Technique for assessment of cervical length by transvaginal ultrasound	
Stage of exam	Recommendation
Pre-exam	Maternal bladder empty
Maternal position	Semi-recumbent position with abducted legs
Transducer selection	High-frequency transvaginal transducer covered with disposable sheath and lubricated with gel on both sides (caution: remove air bubbles)
Introduction	Place probe at anterior fornix with longitudinal axis orientation for sagittal imaging. Gentle pressure may be necessary for better identification of structures
Required structures	Inferior bladder border, external os, endocervical canal and mucosa, internal os (limited by edge of mucosa)
Minimizing pressure	Certify that both cervical lips have same width, keeping all required structures in image
Magnification	Cervix should occupy 50–75% of screen
Measurement	Place calipers between functional internal os and external os, obtaining a straight line between them
Repetition	Obtain three distinct measurements and choose the shortest technically correct one
	Allow sufficient time to obtain three technically correct measurements to allow for observation of dynamic changes over time

Duration	Funneling, amniotic fluid debris, sludge, membrane separation, vasa previa, low-lying placenta, abnormally invasive placenta
Describe additional findings	Full bladder or excessive transducer pressure may elongate artificially cervical length. Thickened lower segment or uterine contractions may mimic funneling: identify cervical mucosa properly Avoid confounding cervical mucus with funnel by delineating course of membranes at level of internal os
Avoid pitfall	

Table 1: Reproduced from Clinical Standards Committee ISUOG Practice Guidelines: role of ultrasound in the prediction of spontaneous preterm birth. Ultrasound Obstet Gynecol 2022; 60:435-456