the Pennsylvania Medical Society and other medical groups.

PA ACOG Fights to Stop Ultrasound Bill

by John Gallagher, MD, Division V Representative

In response to strong opposition from PA ACOG and PAMED, the state legislature's latest attempt to interfere with the physician-patient relationship has been delayed, but not necessarily stopped. House Bill 1077, the dubiously entitled "Women's Right to Know Act," would require all women presenting for termination of pregnancy to have an ultrasound not less than 24 hours prior, with the screen positioned within the patient's sightline. If the patient preferred not to watch, a signed refusal statement is required. The heartbeat, however, would remain audible. The patient is to then be given a personal copy of the ultrasound photos in a sealed envelope and a second set of photos kept in her medical record. The act, introduced by Rep. Kathy Rapp (R-Warren) had 113 co-sponsors effectively ensuring passage in the House.

HB 1077 is the latest chapter in the country's continued debate over a woman's right to choose. Ultrasound bills have been introduced since the 1990's but have become more popular since the political changes resulting from the 2010 national elections. Virginia, Texas, and North Carolina are among the most recent of the 31 states

to pass such legislation. HB 1077 does not require transvaginal ultrasound, but as 53% of abortions occur before 7 weeks gestation, this would be needed to meet the standards proposed. These bills specifically violate ACOG Policy (2009), stating ultrasound should be performed only if a valid medical indication exists consistent with responsible medical practice.

Actions by PA ACOG included grassroots mobilization of our members by e-mail blast. The response of our membership was most gratifying. Because this is a gross intrusion of the legislature into medical practice, PAMED was also persuaded to join in the effort even though they have no official position on abortion itself. The Medical Society actively lobbied legislators and sent a letter from Marilyn Heine, MD, PAMED President, to all members of the House. Several Senators also asked for copies of this letter. Our opposition to HB 1077 was reported in papers across the state with opinions voiced by our own PA ACOG Chair, Sherry Blumenthal, MD. As a result of

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Legislative Report

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More reason to make our Ob-GynPAC stronger. As of 2011, a meager 3% of Pennsylvania ACOG's membership contributes to our PAC. As physicians during our medical liability challenges, we complain that we have no power against the trial attorneys when in reality our membership sizes our comparable. However, the American Association of Justice (a.k.a. trial attorney PAC) has a contribution rate 5 times that of Ob-GynPAC!!!!!! If every member of ACOG contributed \$200 we would have an \$8 million PAC.... imagine the political power.

What does Ob-GynPAC do for ACOG members? It fights for meaningful medical liability reform and efforts to safeguard medical imaging for our practices. It fights for repealing the SGR, protecting GME, and safeguarding reproductive access for our patients. These are just a few examples, and as of 2012, Ob-GynPAC recognizes our struggles in the State Legislature and will help elect bipartisan allies to women's healthcare in Pennsylvania. If you have not contributed for 2012, consider a small donation to the Ob-GynPAC a huge investment in the health of your practice and your patients. [Contribute today.](#)

**Save the Date
for PA ACOG
Legislative Day!**

PA ACOG Legislative Day is currently scheduled for Tuesday, October 2, 2012. Legislative Day is a great opportunity to build relationships with legislators, learn more about the political issues affecting obstetricians/gynecologists, and foster camaraderie with colleagues. Plan to attend!

GME Match 2012 and New SOAP Program

by Mark B. Woodland, MS, MD, Education Committee Chair, Vice Dean for GME, Program Director OB/GYN Drexel University College of Medicine



The NRMP hosted another successful Match for medical students into OBGYN residency programs on Friday, March 16, 2012. The total number of applicants continues to grow and the number of open spots has not grown respectively (Table 1).

In OBGYN, there were 1,240 positions offered in the match and all but 17 filled. The unfilled positions were distributed throughout the different regions in the country fairly evenly for the number of positions offered.

Unfilled positions were subsequently offered in the Supplemental Offer and Acceptance Program (SOAP) which replaced the traditional “scramble” method of filling positions by a more organized rolling match program for applicants and programs. While the SOAP still has some kinks to work out, specifically in management of the volume of applicants for each open position, it did seem to present a more organized fashion for the applicants to get to the open positions and did not involve hassle for the applicant’s home institution administration as much as it has in the past.

