

CERVICAL SCREENING FOR PREGNANT or POSTNATAL WOMAN

1. AIM

- Collection from the cervix to screen for the Human Papillomavirus (HPV) +/- liquid based cytology (LBC) **OR**
- Self-collection of vaginal swab sample to screen for HPV
- Appropriate notification and follow-up of results

2. PATIENT

- Pregnant or postnatal woman who requires a cervical screen

3. STAFF

- Registered midwives accredited for cervical screening
- Medical staff

4. EQUIPMENT

- Disposable gloves – non-sterile
- Bivalve vaginal speculum (metal or plastic)
- Light source
- Cervex® sampler (broom like device)
- Thin Prep® vial
- Self Collection Kit

5. CLINICAL PRACTICE

Obtaining cervical sample for HPV/LBC

- Explain the procedure, rationale, and safety of the procedure in pregnancy, gaining informed consent from woman
- Label the Thin Prep® vial with hospital record sticker, or hand write details including the woman's full name, date of birth and medical record number (MRN)
- Order the cervical screen using PowerChart, or a handwritten form
- Obtain consent from woman to be on the NSW National Cervical Screen Register, untick appropriate box if woman does not consent
- Ensure the woman's privacy, including covering with a sheet
- Ensure adequate light
- Prepare all equipment. Open Thin Prep® vial once valid expiry date checked. Have Cervex® sampler, gloves and either water based lubricant or warm water ready
- Position the woman with legs abducted and pelvis slightly lifted, or a lithotomy like position. To help with cervical visualisation, lowering the bottom of the bed, placing pillows under the woman's hips, or asking her to make her hands into fists and placing them under the small of her back may help
- Part labia and slowly insert the speculum into the vagina in a down and backwards direction; ensure there is no pressure on the urethra
- Visualise cervix
- Insert Cervex® sampler into cervical os rotating 3-5 times
- Remove speculum, assist woman into comfortable position once you have completed the sample collection
- Vigorously rotate the sampler immediately in the Thin Prep® solution 5-10 times, ensuring the sampler hits the base of the vial splaying the bristles open
- Dispose of the Cervex® sampler in clinical waste
- Replace cap on the vial, re-check details are correct with woman and place in pathology bag with request form
- Following the test, record cervical screen in eMaternity or medical record, along with who will follow up results

Self-Collection of a vaginal sample for HPV

- Explain process
- Give woman self-collection swab and instruction sheet (see appendix 1)
- Label swab receptacle with hospital record sticker, or hand write details including the woman's full name, date of birth and MRN
- Order the self-collection vaginal HPV test using PowerChart or handwritten form
- Show line on the swab shaft for depth of insertion
- Instruct woman to rotate swab for 10-30 seconds inside vagina, then remove swab and place in swab receptacle.
- Check details with woman.
- Label swab and place in pathology bag with request form
- Record self-collection HPV testing attended in eMaternity or medical record, along with who will follow up results
- Inform woman that if self-collection detects HPV, then clinician collected cervical screen is recommended

Follow up

- Be aware follow-up of results is the responsibility of the clinician who supervised or performed the vaginal/cervical screen for HPV. If clinician is unable to follow up results, they must liaise with the clinical coordinator or the Midwifery Unit Manager in outpatients for same, to ensure not lost to follow-up
- Ensure the following details are correct:
 - Full name and contact details – CURRENT telephone and mailing address
 - MRN, model of care, date of collection
- Specify timing of next vaginal/cervical screen on result sheet if normal, or document and arrange appropriate follow up/further treatment if required
- Review results and ensure that:
 - woman has been informed of the result
 - a letter has been sent indicating plan for follow up
 - documentation in eMaternity or medical record is complete
- Review and sign hard copy of results and file in medical record

