Cervical screening during pregnancy

Cervical screening is safe at any time during pregnancy. If a woman is due or overdue for cervical screening, pregnancy is a good time for her to have a potentially life-saving Cervical Screening Test.

Cervical screening is safe during pregnancy

Routine antenatal care should include a review of a woman's cervical screening history, and a Cervical Screening Test when it is due or overdue.

As a primary health professional or midwife working in partnership with women, you are well-placed to promote the importance of cervical screening.

If you do not offer cervical screening, you can refer women to another health professional or service that does (see resources section for further information).

Discuss with women which healthcare provider in their pregnancy care will be responsible for providing cervical screening if they are due. A longer consultation or follow-up appointment may be necessary to ensure sufficient time for cervical screening.

Pregnancy is a good time to offer a Cervical Screening Test and provides a good sample for pathology testing. Some women rarely interact with a health professional except when they are pregnant. It can be hard for women to make time for their own health checks after their baby is born.

All women who are due for cervical screening during pregnancy have the option of either a clinician-collected cervical sample or a self-collected vaginal swab for Human Papillomavirus (HPV) testing.
Information for health professionals who provide cervical screening

Clinician-collected sampling

A woman can be safely screened at any time during pregnancy, provided that the correct sampling equipment, a broom-type sampler brush (see Image 1), is used for clinician-collected samples. The endocervical brush, also known as a cyto-brush or combi-brush, should NOT be used because of the possibility of associated bleeding, which may distress women.

It is important that you provide pregnant women with sufficient counselling regarding the small risk of contact bleeding following a Cervical Screening Test during pregnancy. Reassure women that this risk of bleeding will not harm the pregnancy. Most women do not expect to experience bleeding during pregnancy, and this can cause distress. During pregnancy, the cervix becomes more vascular and as such, there is an increased risk of bleeding following a Cervical Screening Test.

Self-collection

Self-collection must be ordered and overseen by a healthcare provider who can also ensure timely clinician-collected testing if required as part of follow-up assessment.

- This means that healthcare providers who offer self-collection must have identified pathways to ensure that participants with screen-detected abnormalities can access timely provision of clinician-collected sampling if required as part of recommended follow-up (e.g. for follow-up liquid based cytology (LBC) following a HPV (not 16/18) test result).

- This does not mean that the person providing self-collection must also be able to provide a clinician-collected sample (e.g. for follow-up or if clinician-collected screening is preferred); this clinician-collected sample could alternatively be provided by another healthcare provider.

A self-collected sample is taken from the vagina (not the cervix) using a swab (see Image 2) and is tested for the presence of HPV.

HPV tests on self-collected vaginal samples have equivalent sensitivity when compared to HPV tests on clinician-collected cervical samples.

Some women testing positive for oncogenic HPV on a self-collected sample may need to return so that a cervical sample for LBC can be collected by the health professional, to determine what follow up is required.

Health professionals will need to explain to women how to collect a self-collected sample from the vagina.

Image 1. Cyto-broom: recommended for clinician use in pregnant women to collect a cervical screening specimen.

Cervical screening during pregnancy

Cervical screening postnatally

Some women may choose to defer cervical screening or are not offered screening until after birth. For these women, offer cervical screening at their postnatal six-week check-up if they are due or overdue or have never been screened.

Testing for oncogenic Human Papillomavirus (HPV) is accurate at any time. There can be difficulties in interpreting reflex Liquid Based Cytology (LBC) results and/or an increase in unsatisfactory reflex LBC results in the early postnatal period after birth. For this reason, it should be done no less than six weeks after birth and preferably at three months postpartum. This interval is optimal to reduce the risk of reflex LBC interpretation difficulties or unsatisfactory reflex LBC. However, health professionals will need to make a judgement regarding ‘opportunistic screening’ at six weeks postpartum as this is still better than no screening at all.