What remains to be seen is what do we do with the unmatched individuals? This number will certainly increase as we continue to increase the number of medical student graduates and have not made the same number of increase in GME positions. The tragedy will be for those unmatched individuals with mounting educational debt and no career options that will foster their repayment of the debt. Certainly, in my opinion, institutions should be proactively working on alternative career options for unmatched applicants as well as further preparation for them to try again to gain a residency through the match program in a subsequent year. Alternatively, we may have to develop some sort of social conscientious for these individuals and their debt managing which could include a debt deferment or forgiveness program for unmatched applicants.

As the new accreditation standards and system come to fruition and the government funding limits on GME are further scrutinized, there will be many changes in GME in the future that may even further impact the match. As OBGYN’s we will need to continue to monitor these changes and react in an appropriate manner to preserve the integrity of our educational programs and support the future careers of our trainees.

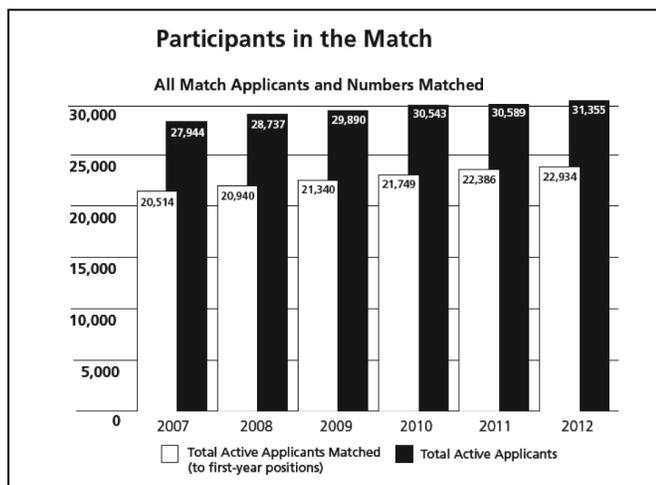


Table 1: Participants in the Match

Most applicants continued to get their first choice in the match. The break down is listed in Table 2.

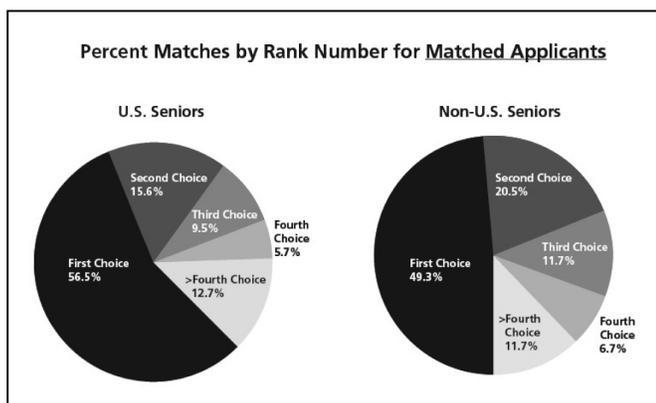


Table 2: Percent Matches by Rank Number for Matched Applicants

Fellow Election Call for Nominations: June 1 Deadline

You are officially invited to get involved! ACOG is currently accepting nominations for several Districts and Sections including Pennsylvania.

To become a candidate for office, your official address must be within the district or section in which you are running for office. You must submit the following materials electronically to Keisha Staley at fellowelect@acog.org, by **June 1st, 2012**:

1. A letter from you stating the office or offices for which you would like to be a candidate.
2. A one-page, single-sided, summary statement of your curriculum vitae in the format shown in [Appendix A](#), Format for Summary Statement form Candidates for National, District and Section Elections
3. A complete curriculum vitae

These materials will be distributed to the Nominating Committees before their Annual District Meetings. When candidates submit this information, their names and office(s) for which they are running will be listed on the on the ACOG website on the District & Section Activities department page.

Please contact your District or Section Chair for the description of responsibilities associated with each office. You can also click [here](#) to view the [ACOG Fellow Officer Orientation Manual](#) for further information about what is expected of a Fellow Officer.

If you have questions about this process, please contact Keisha Staley (kstaley@acog.org; 202/863-2548) or Chris Himes (chimes@acog.org; 202/863-2561) or email fellowelect@acog.org.

PA ACOG Fights to Stop Ultrasound Bill

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these and other actions, 30 co-sponsors removed their names from the bill. House Majority Leader Mike Turzai (R-Allegheny) has now stated that the bill will not be voted on until the concerns of the medical community have been addressed.

