



Consensus Statement: Cervical Smear Taking

The New Zealand College of Midwives supports the National Cervical Screening Programme and its guidelines for smear taking.

Rationale

- Cervical screening and smear taking are not considered routine maternity services. It is however an appropriate part of the midwife's role, should cervical screening be due while a woman is engaged with midwifery care[1].
- A registered midwife is considered a smear taker as this is a midwifery competency. It is recommended that all midwives update their skill level and accuracy on a regular basis [1,2].
- During pregnancy, a smear should be taken if the woman is due to have a cervical screening test according to the National Cervical Screening Programme guidelines, if she has never had a smear, or if there have been specific indications or recommendations for a follow-up smear [2].

Practice Notes

- Optimally, cervical screening (and/or smear taking) is performed preconceptually, before 12 weeks gestation or at least three months post-partum[3].
- If women require a smear during pregnancy, it is recommended that it be taken before 12 weeks gestation if possible.
- Cervical smears can be taken safely during pregnancy, as long as an endocervical brush is not used. A spatula or a "broom" device is recommended [3].
- At times when women have lower oestrogen levels, eg post-partum, when breastfeeding or if using progesterone only contraceptives, a cervical cytology sample will show a degree of epithelial cell atrophy. This makes assessment of cervical smears more difficult and increases the necessity for repeat smears. Atrophy can be marked in the post-partum period, so it is better to delay taking a smear until at least three months post-partum[3].
- If women have an abnormal smear result that requires colposcopy referral, they should be encouraged and supported to attend colposcopy appointments[3].

- Women who have been vaccinated against human papillomavirus (HPV) still need regular cervical screening because the HPV vaccine does not cover all the types of HPV that can cause cervical cancer[2,3].

References

1. New Zealand College of Midwives, *Midwives Handbook for Practice 2015*: New Zealand College of Midwives.
2. National Screening Unit. National Cervical Screening Programme. Ministry of Health: <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme>
3. National Screening Unit. Guidelines for Cervical Screening in New Zealand. Ministry of Health: <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-guidelines>

Ratification

Original Statement ratified at NZCOM AGM 1996

Reviewed and References updated 2016

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation.

The guidelines are designed to educate and support best practice.

All position statements are regularly reviewed and updated in line with evidence-based practice.