Follow-up after HPV positive results

Below are recommendations from the National Cervical Screening Program Clinical Guidelines. See section 14 Screening in pregnancy for more information.

- Pregnant women who have a positive oncogenic HPV (not 16/18) test result with a LBC report of negative or prediction of pLSIL/LSIL should have a repeat HPV test in 12 months. (REC14.1)
- Pregnant women who have a positive oncogenic HPV (not 16/18) test result with a LBC prediction of pHSIL/HSIL or any glandular abnormality should be referred for early† colposcopic assessment. (REC14.2)
- Pregnant women who have a positive oncogenic HPV (16/18) test result should be referred for early† colposcopic assessment regardless of their LBC test result. (REC14.3)
- Pregnant women should be referred and seen within 2 weeks by a gynaecological oncologist/gynaecological cancer centre for multidisciplinary team review and management in the following situations:
  - LBC prediction of invasive disease
  - Colposcopic impression of invasive or superficially invasive squamous cell carcinoma of the cervix
  - Histologically confirmed diagnosis of invasive or superficially invasive squamous cell carcinoma of the cervix. (REC14.4)

† When practical and not deferred until the postpartum period.

Colposcopy and biopsy during pregnancy

- The aim of colposcopy in pregnant women is to exclude the presence of invasive cancer and to reassure them that their pregnancy will not be affected by the presence of an abnormal Cervical Screening Test result. (REC14.5)
- Colposcopy during pregnancy should be undertaken by a colposcopist experienced in assessing women during pregnancy. (REC14.6)
- Biopsy of the cervix is usually unnecessary in pregnancy unless invasive disease is suspected on colposcopy or reflex LBC predicts invasive disease. (REC14.7)
- Definitive treatment of a suspected high-grade lesion, except invasive cancer, may be safely deferred until after the pregnancy. (REC14.8)

Tips

- Ask women about their cervical screening history as soon as possible in pregnancy care.
- Promote cervical screening to women as an important preventative health screening test and reassure them of the safety of the test during pregnancy.
- Perform a Cervical Screening Test at any time during pregnancy.
Why cervical screening is important

Most cervical cancers occur in people who have never been screened or do not screen regularly. Having regular Cervical Screening Tests is the best way to protect against cervical cancer.

The Cervical Screening Test detects infection with HPV. Around 80% of people will have a HPV infection at some point in their lives, but the vast majority will not develop cervical cancer. For most women, HPV will be cleared on its own by the body’s immune system within one or two years, with no harmful effects.

Through regular screening, women can either be monitored to ensure the infection clears on its own or abnormal cell changes can be treated, if necessary, to prevent cervical cancer from developing.

Resources for more information

National Cervical Screening Program Clinical Guidelines, Section 14 Screening in Pregnancy

National Cervical Screening Program resources

Cancer Institute NSW Cervical Screening During Pregnancy information

If you do not offer cervical screening, and would like to refer women to another health professional or service that does, further information is available on the Cancer Institute NSW website: cancer.nsw.gov.au/find-a-provider

Accessing the National Cancer Screening Register

The National Cancer Screening Register (NCSR) is a secure and confidential database, which supports the National Cervical Screening Program by:

• Inviting women to commence cervical screening at 25 and reminding women when they are due or overdue.
• Providing screening histories to laboratories, which in combination with current test results, inform clinical management.
• Providing a ‘safety net’ for women with positive HPV test results, who have not attended for further testing, by prompting them to have follow-up tests or treatment.

Healthcare providers can contact the NCSR to check a woman’s Cervical Screening Test history or results either by calling 1800 627 701, online via the Healthcare Provider Portal, or through integrated clinical software (ncsr.gov.au).

Training to provide cervical screening

Family Planning NSW provides a range of training courses that incorporate training in cervical screening provision. Courses include free cervical screening training for midwives working in NSW, funded by the Cancer Institute NSW. Visit fpnsw.org.au/education-training for details.

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