New Zealand College of Midwives
TE KĀRETI O NGA KAIWHAKAWHANAU KI AOTEAROA

8th June 2021

# National Cervical Screening Programme: HPV Primary Screening Clinical Pathway to Introduce Self-Testing for Public Consultation 2021

New Zealand College of Midwives
PO Box 21 206
Christchurch 8143
Tel (03) 377 2732

The New Zealand College of Midwives is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 3,000 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing

New Zealand College of Midwives
TE KĀRETI O NGA KAIWHAKAWHANAU KI AOTEAROA

8th June 2021

ncsp@health.govt.nz

# National Cervical Screening Programme: HPV Primary Screening Clinical Pathway to Introduce Self-Testing for Public Consultation 2021

Tēnā koutou

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the National Cervical Screening Programme: HPV Primary Screening Clinical Pathway to Introduce Self-Testing for Public Consultation.

Our feedback is below.

1. Although we support this initiative we have some concerns about the time-frame for the introduction and we are disappointed it will not be in place until 2023.
2. The College notes that women, including Māori and Pasifika women, generally find self-sampling acceptable although 22% [11/50] of under-screened women in a NZ study said they would still prefer a physician collected sample.[1] This appears to indicate that options for screening will still need to be offered to provide an equitable screening programme. Continued access to a full range of screening services to meet the needs of diverse groups is necessary.
3. The importance of a culturally competent introduction of HPV self-testing was identified in the findings from a series of hui for Māori women [n=106] and a strength-based whānau approach to HPV education, empathetic delivery of services and flexibility were amongst the recommendations. [2]

[1] Brewer, N., Foliaki, S., Bromhead, C., Viliamu-Amusia, I., Pelefoti-Gibson, L., Jones, T., Pearce, N., Potter, J. D., & Douwes, J. (2019). Acceptability of human papillomavirus self-sampling for cervical cancer screening in under-screened Māori and Pasifika women: a pilot study. *New Zealand Medical Journal*, 132(1497): 21-31.
[2] Adcock, A., Cram, F., Lawton, B., Geller, S., Hibma, M., Sykes, P., MacDonald, E. J., Dallas-Katoa, W., Rendle, B., Cornell, T., Mataki, T., Rangiwhetu, T., Gifkins, N., & Hart, S. (2019). Acceptability of self-taken vaginal HPV sample for cervical screening among an under-screened Indigenous population. *Aust N Z J Obstet Gynaecol*, 59(2):301-307.

4. The College notes that a study from the US identified the importance of understanding different forms of HPV testing to identify the appropriate follow-up that is needed.[3] This work highlighted the responsibility of laboratories and providers. It was found that a laboratory had changed to a different form of HPV testing which reported women previously testing HPV positive as negative, when in fact on retesting, 4 out of 5 were positive. 70% of these 289 women would have had different follow-up recommended based on the correct screening test. The College is unaware as to whether this is potentially an issue for Aotearoa New Zealand but consider this study to be noteworthy.
5. Australian researchers identified a misconception amongst young women that may also be damaging to the introduction of HPV self-testing in Aotearoa New Zealand.[4] The less frequent screening reduced the willingness to adopt the screening changes and there was a misconception that the change was mainly offered for financial reasons. Dispelling these misconceptions with evidence based information /education was recommended.
6. Aotearoa New Zealand accepts and resettles an annual quota of refugees who have been assessed as having met the criteria as a mandated refugee and been referred by UNHCR. A study from Canada explored Muslim immigrant women's views on cervical screening and HPV self-sampling, and recommended the development of culturally appropriate educational aids such as pictures and models.[5] Attention to the language used to introduce the sample collection kit was also advised as this was considered to be the key to women's acceptance of self-sampling.
7. The College recognises the need to offer culturally and linguistically diverse women appropriate resources, education and interpreter services if needed, and hope this will be adequately addressed.
8. The College recommends further discussion about the barriers to access that may exist for women with physical disabilities, to ensure equitable access to screening. A survey in the UK found that 88% (n=335) of women with a physical disability, or physically debilitating symptoms, said it was hard to access screening.[6] A NZ study found that women with multiple disabilities may be disadvantaged in terms of access to screening.[7] Accessibility that encompasses the whole screening process from invitation to obtaining results was one of the study recommendations.

---

[3] Rizzo, A. E., & Feldman, S. (2018). Update on primary HPV screening for cervical cancer prevention. *Curr Probl Cancer*, 42(5):507-520.

[4] Jayasinghe, Y., Rangiah, C., Gorelik, A., Ogilvie, G., Wark, J. D., Hartley, S., & Garland, S. M. (2016).Primary HPV DNA based cervical cancer screening at 25 years: Views of young Australian women aged 16-28 years. *J Clin Virol,* 76 Suppl 1:S74-S80. doi: 10.1016/j.jcv.2015.10.026.

[5] Vahabi, M., & Lofters, A. (2016). Muslim immigrant women's views on cervical cancer screening and HPV self-sampling in Ontario, Canada. *BMC Public Health*, 16(1):868.

[6] Jo's Cervical Cancer Trust. (2019). *"We're made to feel invisible" Barriers to accessing cervical screening for women with physical disabilities*. UK, https://www.jostrust.org.uk/sites/default/files/jos_physical_disability_report_0.pdf

[7] Pearson, J., Payne, D., Yoshida, K., & Garrett, N. (2020). Access to and engagement with cervical and breast screening services for women with disabilities in Aotearoa New Zealand. *Disability and Rehabilitation,* doi: 10.1080/09638288.2020.1817158

9. Eliminating all inequalities in access to screening needs to be a primary aim of the screening programme.
10. The College understands that HPV primary screening does not detect the small proportion of cervical cancers that are not caused by HPV infection. Information about proposed strategies that take this into account should be available.

**Conclusion**

The College supports the introduction of a new self-testing system for cervical screening in principle and recommend that the service be fully-funded, and include regular monitoring, evaluation of safety, quality improvement, and work to ensure equitable access, so that the programme will meet, and continue to meet, the needs of women in Aotearoa New Zealand. Informed consent processes and enabling autonomous decision-making about preference of screening mode are also important considerations.

Ngā mihi

Carol Bartle
Policy Analyst
New Zealand College of Midwives
Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa