Cervical Loading in Patients at Low-Risk for Preterm Birth for Tied and Sliding Fetal Membranes

Miccaella Lejwa¹, Erin Louwagie¹, Lindsey Carlson², Helen Feltovich², Timothy Hall³, Kristin Myers¹

- 1. Columbia University, New York, NY, United States
- 2. Intermountain Healthcare, Provo, UT, United States
- 3. University of Wisconsin, Madison, WI, United States

INTRODUCTION

- Preterm birth (PTB) globally affects 1 in 10 births [1]
 - PTB is delivery before 37 weeks gestation
- Current gold standard of PTB prediction is ultrasonic measurement of cervical length [2]
 - Cervical lengths of less than 25mm are considered at high-risk for PTB but has only moderate ability to predict PTB [3]
 - Cervical funneling (protrusion of fetal membrane into cervical canal) also thought to increase PTB [4]
- In-silico methods must be used to study biomechanics of human pregnancy
- Normal loading of reproductive soft tissues must be characterized
- Loading patterns associated with PTB must be identified
 - Fetal fibronectin (fFN) acts as adhesion between uterus and membrane and loss of fFN is linked to PTB

Hence, we are investigating cervical loading in low-risk patients for PTB to characterize normal cervical loading.

REFERENCES

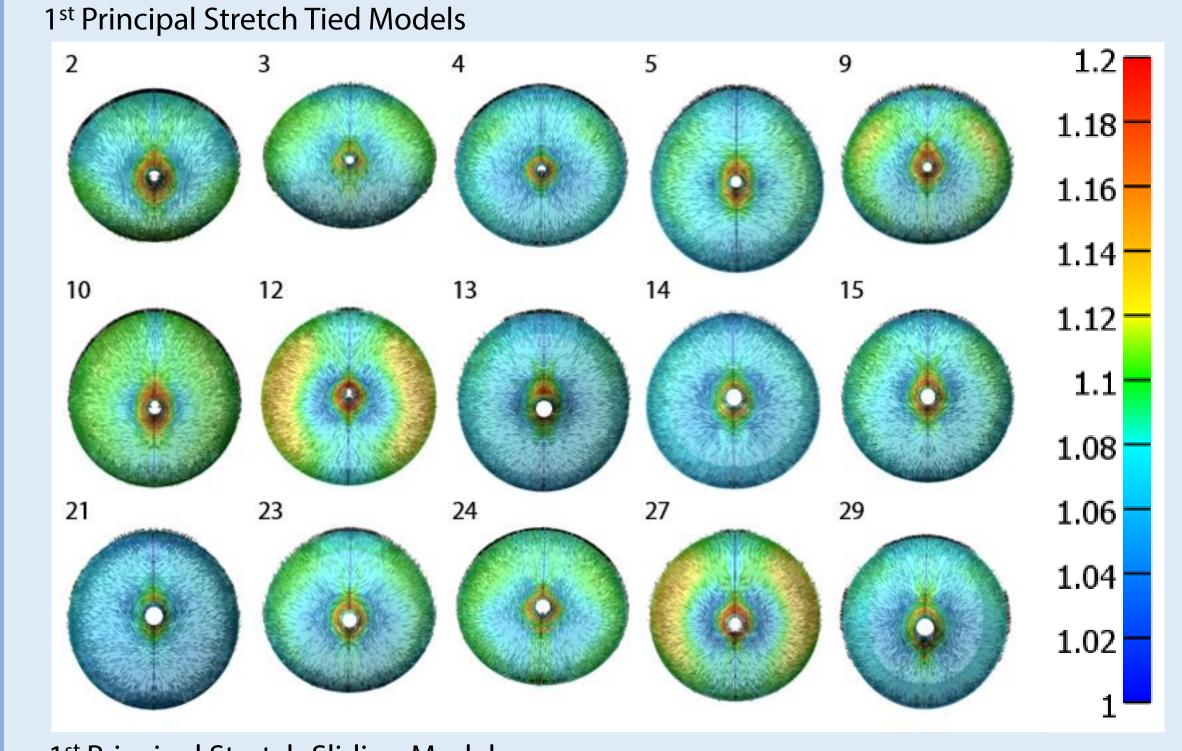
- https://www.who.int/news-room/fact-sheets/detail/ preterm-birth (updated: Feb 2018, accessed: April 2022)
- 2. "Prediction and Prevention of Spontaneous Preterm Birth: ACOG Practice Bulletin, Number 234", Obstet Gynecol, 138(2):e65-e90, 2021.
- 3. Berghella, *Contemporary Ob/Gyn*, 49:26-34, 2004.
- Stolz et al., *Cureus*, 9(9):e1649, 2017.
- 5. Louwagie et al., *PLOS ONE*, 16(1): e0242118, 2021.



