



Information for you

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Cervical screening, colposcopy and pregnancy

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 are 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 medical terms is available on the RCOG website at: [rcog.org.uk/for-the-public/a-z-of-medical-terms](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 a colposcopy, which is a more detailed look at the cervix.
- All women in the UK are offered cervical screening tests between the ages of 25 and 64. In England, Scotland and Wales, this is offered every 5 years, and in Northern Ireland every 3 years. 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](#) (smear) test while you are pregnant, you should wait until after the end of your pregnancy. If you have had treatment for abnormal cells before your 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.

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

If you are not pregnant now, but are trying for a pregnancy, including with fertility treatment, you should still attend for your cervical screening.



Should I attend colposcopy if I am pregnant?

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

There are different reasons why you may be advised to have a colposcopy in pregnancy. The following information is a guide, but if you are not sure, your healthcare professional should provide you with information and advice that is specific to you.

- I have had an abnormal cervical screening test.
You may have had your smear test before becoming pregnant, or knowing that you are pregnant, and colposcopy has been recommended. It is very important that you still attend your colposcopy appointment even though you are pregnant. Colposcopy can provide valuable and reassuring information.
- I am being monitored in colposcopy due to a previous abnormal smear test but have not required treatment. I am due for my follow-up appointment, but I am now pregnant. What should I do? You should contact your colposcopy clinic who will advise you whether you should attend. This will depend on the previous results. Often your colposcopy appointment can wait until around 3 months after the end of your pregnancy.
- I have had treatment for an abnormal smear test. I have continued to be monitored in colposcopy, but I am now pregnant. What should I do? You should still attend for colposcopy. Colposcopy can provide valuable and reassuring information.
- I have had treatment for an abnormal smear test. My 6-month follow up smear was abnormal and I have been referred back to the colposcopy clinic, but I am now pregnant. What should I do? You should still attend for colposcopy. Colposcopy can provide valuable and reassuring information.
- I have had some bleeding in pregnancy, examination of my cervix raised some concern and I've been recommended to have a colposcopy.



It is very important that you do attend for colposcopy examination. Pregnancy often changes the appearance of the cervix and this is usually quite normal, but rarely this could indicate a serious problem.

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

If you have missed some of your appointments, your healthcare professional may advise you to have your smear done or attend colposcopy even though you are pregnant. The advice you receive will depend on your individual circumstances.

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

Sometimes you may need to have a colposcopy repeated later in your pregnancy. This might be because your first examination was very early in your pregnancy, or if your smear test showed changes that need to be monitored.

If you have colposcopy while you are pregnant, you may need to have a follow-up appointment. This will usually be about 3 months after the end of your pregnancy.

Will I have a biopsy or be offered any treatment to my cervix while I am pregnant?

Biopsies (small samples taken from the cervix for further testing) 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 from your cervix 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 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 increased chance of giving birth prematurely. This 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 chance 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 on the ultrasound scan, 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.

I need treatment for an abnormal smear but am thinking about having a baby

If you need treatment, it is important that you tell the healthcare professional treating you about your plans. They will discuss your individual circumstances and different treatment options with you.

Physical examinations

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

We understand that for some women, including those who have experienced trauma, physical or sexual abuse, such examinations can be very difficult. Your healthcare professionals are there to provide kind and personalised care to you. If you choose not to be examined, they can discuss alternative options with you.

After explaining to you about the physical examination you are being offered, your healthcare professional will seek your consent. You should always be offered a chaperone. This could be a partner, family member, friend, support person or another healthcare professional.

If you feel uncomfortable, anxious, distressed or in pain at any time before, during, or after an examination, please let your healthcare professionals know, as they are there to support you.

If you find this difficult to talk about, you may communicate your feelings in writing or with the support of someone you wish to accompany you. You can ask your healthcare professional to stop at any time during your physical examination.



Emotional support

Having an abnormal cervical screening test or colposcopy can be distressing, especially during pregnancy. If you are feeling anxious or worried in any way, please speak to your healthcare team who can answer your questions and help you get support. The support may come from healthcare professionals, voluntary organisations or other services.

Further information and resources are available on the NHS website:

[nhs.uk/conditions/stress-anxiety-depression](https://www.nhs.uk/conditions/stress-anxiety-depression)

Further information

NHS: [Cervical screening in England](#)

NHS Scot: [Cervical screening](#)

NHS Wales: [Cervical screening](#)

NI Inform: [Cervical screening](#)

NHS information on [Colposcopy](#)

GOV.UK resource on the [Cervical screening programme](#)

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 H., 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/>



Sources and acknowledgements

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 2025).