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# Patient Information Leaflet: Cervical Polyps in Pregnancy

*This information is for women who have been diagnosed with a cervical polyp in pregnancy.*

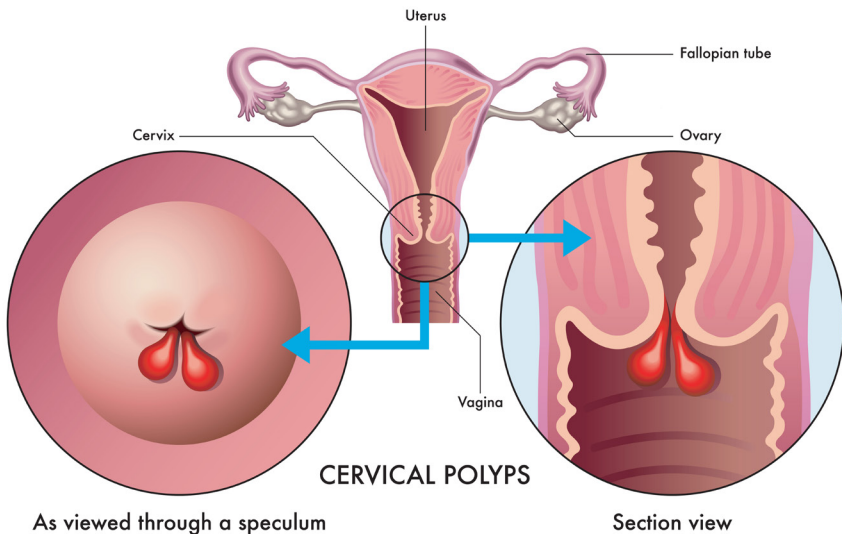


## What is a cervical polyp?

- The cervix, or neck of the womb, is a tube-like channel connecting the vagina to the womb.
- Cervical polyps are small growths on the cervix, like skin tags.
- Approximately 1 in 10 women will develop a cervical polyp during their lifetime.

## What causes cervical polyps?

- The exact causes are not fully understood.
- However, they are often linked to chronic inflammation of the cervix or hormonal imbalance.



## How are cervical polyps diagnosed during pregnancy?

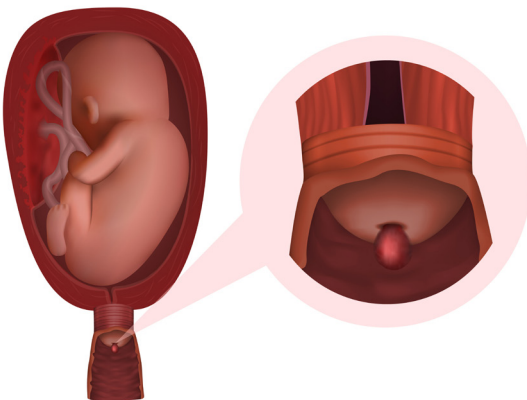
- Cervical polyps are usually identified during a speculum examination, like a smear test.
- This examination is typically performed if you experience vaginal bleeding.
- Occasionally, polyps can be detected during an ultrasound.

## What are the symptoms of cervical polyps?

- Many cervical polyps do not cause any symptoms and are discovered during routine examinations.
- They can cause bleeding after sexual intercourse.
- unexplained bleeding.
- Increased vaginal discharge and foul-smelling discharge if the polyp is infected.

## Are cervical polyps cancerous?

- Cervical polyps are almost always benign(non-cancerous).
- The risk of cancer is very low, around 1%.



## How might a cervical polyp affect my pregnancy?

- Research on the impact of cervical polyps during pregnancy is limited.
- Polyps can be managed conservatively (not removed) or removed.
- The presence of a cervical polyp may increase the risk of infection to the membranes and fluid surrounding the baby (chorioamnionitis).
- This may result in an increased risk of miscarriage after 12 weeks and a higher likelihood of preterm delivery before 37 weeks.
- The most recent studies indicate that removal of the polyps confers no additional risk of miscarriage or preterm delivery compared with the conservative approach. The management of the polyps will be discussed with you in greater detail to make an individualised plan by your Obstetrician or Gynaecologist.
- It is not known if any current preterm birth prevention treatments, such as progesterone or cervical stitch are helpful in women who have polyps either managed conservatively or removed.

## Local data:

- Currently, there is no local data on conservatively managed polyps.
- Analysis from the colposcopy database at UHW regarding the management of pregnant women with cervical polyps shows no incidence of increase adverse outcomes in direct relation to removal of the polyps.

## What happens after a cervical polyp diagnosis?

- If there are no symptoms or concerns, you will be referred for polyp removal three months after your baby is born.
- If there are concerns, you will be referred to a colposcopy clinic for further examination.
- If polyp removal or biopsy is recommended, your care will be discussed with the obstetric team, and you will receive appropriate counselling.

## How are cervical polyps removed?

- Polyps can be usually easily removed using small forceps, a surgical stitch, or an electric device (diathermy).
- Removal can be performed with or without local anaesthetic.
- In pregnancy, polyp removal can be done in the outpatient clinic but is often done in an operating theatre.

## What are the risks of removing cervical polyps during pregnancy?

- Risks include bleeding, infection, miscarriage, and preterm delivery.
- You will be asked to sign a consent form after discussing the specific risks and benefits.
- Using the 4 questions represented by the acronym BRAN may help you decide:
  - What are the Benefits?
  - What are the Risks?
  - What are the Alternatives?
  - What if I do Nothing?

## What happens after polyp removal?

- You may experience vaginal spotting and pelvic cramps; paracetamol can help relieve the pain.
- You may be asked to stay for an hour after removal, and some women may choose to stay overnight in the hospital.
- The polyp will be sent to the laboratory to check for any abnormality.

## References:

1. Wakimoto, Tetsu et al. Relationship between unremoved cervical polyp in pregnancy and spontaneous preterm birth. *American Journal of Obstetrics & Gynecology*, 2022, Volume 227, Issue 6, 899.e1 - 899.e6
2. Fukuta K et al. Risk factors for spontaneous miscarriage above 12 weeks or premature delivery in patients undergoing cervical polypectomy during pregnancy. *BMC Pregnancy Childbirth*. 2020 Jan 9;20(1):27
3. Management of pregnant women with endocervical and decidual polyps: a systematic review and meta analysis. Min Wang, Mingxia Ye, Nan Shen, Wanchun Pan, Heping Zhang, Xin Wang, Tingyu Sun, Ling Zhou, Yuanguang Meng  
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