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This guide was written by maternal-fetal medicine specialist and was revised by a team of specialized professionals to create accurate, practical, and useful content that can be consulted on a daily basis by staff caring for obstetric patients.

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	CLINICAL GUIDE: EMERGENCY CERCLAGE	
	Overview	
Stages	Inclusion criteria	Exclusion criteria
1	Pregnancy <24 weeks dilated cervix absence of contractions	Active labour Fetal abnormalities incompatible with life Rupture of membranes Chorioamnionitis Hemorrhage (suspected premature detachment of a normally positioned placenta)
	Action	
5	Speculum examination Gonorrhea/chlamydia and vaginal culture sample	
7	Perform a morphological ultrasound to assess the presence of any fetal abnormalities (if not previously done)	
8	Presence of fetal abnormalities?	
9	NO	YES
10	↓	Discuss with the patient if she wants to continue the pregnancy before proceeding with the cerclage
11	Urine analysis and culture CBC and code 50 Pregnancy serologies if not done previously	Yes She would like to proceed
12	Transfer to a tertiary centre or consultation with GARE (high risk pregnancy unit at CHU Sainte-Justine) to discuss risks and benefits	No she doesn't want to continue; cancel the cerclage
	Perioperative care	
1	Assessment of the fetal heart right before and after the procedure	AT ALL TIMES, IN THE CASE OF PREMATURE RUPTURE OF MEMBRANES, CHORIOAMNIONITIS OR PRETERM LABOUR, REMOVE CERCLAGE AND TREAT ACCORDING TO PATHOLOGY
2	Consider antibiotic prophylaxis	
3	Consider indomethacin	
4	Use regional anesthesia	
5	Send home for 24 to 48 hours	
6	Close obstetric follow-up	
7	Light physical activities only: Walking, light housework	
8	Cerclage removal at 37 weeks gestation	
	Special considerations: Multiple pregnancy = contraindication for cerclage; Recommended: consultation in maternal-fetal medicine	