

# Consensus Statement:

## Cervical screening



New Zealand  
**College of Midwives**  
Te Kāraeti o ngā Kaiwhakawhānau ki Aotearoa



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### Tauāki | Statement

The New Zealand College of Midwives | Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa (the College) acknowledges the importance of discussing and offering cervical screening within the provision of midwifery care. Midwives are well placed to discuss and offer cervical screening to women, and are able to do this in a culturally safe and supportive manner. Midwives offering this screening will have appropriate knowledge of the screening process and understand regional referral pathways.

*Cervical screening during pregnancy provides an important opportunity to promote health equity and early detection of cervical abnormalities.*

### Te Reo | Language

College statements utilise words from Te Reo Māori to acknowledge and respect the indigenous language of Aotearoa New Zealand.

### Honouring Te Tiriti o Waitangi

Midwifery practice in Aotearoa is guided by the cultural competencies of Tūranga Kaupapa (Ngā Māia Trust, 2024). Tūranga Kaupapa honours a Tiriti-based partnership and is foundational in providing care to whānau Māori. Midwives work in ways that uphold the mana of all whānau, recognising the role of cultural identity, values and belief systems in shaping health experiences (New Zealand College of Midwives, 2025).

Equitable access to cervical screening is fundamental to the success of the National Cervical Screening Programme (NCSP) and is an obligation under Te Tiriti o Waitangi (BPAC, 2024; Health New Zealand, 2023). Cervical cancer remains the second leading cause of cancer-related death for wāhine Māori aged 25-44 (BPAC, 2024) and increasing screening rates among Māori, Pacific and other under screened populations is a priority (Te Whatu Ora | Health New Zealand, 2023; Health New Zealand | Te Whatu Ora, 2024).

Midwives are well-placed to support equity by offering accessible, respectful and culturally safe screening options. The availability of human papillomaviruses (HPV) self-testing is particularly significant, as a vaginal swab may be more culturally acceptable than a speculum examination for many, aligning with the principle of mana motuhake (Brewer et al., 2019).

Midwives play a vital role in supporting informed choice and sharing evidence-based information in ways that uphold tikanga Māori and whānau values. Findings from hui with wāhine Māori highlight the importance of a strengths-based, whānau-centred approach to HPV education, delivered with empathy, flexibility and cultural competence (Adcock et al., 2019). Promoting midwife-led opportunistic screening, especially when embedded in trusted relationships and continuity of care, has the potential to enhance participation and reduce longstanding inequities in cervical cancer outcomes.

Midwives are encouraged to reflect on their own practice and to engage in ongoing education that strengthens cultural safety (New Zealand College of Midwives, 2025), particularly when discussing sexual and reproductive health.

## Whakamārama | Background

Aotearoa New Zealand's cervical screening programme has its origins in the 1988 Cartwright Inquiry (an inquiry into allegations concerning the treatment of women with cervical cancer at National Women's Hospital). This significant event in women's and public health led to the establishment of the Health and Disability Commission and Commissioner, a legislated Code of Patients' Rights, and the establishment of independent national ethics committees (Cartwright Collective, 2025). The National Cervical Screening Programme (NCSP) began a population-level cervical screening programme in 1990 (Health New Zealand, 2023).

There are now two screening test options available in Aotearoa: HPV vaginal swab (either self-collected or clinician-taken) and liquid-based cytology (LBC, otherwise known as smear testing), which must be performed by a trained health professional. In 2023 the NCSP transitioned from LBC testing to primary HPV vaginal swab testing as the preferred method of screening (Health New Zealand, 2023).

HPV affects skin and mucous membranes, is the major cause of cervical cancer, and it is spread by intimate skin to skin contact during sexual activity (WHO, 2024). The HPV vaginal swab screens for 14 high-risk HPV types, including HPV 16 and 18, which account for over 95% of cervical cancers. HPV also accounts for some anogenital and head and neck cancers in men (de Martel et al., 2020). HPV self-testing offers greater choice and comfort, particularly for those who may find speculum examinations distressing. Where high-risk HPV types are detected, follow-up is either LBC or referral to colposcopy.

