NATIONAL CERVICAL SCREENING PROGRAM GUIDELINES

CERVICAL SCREENING IS SAFE AT ALL STAGES OF PREGNANCY

NATIONAL CERVICAL SCREENING PROGRAM
A joint Australian, State and Territory Government Program

Cervical screening during pregnancy is safe and should not be delayed if the patient is due or overdue.

For some women, pregnancy may be one of the few points of contact with the health system.

Routine antenatal and postpartum care should include a review of the woman's cervical screening history. Women who are due or overdue for screening should be screened.[1]

Age eligibility: 25-74 years

Patients under 25?

- Cervical screening is not recommended for women (including pregnant women) under the age of 25
- Medicare does not fund routine Cervical Screening Tests (CST) for women under 25
- However, women with signs and symptoms suggestive of cervical cancer at any age, should be investigated using a co-test (HPV and LBC)[4]

Pregnant women should be given a choice of testing options[1]

1. Clinician-collected cervical sample

- A cervical sampler broom is recommended for use during pregnancy[1]

- The endocervical brush and Cervex-Brush® Combi are not recommended for use during pregnancy, due to the risk of associated bleeding which may cause unnecessary distress for the patient[1]

2. Self-collected vaginal sample

- HPV self-collection is as sensitive for the detection of HPV and CIN2+/AIS as a clinician-collected test[2]
- HPV self-collection is suitable for use at all stages of pregnancy and may be a more acceptable option for some women
- Women should be informed of the small risk of bleeding with this test during pregnancy
- You may assist your patient to collect a vaginal sample if required
- Women testing positive for HPV (not 16/18) on a self-collected sample should be advised to return so that a cervical sample for Liquid Based Cytology (LBC) can be collected. The incidence of HPV (not 16/18) is highly age dependent. NCSR data[3]

Age	%
25-29 years	17%
30-34 years	10%
35-39 years	6%
40-44 years	5%
45-49 years	4%

1 Cancer Council Australia. (2022). National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding: 14 Screening in pregnancy. https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening/screening-in-pregnancy

2 Arbyn et al. Detecting cervical precancer and reaching underscreened women using HPV testing on self samples: updated meta-analyses BMJ 2018; 363 :k482.

3 Smith et al. National experience in the first two years of primary human papillomavirus (HPV) cervical screening in an HPV vaccinated population in Australia: observational study BMJ 2022; 376 :e068582

4 Human papillomavirus and liquid-based cytology

Corp-Mkt-Pub-187 V1
Images supplied by Hologic (Australia) Pty Ltd

Copyright Notice © 2024 Australian Centre for the Prevention of Cervical Cancer (ACN 609 597 408)
These materials are subject to copyright and are protected by the Copyright Laws of Australia.
All rights are reserved. Any copying or distribution of these materials without the written permission of the copyright owner is not authorised.

MANAGEMENT OF RESULTS IN PREGNANCY

Australian Government

NATIONAL CERVICAL SCREENING PROGRAM
A joint Australian, State and Territory Government Program

Australian Centre for the Prevention of Cervical Cancer

Tips for providers

- Provide appropriate psychosocial care to your patients when offering cervical screening and related follow-up during pregnancy.
- Reassure your patients that HPV is very common, and usually cleared independently by the body.
- A positive HPV result **does not** mean they have, or will develop, cervical cancer.

HPV not detected → return for next screen in 5 years.

HPV (not 16/18) detected:

- Reflex LBC negative / pLSIL/LSIL → repeat test in 12 months.
- Reflex LBC pHSIL/ HSIL or glandular abnormality → colposcopy.

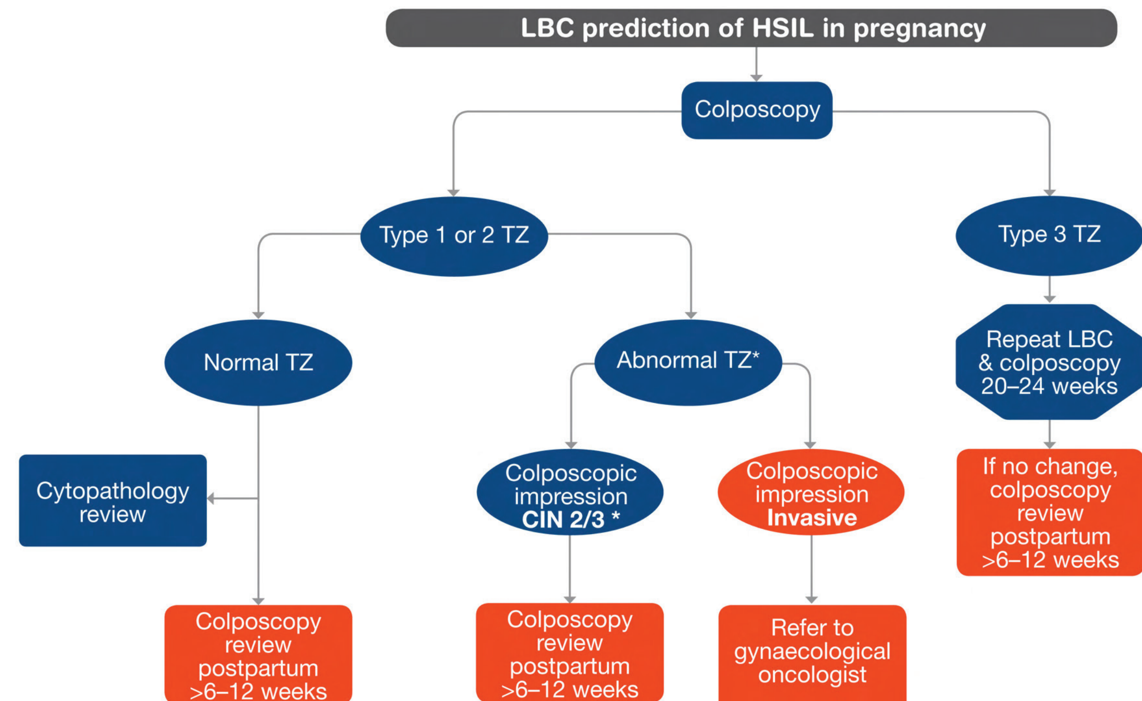
HPV (16/18) detected → refer for colposcopy, regardless of LBC result.

Colposcopy during pregnancy

- Is safe and should not be delayed when practical to do so
- Aims to exclude the presence of invasive cancer and to reassure patients that their pregnancy will not be affected by the presence of an abnormal cervical screening test result
- Should be undertaken by a colposcopist experienced in assessing women during pregnancy.

Management of high-grade squamous intraepithelial (HSIL) lesions:

- Conservative management of HSIL is recommended during pregnancy
- Regression of CIN lesions is common in the postpartum period
- Definitive treatment of a suspected high-grade lesion, except invasive cancer, may be safely deferred until after the pregnancy
- If invasive disease is found in pregnancy, the patient should be referred urgently to a gynaecologist oncologist



Australian Centre for the Prevention of Cervical Cancer

Copyright Notice © 2024 Australian Centre for the Prevention of Cervical Cancer (ACN 609 597 408)
These materials are subject to copyright and are protected by the Copyright Laws of Australia.
All rights are reserved. Any copying or distribution of these materials without the written permission of the copyright owner is not authorised.