

Cervical poly and abnormal looking cervix management pathways – Clinical information	1 of 3	Date of publication: 6 th June 2025
Reference no. UHBOBS095		Date of review: 6 th June 2028

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Cervical polyp and abnormal looking cervix management pathways in pregnancy – Clinician information

Scope
This policy applies to all clinicians working within maternity services including temporary staff, locums, bank and agency / annualised hours staff and visiting clinicians.

Equality Health Impact Assessment	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
Approved by	<i>Maternity Professional Forum</i>

Accountable Executive or Clinical Board Director	Abigail Holmes (Director of Midwifery)
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If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

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What is the risk of malignancy within cervical polyps?

The risk of a cervical polyp containing cancer cells was reported as low as 0.1% to 0.6%, some studies reporting risk as high as 1.2% (Baker, E., MacDonald, A. And Tennant, S,2025)

It is always important to review a patient’s individual smear history when counselling.

What are the risks of untreated cervical polyps in pregnancy?

There are few studies that have addressed this question, and the data are not consistent, but these studies generally have showed increased risk.

One study has showed that : Cervical polyp in pregnancy increases the risk of pregnancy losses (4/142 vs 5/2799; p<0.001) and preterm birth before 28 (3/142 vs 9/3799; p = 0.001), 34 (7/142 vs 22/2799; p < 0.001), and 37 (19/142 vs 115/2799; p<0.001) weeks of pregnancy (Riemma, G.et al,2023).

Other study has reported that: Untreated cervical polyps diagnosed in pregnancy before 12 weeks of gestation increase the risk of preterm labour before 34 weeks by 4 folds compared to low-risk pregnancy (Wakimoto T. Et al,2022)

What are the risks of cervical polypectomy during pregnancy?

There are limited data on the risks of polyp removal in pregnancy however, the risk of preterm labour generally increased following polyp removal. One study showed that Sixteen patients (21.9%, 16/73) had spontaneous delivery at < 34 weeks or miscarriage above 12 weeks. This risk was strongly related if the polyp size exceeds 12 mm, symptomatic polyps with bleeding and polyp removal prior to 10 weeks of gestation (Fukuta, K.et al,2020).

It is always important to remember that recurrent unexplained antepartum haemorrhage in pregnancy is associated with increased maternal and perinatal morbidity. Studies have shown an increased risk of preterm labour and small for gestational age babies at Delivery. The current guidance is to consider these pregnancies as high risk and refer to antenatal clinic for serial scans under consultant care.

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Management of cervical polyps in pregnancy

Cervical polyp suspected in pregnancy

To confirm on speculum examination by st6 or above and do triple swabs

IF Cervical polyp looked suspicious for cancer
OR if unsure TO be eviewed by the obstetric/gyn consultant oncall on same day or on next working day on OAU/CI.
Please take into account patient's smear history



