

# Cervical Screening, Colposcopy and Pregnancy

## Information for you

This information is for you if:

- You are unsure whether you should have your cervical screening test or attend colposcopy while you are pregnant.
- You have had an abnormal cervical screening test result and then found out you were pregnant.
- You have had treatment in the past for an abnormal cervical screening test, and are pregnant or are considering having a baby.

The information here aims to help you better understand your health and your options for treatment and care. Your healthcare team is there to support you in making decisions that are right for you. They can help by discussing your situation with you and answering your questions.

Within this leaflet we may use the terms 'woman' and 'women'. However, we know that it is not only people who identify as women who may need to access this leaflet for information. Your care should be appropriate, inclusive and sensitive to your needs whatever your gender identity.

A glossary of all medical terms is available on the RCOG website at:

<https://www.rcog.org.uk/for-the-public/a-z-of-medical-terms/>

### Key points

- In the UK, women are offered regular screening tests to detect changes in the cervix at a stage before they have become cancerous. By finding and treating these changes, cervical cancer can be prevented.
- Screening is done by taking a sample from your cervix. This is commonly known as a smear test. If your smear test is abnormal, you may be referred for an investigation called colposcopy, which is a more detailed look at the cervix.
- All women in the UK are offered cervical screening tests every 3 years between the ages of 25 and 50. This means you may be called for a smear test or be asked to attend colposcopy during pregnancy.

### Should I have my smear when I am pregnant?

- If you are invited to come for your cervical screening test while you are pregnant, you should put it off until after the end of your pregnancy.
- If you have had treatment for abnormal cells before pregnancy, and you are due for your follow up smear test, which is usually 6 months after treatment, you can also delay this until after your pregnancy.

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- If you are delaying your cervical screening test, you should always let your GP know. You will be recommended to have your smear test done around 3 months after the end of your pregnancy.

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## **Should I attend colposcopy if I am pregnant?**

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51 Colposcopy is safe in pregnancy and will not harm your baby.

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53 There are different reasons for which you may be advised to have a colposcopy. The following information is a guide, but if you are not sure, you should contact your clinic and ask for advice.

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- **I have had an abnormal cervical screening test**

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58 Sometimes women become pregnant in between having their smear test and finding

59 out the results and colposcopy is recommended. It is very important that you still

60 attend your appointment even though you are pregnant. Colposcopy can provide

61 valuable and reassuring information.

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63 **I am being monitored in colposcopy due to a previous abnormal smear test but**

64 **have not required treatment. I am due for my follow up appointment, but I am**

65 **now pregnant. What should I do?**

66 You should contact your colposcopy clinic who will advise you whether you should

67 attend. This will depend on the previous results. Often your colposcopy appointment

68 can wait until around 3 months after the end of your pregnancy.

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70 **I have had treatment for an abnormal smear test. I have continued to be monitored**

71 **in colposcopy, or my 6-month follow up smear test was abnormal and I am now**

72 **pregnant. What should I do?**

73 You should still attend for colposcopy. Colposcopy can provide valuable and reassuring

74 information.

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- **I have had some bleeding in pregnancy, examination of my cervix raised some concern and I've been referred for a colposcopy.**

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77 It is very important that you do attend for colposcopy examination. The appearance of the

78 cervix changes a lot in pregnancy, but rarely this could indicate a serious problem.

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80 **What if I have missed my cervical screening test or colposcopy?**

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82 If you have missed some of your appointments, your healthcare professional may advise

83 you to have your smear done or attend colposcopy even though you are pregnant. The

84 advice you receive will depend on your individual circumstances.

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86 **Is there anything else I need to know about colposcopy in pregnancy?**

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88 Sometimes you may need to have a colposcopy repeated later in your pregnancy. This

89 might be because your first examination was very early in your pregnancy, or if your

90 smear test showed changes which need to be monitored.

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If you have colposcopy while you are pregnant, you may need to have a follow-up appointment. This will usually be about three months after the end of your pregnancy.

**Will I have a biopsy or be treated in pregnancy?**

Biopsies and treatment are usually delayed until after the end of your pregnancy. They are not harmful to your pregnancy or your baby, but you are more likely to have bleeding when you are pregnant.

