Management of suspicious cervix in pregnancy

TARGET AUDIENCE	Maternity staff
PATIENT GROUP	Pregnant women with cervical abnormalities

Objectives

To define the management of women who are pregnant and are found to have a concerning cervical appearance during speculum examination.

Scope

To be applied to women who are pregnant and are found to have an abnormality of their cervix.

Audience

All healthcare professionals in NHS Lanarkshire including midwives, doctors and nurses involved in the care of pregnant women where a cervical abnormality has been identified.

History

Before examination, consider the following whch can be determined by history-taking

- Is infection suspected?
- Has the patient had any treatment to her cervix?
- Is there a history of abnormal smears? If cervical screening history is uncertain and the patient is over 25 years of age, the national Scottish Cervical Call Recall System (SCCRS) database should be consulted.
- Has she been recently sexually-active?
- Does she have a cervical suture or vaginal pessary in place?
- Is she using vaginal pessaries which may change her vaginal discharge eg. vaginal progesterone?
- Is there a history consistent with early labour including rupture of membranes?

Examination/diagnosis

Speculum examinations are generally performed after a patient presents with symptoms such as abnormal vaginal discharge, bleeding, pre-term labour or rupture of membranes. Opportunistic cervical smears should NOT be taken during pregnancy within the obstetric department.

If there are concerns regarding cervical appearance, it is important to describe and document the size, number, consistency and origin of any cervical lesions along with any contact bleeding.

If there is concern over the appearance of the cervix during examination, confirmation should be made by the on-call obstetric consultant or senior gynaecology trainee (ST6/7) in the first instance.

If a vaginal infection is suggested, high vaginal swabs should be taken and consideration should be given to performing a STI screen. This may include chlamydia/gonorrhoea nucleic acid amplification test (NAAT) vulvovaginal swabs or lesion swab for PCR medium if herpes is suspected.

Cervical appearance during pregnancy

The appearance of the cervix can change in normal pregnancy. Features can include an increase in cervical size and a bluish appearance due to increased vascularity. These physiological changes may appear suspicious to an inexperienced clinician.

Most cervical abnormalities are benign and patients can be reassured and managed conservatively. Some changes are described below.

- Cervical ectopy – commonest benign abnormality and may be associated with increased physiological discharge. No further investigation required.
- Nabothian follicles/cysts – normal finding. No further investigation required.
- Cervicitis – can be acute or chronic and are most likely associated with sexually transmitted infection (HSV, chlamydia, gonorrhoea, trichomonas). Screening for these causes should be offered.
- Condyloma (genital warts) – may be present in remainder of genital tract including vagina and vulva. For cervical condyloma, screening for sexually transmitted infection should be offered as above. If normal, no further investigation required.
- Cervical polyp
    - Can be found in up to 4% of women and are commonly asymptomatic.
    - Can present with antepartum haemorrhage during pregnancy.
    - They can be ectocervical, endocervical and endometrial in origin.
    - The risk of malignany is low (< 0.1% in pre-menopausal women).
    - If there is clinical suspicion that the polyp may be atypical and/or unresolved abnormal cervical cytology, then referral for review at the colposcopy clinic should be made via the USOC (Urgent Suspicion of Cancer) pathway by dictating an urgent letter.
    - If this is not suspected after review by the on-call obstetric team, the patient should be reviewed postnatally in the general gynaecology outpatient clinic approximately 6-12 weeks after birth. This should be highlighted as an ‘alert’ on BadgerNet and the patient should be referred, via dictated letter, to this clinic by the clinician performing the speculum examination.

- Cervical mass suspicious for malignancy:
    - Cervical carcinoma is rare in pregnancy with estimated prevalence of 1-10/10,000 pregnancies.
    - Referral for review at the colposcopy clinic should be made via the USOC (Urgent Suspicion of Cancer) pathway by dictating an urgent letter.

Colposcopy

Referral to colposcopy should be made by a senior clinician as above by written referral along with a brief summary of the pregnancy. This is via an urgent dictated letter.

Referral should contain:

- Patient's named obstetrician and named community midwife (please copy the letter to them too).
- Presenting symptoms
- Clinical/examination findings
- Investigations results to date (eg. swabs)
- Placental site
- Obstetric issues

At the colposcopy clinic, clinical assessment of the cervix should be undertaken and the outcome of this examination should be shared with the patient's named consultant, referring clinician and named community midwife.

Unless the suspicion of malignancy is high at colposcopy, it is most likely that a conservative approach will be adopted. The colposcopist should take responsibility for organising any postnatal colposcopic follow-up that is required.

If a biopsy is warranted in pregnancy, this should be undertaken by a certified colposcopist after planned obstetric review. This is due to the associated increase in haemorrhage and other potential complications. The timing and location of obtaining this biopsy should be left up to the discretion of the colposcopist.

References/Evidence

Panayotidis, Costas & Cilly, Latika. (2013). Cervical Polypectomy during Pregnancy: The Gynaecological Perspective. J Genit Syst Disor. 2. 10.4172/2325-9728.1000108.

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Responsible Person (if different from lead author)	

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CHANGE RECORD

Date	Lead Author	Change	Version
10.6.24	G. Buchanan	Initial guideline	1
2.10.24	G. Buchanan	Minor changes as recommended by local colposcopy group	2