

PAP SMEAR FOR MATERNITY PATIENTS GUIDELINE

1. OPTIMAL OUTCOMES

- The collection of cells from the cervix to enable adequate cytology screening
- Woman is notified of her result
- Appropriate follow up is arranged

2. PATIENT

- Woman attending the hospital or RHW services who requires a pap smear

3. STAFF

- Registered midwives accredited for pap smears
- Medical staff

4. EQUIPMENT

- Disposable gloves – nonsterile
- Bivalve vaginal speculum (metal or plastic)
- Adjustable light source
- Cervix sampler with or without cytobrush
- Glass slide and slide container
- Spray fixative
- Pathology form
- Lead pencil for labelling slide
- Thin prep vial

5. CLINICAL PRACTICE

Out-patients and all midwifery models of care are required to keep a Pap test diary with the following information:

- woman's name and contact details – CURRENT telephone and mailing address,
- MRN, model of care, test performed (Pap slide, thin prep etc), date of collection
- that the woman has been informed of the result
- that a letter has been sent indicating plan for follow up
- the hard copy has been signed off by the medical officer the woman is booked under

- Label slide with **pencil** (surname, date of birth and MRN)
- Warm the speculum in warm water
- Insert the speculum into the vagina in downwards and backwards direction; ensure there is no pressure on the urethra
- Gently swab away excessive discharge before taking the smear
- Use the cervical sampler, then if appropriate Cytobrushes to take sample
- Transfer the scrapings to the slide by a longitudinal smearing motion. If a cervical sampler is used, wipe onto slide once then flip sampler over and wipe again. If a cytobrush is used roll the brush down the slide
- Spray the slide immediately with fixative and then allow slide to dry

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- Collect cells for *thin prep* (for women who are prepared and have signed to pay the additional charge) by shaking sampler into fluid if appropriate, after having prepared the glass slide sample
- Complete pathology form and note:
 - any contact bleeding or cervical abnormality or discharge
 - previous history of cervical intraepithelial neoplasia (CIN) and treatment received
 - the general practitioner's (GP) details are included under copy of results section on the Pap smear request form
- Ask the woman if she consents to be on the NSW Government Pap register and if she agrees then tick the box on the request form
- Record in Pap test diary in your area on the date of collection
- Review and sign hard copy of results by Medical officer
- Specify timing of next Pap smear on result sheet if normal or appropriate follow up/further treatment.
- Record woman's result in Pap test diary
- Results and any recommendations are sent to the woman from the Outpatients Department Clinic Co-ordinator or relevant midwifery models of care
- Send the hard copy to medical records for filing

6. HAZARDS/SUB-OPTIMAL OUTCOMES

- Insufficient care with insertion and removal of speculum can traumatise the vaginal tissue and cause pain
- Blood and infection can obscure an accurate result
- Cells may be uninterpretable if there is a delay in the application of fixative
- Incorrect application of cells to slide may interfere with interpretation
- Ink labelling of the slide will run with application of fixative and obscure patient details
- Woman not notified of result
- GP not notified of result
- Appropriate follow up not arranged

7. DOCUMENTATION

- Patient notes
- Antenatal card if applicable
- Pathology forms
- Pap smear diary/register

8. EDUCATIONAL NOTES

- **Pregnancy is not a contra indication to a pap smear however Cytobrushes should NOT be used on pregnant women**
- Pap smears detect premalignant conditions that if left untreated may develop into cancer in 12-35% of cases depending on the degree of CIN
- Women may consider this an invasive procedure and sensitivity is required
- Having a regular two yearly pap smear will reduce the risk of developing invasive cervical cancer by 90%
- Ideally, smears should not be performed during the woman's menstruation

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- Avoid smears in the presence of marked vaginal infection
- The woman should not douche or use vaginal pessaries or creams 24 hours prior to the smear
- Water based lubricants may be used as necessary
- Thin prep decreases the inadequate smear rate by 80% but is not covered by Medicare
- Cytobrushes SHOULD be used on all women over 40 (although not in pregnancy), women with a history of intermenstrual bleeding and any previous cervical abnormality
- Unsatisfactory smears should be repeated no sooner than 6 weeks after the initial smear, but within 12 weeks. Thin prep should be recommended for women needing repeat smears due to inadequate sampling.

9. RELATED POLICIES/ PROCEDURES/CLINICAL GUIDELINES

- 6-8 week postnatal check
- Colposcopy
- Obesity in pregnancy

10. REFERENCES

- Family Planning Association, (1998) *Guidelines for Family Planning Practice*.
- South East Area Laboratory Services, (2003) *Communication with Anatomical Pathology*, Randwick.
- NHMRC: Guidelines: Screening for cervical cancer (available on website) (2006)
- RCOG: Guidelines: Progress in cervical screening (available on website) (2006)