

# Antenatal Cervical Screening – Patients’ Understanding and Perceptions

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## Background

Cervical cancer remains a cause of morbidity and mortality for Australian women, accounting for 1.4% of incident cancers and 1.2% of cancer mortality in women in 2015.<sup>1</sup> The natural history of cervical cancer makes screening for pre-malignant lesions highly successful, with the incidence and mortality rates more than halving since the introduction of the National Cervical Screening Program. The introduction of HPV-based screening and HPV vaccination is expected to further reduce this.<sup>2,3</sup>

90% of cervical cancers occur in women who have never been screened or are underscreened.<sup>4</sup> Pregnancy is a time when women regularly see a healthcare provider, and the cervical screening test (CST) is recommended antenatally if it is due, however anecdotally this is rarely performed and is often deferred until the postpartum period.<sup>5</sup>

This study aimed to evaluate women’s understanding and perceptions of cervical screening in the antenatal period.

## Methods

31 patients at a regional referral centre were recruited in the antenatal clinic and were surveyed using a qualitative questionnaire between December 2019 and January 2020. Ethical approval was granted by the local ethics board.

## Results

31 women returned the survey from December 2019 – January 2020, with a median age of 30, median gravidity 2.5 and median parity of 1. No respondents knew the recommended screening interval and starting age.

All women who were old enough to qualify for screening had previously had cervical screening (n = 25), however of these, 10 (40%) were overdue for screening, and 3 (12%) were overdue for follow up of an abnormal result. Of those women who were overdue for screening, only 1 was offered antenatal screening, 2 were recommended postnatal follow-up, and 7 (including the 3 due for follow up of abnormal results) were not offered any cervical screening.

Overall, 16 women (52%) were asked about their CST history during pregnancy, most commonly by their midwife (n=11), followed by their GP (n=10) and Obstetrician (n=5.)

Only 5 women (16%) believed a CST in pregnancy was safe, with the remainder citing concerns regarding bleeding, cervical injury, preterm birth or fetal injury. Despite this, 20 women (65%) indicated that they would accept cervical screening antenatally if recommended by their healthcare provider as a safe procedure. Of these women, most said that they would prefer an antenatal CST be performed by their Obstetrician (n=16, 80%.)

## Discussion

Although all women who were eligible for screening at the time of pregnancy had previously had a CST, respondents were generally poorly informed regarding recommended cervical screening in Australia. This may be related to the recent change in screening intervals, however reflects a lack of effective health education on the topic.

Concerningly, nearly half of women were not asked about their cervical screening history in pregnancy, with only 16% having a discussion regarding CSTs with their obstetrician. Only 1 patient was offered appropriate antenatal screening, with none of the patients who were due for follow up of abnormal results offered testing.

Women indicated that with appropriate education and advice they would be willing to undergo antenatal cervical screening, suggesting that clinicians are providing inadequate or inaccurate information, and missing this opportunity to exercise primary preventative healthcare and potentially improve health outcomes in our population. Given pregnancy is a time of health system engagement for women, education for patients and practitioners should focus on improving antenatal cervical screening rates, with a particular focus on improving clinicians’ education and training.

## References

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