6. DOCUMENTATION

- Medical record
- Antenatal card if pregnant

7. EDUCATIONAL NOTES

- Women and people with a cervix aged 25-74 years of age are recommended to have a cervical screening or vaginal HPV testing every 5 years
- The National Cervical Screening Program in Australia changed in December 2017 from the previous Pap Smear screening to the new cervical screening test (CST), including the addition of self-collection for all (supervised by a health care professional) in July 2022
- A CST should be performed 2 years after the last normal Pap Smear performed prior to December 2017, and 5 years after a negative CST²
- CST detects HPV, which is a common sexually transmitted virus. Most HPV clears with time, however persistent HPV can lead to abnormal cell changes in the cervix which may eventually develop into cervical cancer. This test allows HPV to be detected or investigated. If HPV is positive in a sample. the laboratory routinely tests for cytological changes^{2,3}
- Self-collection is a vaginal swab for HPV. The advantage of HPV based testing is that it detects viral nucleic acid, rather than morphological changes in the cells, and such there is no need for a sample from the transformation zone of the cervix. Viral Nucleic acid is shed from the cervix into the vaginal canal⁶
- Self-collection has similar accuracy for HPV testing as a clinician cervical collected sample using a polymerase chain reaction (PCR)-based assay⁶
- If self-collection sample detects HPV, then a clinician collected cervical sample is required²

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July 2022

- Persistent HPV and abnormal cytological changes, can take 10-15 years to progress to cervical cancer
- The CST is thought to pick up to 30% more cases than the Pap smear³
- The National Cancer Screening Register (NCSR) is voluntary. It is a central database that records, analyses, and reports on cancer screening data for the National Cervical Screen Program. The register stores the date, results, details, Medicare number, and doctor's name. Being on the register means that reminders will be sent, and if abnormal results are overlooked, they will be followed up
- Pregnancy is not a contraindication for a CST. It is a good time to offer this test, as delaying until after birth can lead to further delays in detection and possible loss to follow up²
- CST can be offered at any stage of pregnancy if the person is >25 years of age. Reassure woman about the safety of the procedure²
- Screening \geq 3 months postpartum is preferable, as difficulties interpreting LBC is more common in the early postpartum period. However opportunistic screening at 6-8 weeks postpartum is better than not screening at all
- Unsatisfactory CSTs should be repeated 6-12 weeks from initial screen
- Midwives at RHW can be accredited to perform sterile speculum examinations and cervical screening by completing the learning package and education course

8. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE LOP

- Postnatal Consultation 6-8 week Postpartum
- Antenatal visits provided in the community

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Standard 2 - Partnering with Consumers
- Standard 5 - Comprehensive Care

11. REFERENCES

1. Implementing the changes to the National Cervical Screening Program: A guide for clinicians. Ashfield, Sydney: FPNSW; 2017
2. National Cervical Screening Program. Understanding the National Cervical Screening Program Management Pathway: A Guide for Healthcare Providers. A joint Australian, State and Territory Government Program. Australian Government Canberra; 2022
3. Cancer Council Australia Cervical Cancer Screening Guidelines Working Party. National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Sydney: Cancer Council Australia. [Version URL: <https://wiki.cancer.org.au/australiawiki/index.php?oldid=215735>, cited 2022 Feb 14]. Available from: https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening.
4. RANZCOG. Cervical cancer screening in Australia and New Zealand. National Guideline. 2020
5. National Cervical Screening Program. Quick Reference Guide – Clinician-Collected Cervical Screening Tests. A joint Australian, State and Territory Government Program. Australian Government Canberra; 2022
6. Hawkes D, Keung MHT, Huang Y, McDermott TL, Romano J, Saville M, Brotherton JML. Self-Collection for Cervical Screening Programs: From Research to Reality. *Cancers (Basel)*. 2020 Apr 24;12(4):1053
7. Self-collection key message. 2022. Cancer Institute NSW. NSW Government. [Self-collection key messages | Cancer Institute NSW](#)