This change reflects strong international and national evidence that HPV-based screening offers significantly greater protection (up to 60-70% more) against invasive cervical cancer compared to cytology alone (Ronco et al., 2014). Although the introduction of HPV testing may initially increase referrals for colposcopy due to its sensitivity, over time it is expected to reduce cervical cancer incidence and mortality (BPAC, 2024). The success of the programme depends on high participation rates; most cervical cancers occur in women who have not had regular screening (Wentzensen & Arbyn, 2017). The option of self-testing has the potential to reduce barriers and improve equity of access, particularly for Māori, Pasifika and rural women.

Cervical screening is included within the Midwifery Scope of Practice in Aotearoa. Midwives play a vital role in reviewing cervical screening history, explaining the importance of screening, and offering or referring for appropriate tests during pregnancy/postpartum. Midwifery care in pregnancy can therefore improve equity of access to information and cervical screening testing. Women with disabilities may require extra support to ensure equitable access to screening (Pearson et al., 2020). Accessibility that encompasses the whole screening process from invitation to obtaining results is recommended (Health New Zealand, 2024).

## Ngā Aratohu | Guidance for Practice

- Women are eligible for funded cervical screening in Aotearoa if they are aged 25-69 years, have ever been sexually active, and are eligible for publicly funded health services in New Zealand.
- Midwives can offer discussion and advice to women under their care to guide their informed decision making about how and when to engage in the National Cervical Screening Programme.
- Midwives can opt to complete education that enables them to offer cervical screening to women in their care. Midwives in the North Island can access Ko Awatea ([www.koawatealearn.co.nz](http://www.koawatealearn.co.nz)) and in the South Island, HealthLearn ([www.healthlearn.ac.nz](http://www.healthlearn.ac.nz)).
- Midwives should ensure that alongside facilitating informed choice and offering cervical screening tests, they are also enabled to receive and review results and make further referral in a timely fashion when indicated.
- Midwives offering cervical screening will have the appropriate knowledge of screening processes and regional referral pathways. Further information about becoming a NCSP screener can be found on the Health NZ | Te Whatu Ora website (<https://www.tewhatauora.govt.nz/health-services-and-programmes/ncsp-hpv-screening/cervical-screening-training-pathways>)
- Consider the needs of Māori, Pacific, disabled and gender diverse people when planning and offering cervical screening.
- Discuss and document cervical screening status early in pregnancy as part of routine antenatal care, allowing time for follow-up if required. Also, document test offers, consent, results and follow-up actions in the appropriate clinical record systems.
- The recall time frame is generally every five years but time between screenings and type of screening can vary, and this is dependent on factors such as, immune system compromise, HIV status, vaginal bleeding after sexual activity and results from previous tests (Health New Zealand, 2024).
- A vaginal HPV swab (self or midwife-taken) can be undertaken by most women. Where LBC is indicated (e.g. history of abnormal results) or the woman prefers LBC over a vaginal HPV swab, refer to a provider trained in LBC cervical sampling. Vaginal HPV swabs are safe to perform during pregnancy; however, if screening is declined, routine screening could be offered again six weeks after birth (Health New Zealand, 2023).
- Advise that if HPV 16 or 18 is detected, a referral to colposcopy will be offered. If HPV 'Other' is detected, a referral to a primary health provider will be offered for follow-up LBC (smear test).
- Advise all follow-up testing is free and safe during pregnancy, and it is not advised to wait until after the birth for specialist referral if abnormal results are detected.

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## Whakamana | Ratification

This statement was ratified at the College's SGM on 31 March 2026.

## Arotake | Review - August 2031

The purpose of the College guidance statements is to provide midwives, women, whānau and the maternity services with the profession's position on any given situation and provide guidance for practice. This guidance is designed to educate and support best practices and is regularly reviewed and updated in line with evidence-based practice.

Please note: Statements may be updated within the review period. We recommend midwives refer to the College website for the most up-to-date versions. <https://www.midwife.org.nz/midwives/professional-practice/guidance-for-practice/>

## Tūtohu | Suggested Citation

New Zealand College of Midwives | Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa. (2025). *Consensus statement: Cervical Screening*. <https://www.midwife.org.nz/midwives/professionalpractice/guidance-for-practice/>