RESULTS & DISCUSSION

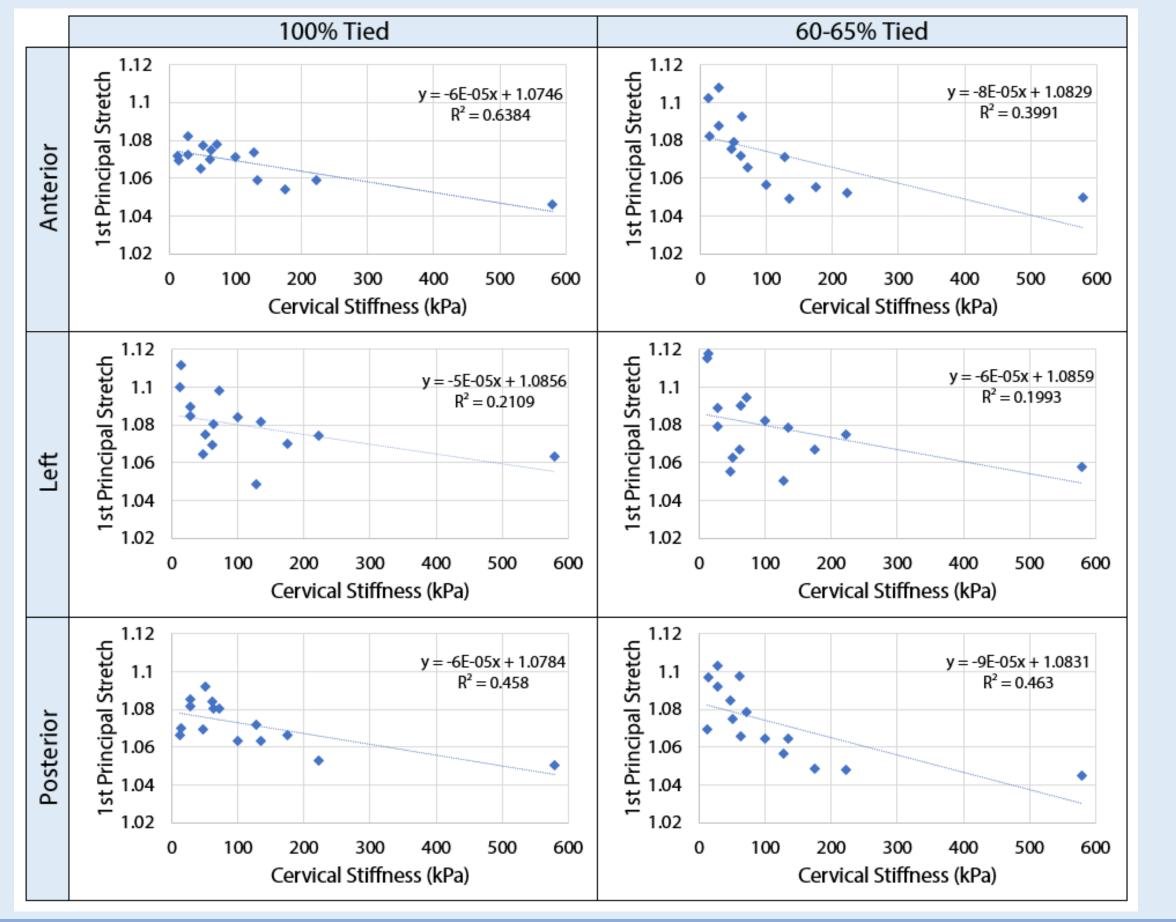
Sliding models experience higher levels of stretch

Not universal (5, 10, 13, 14, 21)



1st Principal Stretch Sliding Models 1.2 1.18 1.12 1.08 -1.06 1.04 1.02

As cervical stiffness increases, 1st principal stretch decreases There appears to be no relationship between the ultrasonic parameters and principal stretch values.



METHODS

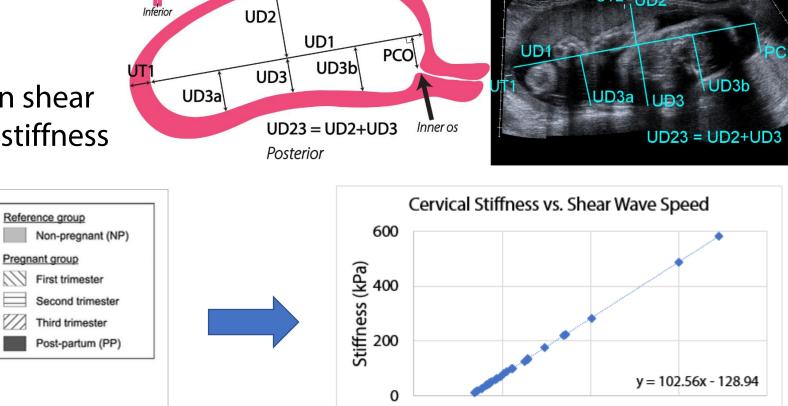
Patient Data and Cervical Stiffness Analysis

Patient Data

- Sonographer 1 visit 2 data set for: Super
 - Ultrasonic dimensions [5]
 - Cervical shear wave speed [7]

Cervical Stiffness Analysis

- Month 4 data [8]
- Assume linearity between shear wave speed and cervical stiffness



Used existing data sets of maternal

ultrasonic dimensions and cervical stiffness

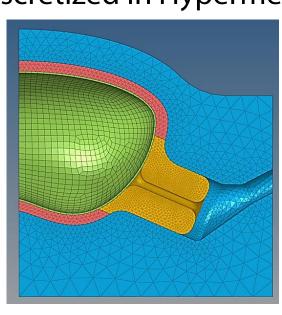
Parametric Patient-Specific Model and Finite Element Analysis

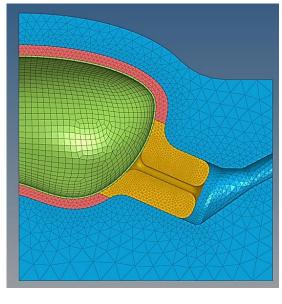
Parametric patient-specific **元** geometry automatically generated in SolidWorks [5]

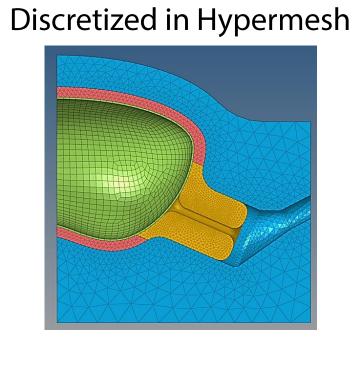


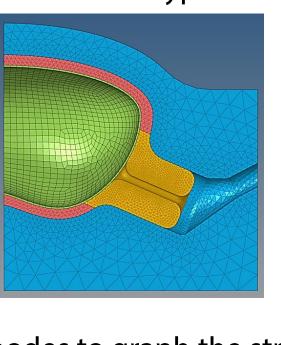
Finite element simulation setup and run in FEBio v1.3.0 [6]

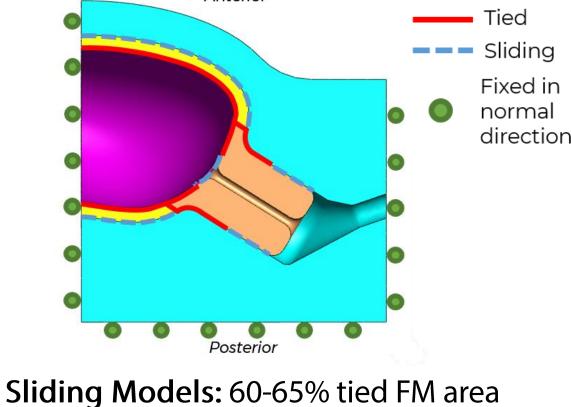
Tied Models: 100% tied FM area



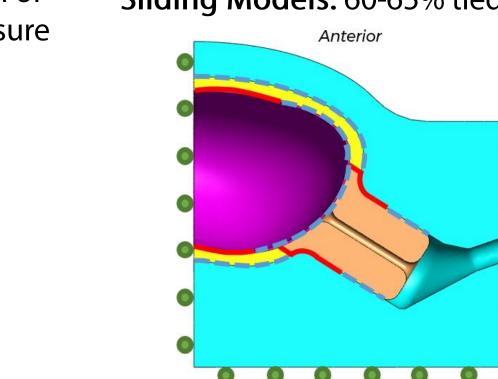


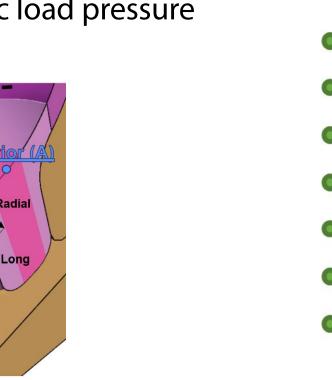






Choose nodes to graph the stretch of the cervix under specific load pressure





LIMITATIONS

- Cannot compare to in-vivo loading results
- Assumed that shear wave speed to cervical stiffness was a linear relationship (data and models are limited to this assumption)
 - No direct way to go from one to another
 - No way to validate this assumption
- Idealized geometries (details not put into model)
- Simplified geometries outside of uterus and cervix (i.e. abdomen)
- Small data set (enough to start thinking but not enough for statistically significant solutions)

ACKNOWLEDGEMENTS

I would like to thank Dr. Kristin Myers and the Myers Soft Tissue Lab as well as my mentor Erin Louwagie for guiding me through my research experience. I would also like to thank the Amazon SURE Program and Amazon Science for funding the program and selecting me to participate in summer 2022.