Abnormal Cervical Cytology in Pregnancy

Purpose:
To provide guidelines for evaluation of the presence of abnormal cervical cytology during pregnancy.

Background:
Cervical cytology is the method of choice to screen for cervical cancer and dysplasia. The identification of an individual with an abnormal pap smear requires consideration of further diagnostic study. In general, this is accomplished with colposcopic evaluation to identify abnormal lesions, followed by cervical and endocervical sampling, as needed.

Here at UCHHealth, we follow the guidelines established by the American Society of Colposcopy and Cervical Pathology (ASCCP) and the American College of Obstetrics and Gynecology (ACOG).

Who should receive screening for cervical cancer screening in pregnancy?

• Patients who are age 21 or older.
  
  o Sooner or more frequent screening may be indicated in special populations:
    ▪ HIV+
    ▪ Immunocompromised (i.e. organ transplant patient, long term steroid use)

    NOTE: Presence of a diagnosis of a non-HIV sexually transmitted infection is not an indication for initiating earlier screening for cervical cancer. (Comm. Op Cervical Cancer in Adol)

• Patients, over the age of 21, who have not received a pap smear in the last 12 months (unless they have qualified for less frequent screening based on their cervical cytology screening history).

• Patients who are under active surveillance for cervical disease should have their cervical cytology sampling done as recommended by the dysplasia service.
What should be done with abnormal cervical cytology results?

Patients should be referred to the Dysplasia Service for further evaluation in the following circumstances:

- Any patient with a visible cervical lesion
- Abnormal cervical cytology results:
  - ASC-H
  - LSIL
  - HSIL
  - Atypical Glandular Cells (AGC)
  - AIS

Patients who have a result of ASCUS with Negative HPV should have a repeat pap smear in one year.

Pregnant patients with ASCUS/HPV+ results can be considered for a post partum colposcopy as their initial evaluation if the following conditions are met:

- Normal cervical anatomy (No lesion or notable friability)
- Immunocompetent
- No h/o abnormal pap smear or CIN

References


Guidelines for screening for cervical cancer in HIV. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5804a1.htm.