Sometimes, your healthcare professional may recommend you have a biopsy while you are pregnant. They will discuss your individual circumstances with you so you are able to make an informed decision.

**I have had treatment in the past for an abnormal smear, and I am now pregnant or thinking about having a baby - What does that mean for me?**

This depends on the type of treatment you have had:

- Treatment to destroy abnormal cells using heat, laser or freezing does not appear to cause any problems in pregnancy.
- Excisional treatment (usually Large Loop Excision of the Transformation Zone LLETZ) is known to be associated with a small increase in the risk of giving birth prematurely. The risk is higher if you have had more than one excisional treatment or if a large amount of cervix was removed. The exact reason for this risk is not known but it is likely to be related to the amount of tissue removed.

**If I have had treatment, will I need additional care in pregnancy?**

For most women, previous treatment to the cervix will not affect their pregnancy. You should tell your midwife at your booking appointment that you have previously had treatment to your cervix.

If you have had previous excisional treatment, there is a small increased risk of your baby being born prematurely. This is more likely if you have had more than one treatment and depends on the amount of cervix removed. You may be offered additional scans between 14-24 weeks of pregnancy to measure the length of your cervix.

If your cervix appears shortened, there may be an increased chance of a premature birth. There are several options for treatment, which can reduce this chance, which your obstetrician will discuss with you.

If you are unsure what type of treatment you have had, contact your colposcopy unit. They should be able to tell you what type of treatment you have had and how much cervix was removed.

138 **I need treatment for an abnormal smear but am thinking about having a**  
139 **baby.**

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141 If you need treatment, it is important that you tell the healthcare professional treating you  
142 about your plans. They will discuss your individual circumstances and different treatment  
143 options with you.  
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145 **Physical examinations**

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147 The nature of gynaecological and obstetric care means that physical examinations are  
148 often necessary. This may involve an examination of your abdomen or an internal  
149 examination of your vagina.

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151 We understand that for some women, including those who have experienced trauma,  
152 physical or sexual abuse, such examinations can be very difficult. Your healthcare  
153 professionals are there to provide kind and personalised care to you. If you choose not to  
154 be examined, they can discuss alternative options with you.  
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156 After explaining to you about the physical examination you are being offered, your  
157 healthcare professional will seek your consent. You should always be offered a  
158 chaperone. This could be a partner, family member, friend, support person or another  
159 healthcare professional.  
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161 If you feel uncomfortable, anxious, distressed or in pain at any time before, during, or  
162 after an examination, please let your healthcare professionals know, as they are there to  
163 support you.  
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165 If you find this difficult to talk about, you may communicate your feelings in writing or with  
166 the support of someone you wish to accompany you.  
167 You can ask your healthcare professional to stop at any time during your physical  
168 examination.

169 **Emotional support**

170 Having an abnormal cervical screening test or colposcopy can be distressing, especially  
171 during pregnancy. If you are feeling anxious or worried in any way, please speak to your  
172 healthcare team who can answer your questions and help you get support. The support  
173 may come from healthcare professionals, voluntary organisations or other services.  
174 Further information and resources are available on the NHS website:

175 <https://www.nhs.uk/conditions/stress-anxiety-depression/>

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178 **Making a Choice**

# Making a choice

## Ask 3 Questions

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



1. What are my options?
2. How do I get support to help me make a decision that is right for me?
3. What are the pros and cons of each option for me?

\*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. *Patient Education and Counselling*, 2011;84: 379-85

<http://aqua.nhs.uk/resources/shared-decision-making-case-studies/>

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### Sources and acknowledgements

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This information has been developed by the RCOG Patient Information Committee. It is based on the NHS Guidelines for Colposcopy and Programme management (last updated 2024) and the RCOG Opinion Paper *Obstetric Impact of treatment for Cervical Intraepithelial Neoplasia* (last updated 2022) produced by the Scientific Advisory Committee. It contains a full list of the sources of evidence we have used.

<http://www.rcog.org.uk/obstetric-impact-treatment-cervical-intraepithelial-neoplasia>.

<http://www.cancerscreening.nhs.uk/cervical>