

CASE STUDY: SELF-COLLECTION CERVICAL SCREENING DURING PREGNANCY

Key message for health practitioners caring for women in pregnancy:

- 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.

RPA/Canterbury ANSC Educational Case Study Series – October 2023

Cervical screening during pregnancy is a special circumstance, as additional consideration needs to be given for the wellbeing of the foetus. The incidence of cervical cancer in pregnancy is low, with estimates in the literature ranging from 3.3 to 26 cases per 100,000 births. However, early-stage cervical cancer may be more frequently encountered by clinicians caring for women during their pregnancy due to higher age-specific incidence rates in the 30–39 year age group, compared with younger ages, and more women delaying pregnancy.

Case Study

Patient - Tamsyn is a 26-year-old female, who is 8 weeks pregnant. She is a new patient to the practice and has booked in with you as she has heard you provide antenatal shared care with the local hospital.

The National Cervical Screening Register (NCSR) shows Tamsyn's first CST 18 months ago. Results note: "HPV non 16/18 detected, possible LSIL. Repeat 12 months." She is currently overdue for screening.

Doctor - You discuss the cervical screening recommendations with Tamsyn, and she says she received the recall reminder but did not act on it because she had a miscarriage a few months ago and is fearful of having a speculum examination at this stage of her pregnancy.

It is strongly recommended that routine antenatal care should include cervical screening when this is due or overdue. For some women, pregnancy may be the first, or only, opportunity for cervical screening and cervical cancer is more likely to be diagnosed in never screened or under-screened women.

For pregnant women who accept their cervical screening specimen being collected by a practitioner the tool of choice should be a broom type brush, as the endocervical brush (cytobrush) is NOT recommended. The use of self-collection of a vaginal sample for HPV testing is not contraindicated during pregnancy, and pregnant women should be offered the choice of either a practitioner or self-collected sample.

Information to incorporate the **National Cervical Screening Register** into your clinical software can be found [here](#).

Self-collection of a vaginal sample for HPV testing is an option for all women who are due for cervical screening. This includes women during pregnancy after counselling by a healthcare professional regarding the small risk of bleeding.

- 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.

Doctor - You explain that while a speculum examination and cervical screening test is known to be safe and is not associated with any risk of miscarriage, she now also has the option of self-collection which does not involve a speculum examination.

Patient - Tamsyn is interested in vaginal self-collection method but is worried she “might not do it correctly”.

Doctor - Provide – [‘How to take your own sample guide’](#)

Figure 1. Self-collection swab



Image source: Australian Centre for the Prevention of Cervical Cancer

Doctor - You demonstrate the procedure for self-collection of a vaginal sample to her using a clean plain swab and a diagram. You also offer that you can collect a vaginal swab sample for her without a speculum examination if she would prefer. You confirm that this is still considered a “self-collection” as cells are not collected from the cervix.

Patient - Tamsyn is happy for you to perform the vaginal swab collection at this visit.

Doctor - You take a swab from the lower vagina without using a speculum; you use the correct dry swab (Figure 1) for your lab to process HPV samples; the whole procedure takes around 5 minutes. Clearly explain how Tamsyn will receive her results if they are abnormal and what to expect if they are normal.

Watch this great video [Cervical screening is safe during pregnancy](#) with Dr Deborah Bateson

Results

Tamsyn’s results come back the following week and show: “HPV non 16/18 detected, HPV 16 not detected, and HPV 18 not detected. LBC recommended.”

Tamsyn’s early pregnancy ultrasound results which show a “single intrauterine pregnancy consistent with 10 weeks gestation. Foetal Heart motion detected with a rate of 160 bpm and good placental reaction.”

- Recommendations for [Management of a LBC prediction of HSIL in pregnancy](#)

Doctor - You discuss results with Tamsyn, recommending she have a sample of cells from the cervix to see if there are any cell changes which could indicate a risk of cervical cancer. You reassure her that cervical screening is not associated with any increased risk of miscarriage and is safe at any time during pregnancy, but let her know she may encounter a little bleeding from the cervix due to increased blood flow during pregnancy.

Tamsyn agrees to having a speculum examination and cervical screening that day. You perform the examination using the cyto-broom (Figure 2).

NOTE: The cytobrush should not be used in pregnancy due to the high likelihood of bleeding. You send the LBC sample off to the pathology laboratory for testing.

Figure 2 - . Cyto-broom: recommended for use in pregnant women to collect a cervical screening specimen.



Image source: Australian Centre for the Prevention of Cervical Cancer

Results - Tamsyn's LBC results have shown mild changes only and no further action is required currently.

Follow up - Tamsyn is advised to have repeat cervical screening test in 12 months time to see if the HPV virus has cleared. She has the option of self-collection, or a clinician collected sample at that time.

Reminders – Ask Tamsyn if she would like to receive a reminder from your practice when the next CST is due and enter a recall in your practice software. Advise that her records can be accessed by herself or a healthcare provider via the NCRS and that the register will post a reminder letter to her if she is more than 3 months overdue.

- **Resources:**

Cancer Council Australia, 01/07/2022, '14. Screening in pregnancy' in *National cervical screening program*, <https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening/screening-in-pregnancy>, visited 27/08/2023.