REVISION & APPROVAL HISTORY

Maternity Services LOPs committee 27/6/2022
Replaced – *PAP Smear for Maternity Patients Guideline*
Approved Quality & Patient Safety Committee



LOCAL OPERATING PROCEDURE

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Approved by Safety & Quality Committee
July 2022

Endorsed Obstetrics Clinical Guideline group September 2008
Approved RHW Quality Council October 2008

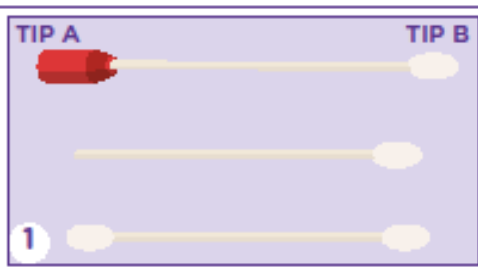
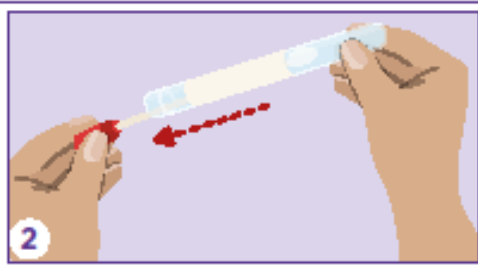

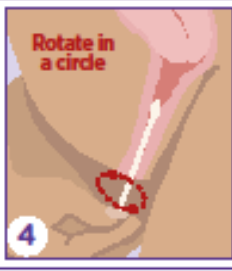

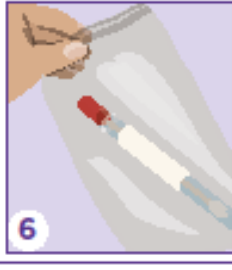
FOR REVIEW: JUNE 2027

Appendix 1

<p>NATIONAL CERVICAL SCREENING PROGRAM <small>A Joint Australian, State and Territory Government Program</small></p>	<p>How to take your own sample for a HPV test Self-collection Instructions To be provided only by a healthcare provider during a consultation</p>
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Self-collection is to be completed in a health care setting, behind a screen or in the privacy of a bathroom or toilet. Ask your healthcare provider for help if you are having difficulty with taking the sample, or if you would like them to explain these instructions further.

To collect your own sample, follow these instructions.

	<p>1. Before starting Your healthcare provider will give you a package. Inside is a swab. Your swab may look different to those pictured here. Before you open the package, make sure you know which end of the swab can be held (TIP A), and which end is for taking the sample (TIP B). If you are unsure which end is which, ask your healthcare provider for advice. Before taking the sample make sure your hands are clean and dry. Make sure you are in a comfortable position and your underwear is lowered.</p>
	<p>2. Preparing the swab Twist the cap and remove the swab from the packaging. Make sure not to touch Tip B that will be inserted to collect the sample. Do not put the swab down.</p>
	<p>3. Inserting the swab Use your free hand to move skin folds at the entrance of your vagina. Gently insert Tip B into your vagina (similar to inserting a tampon). The swab may have a line or mark on it showing you how far to insert.</p>
	<p>4. Taking the sample Rotate the swab gently for 10-30 seconds; this should not hurt, but may feel a bit uncomfortable.</p>
	<p>5. Storing the sample Still holding Tip A, gently remove the swab from your vagina. Place the swab back into the packaging with Tip B going in first. Screw the cap back on and return the package to your healthcare provider.</p>
	<p>6. Sending the sample The sample will be sent to a pathology laboratory for HPV testing. The results of the test will be sent to your healthcare provider.</p>

What if...?	
What if I touched Tip B/the swab with my fingers by mistake?	Please continue to take the sample.
What if I dropped Tip B or the swab on a dry surface?	Please continue to take the sample.
What if I dropped Tip B/the swab on a wet surface?	Let your healthcare provider know and ask them for a new swab kit.



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