Much more work is yet to be done. Many legislators did not want the controversy of this bill to follow them on the campaign trail before the April 24th primary election. There is an excellent chance the bill will reach the House floor before the summer unless we continue to contact

our legislators and educate the public to our position. In the Senate, we hope to be able to slow the bill, and demand public hearings, which the House never held. This is an issue that we as physicians must oppose. Unnecessary mandates on health care based on political beliefs have no role in our healthcare system, regardless of which political group proposes them. Act now by contacting your local Representatives and Senators, telling them how you feel and how it will affect the women of their district. We anticipate seeing other bills on the issue, including "personhood" legislation in the future. Overwhelming response from the medical community now may help prevent these actions from gaining any traction.

Save the Date!

May 17-19

Hilton Philadelphia City Avenue

Philadelphia, PA

The 4th Philadelphia Prenatal Diagnosis & Obstetrics Update Conference will be held May 17-19 at the Hilton Philadelphia City Avenue in Philadelphia. CME is available. For more information call (215) 627-2229, email prenataldiagnosis@gmail.com or visit www.Philapregnancycenter.com

What's New in Obstetrics – Maybe a Step Forward in the Struggle Against Premature Births!

by Meena Khandelwal, MD, PA ACOG Member

Advances in the management and prevention of premature delivery have been frustrating from the obstetrician's perspective. A major breakthrough was the use of corticosteroids in order to reduce neonatal morbidity and mortality in pregnancies destined to deliver preterm.¹ However, the recognition and acceptance of this high impact advancement took >20 years after the first Level 1 evidence.² Thereafter, the pendulum swung in the other direction with the practice of weekly of corticosteroid dosing. The potential harm (SGA infants and neonatal adrenal suppression) of this practice surfaced in some trials, causing the "Consensus Development Conference on Antenatal Corticosteroids" in 2000 to recommend only a single course of corticosteroids.³ Many practitioners suspected there was some in-between compromise especially in the case of a woman receiving a corticosteroid course with threatened preterm labor at 24 weeks but not delivering until 30 weeks gestation. The role of rescue steroids was investigated. Level 1 evidence suggested benefit⁴ and subsequent ACOG recommendations reflect this evidence.⁵

The next breakthrough was in the prevention of spontaneous preterm births (sPTB). Solutions had remained elusive. A meaningful advance was the Meis study in 2003, which showed that weekly injections of 17-alpha-hydroxyprogesterone (17P), in women with a singleton pregnancy and a prior sPTB, decreased the risk of recurrent PTB by approximately one-third.⁶ Studies using vaginal progesterone in women at risk for sPTB provided conflicting results.^{7,8} These and other studies identified clinically distinctive groups of women at risk for sPTB and clarified use of interventions in specific situations. For example, neither progesterone treatment nor cervical cerclage seems effective in multiple

gestations, possibly reflecting a different mechanism leading to sPTB.^{9,10}

Another notable advance was the discovery of the relationship between a short cervical length and spontaneous preterm delivery. Approximately 2% of women will have a short cervical length during the second trimester. Management of the short cervical length depends on the patient's history. In the singleton pregnancy with a cervical length of < 20mm at < 24 weeks gestation and no history of sPTB, vaginal progesterone is associated with a reduction in preterm birth and perinatal morbidity and mortality.^{11,12} In the singleton pregnancy with a cervical length < 25mm at < 24 weeks and a history of spontaneous preterm birth, cervical cerclage is associated with a prolongation of pregnancy.¹³ Cerclage is not beneficial in the woman with a short cervical length but no history prior sPTB.^{14,15}

The use of transvaginal ultrasound cervical length (CL) screening in singleton gestations without a history of sPTB is a debatable issue. ACOG¹⁶ recognizes that "CL measured by TVS is a useful screening test for predicting sPTB" and that "CL screening by TVS is safe, highly reproducible, and more useful in predicting preterm birth than transabdominal ultrasound". ACOG, however, does not recommend universal abdominal screening but not TVS cervical length screening in low risk women at this time. The Society for Maternal-Fetal Medicine recognizes universal cervical screening in singleton pregnancies to be a 'reasonable' option but one which 'cannot be mandated'.⁹ I understand the need to prevent misuse of this technology, but I believe the absence of a categorical recommendation will potentially deprive women of beneficial interventions. I am in favor of universal transvaginal screening.

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What's New in Obstetrics

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