

Additional cervical cancer screening may be linked to preterm delivery

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Additional recommended cervical cancer screenings before birth may be

tied to an increased risk for preterm delivery (PTD), according to a study published online July 21 in *JAMA Health Forum*.

Rebecca A. Bromley-Dulfano, from Harvard University Medical School in Boston, and colleagues ascertained the population-level association between the number of guideline-recommended cervical cancer screenings and downstream PTD risk among U.S. women aged 18 to 24 years in a cross-sectional study using a difference-in-differences approach.

National Vital Statistics System data were obtained from women aged 18 to 24 years with a singleton, nulliparous [birth](#) in the United States between 1996 and 2018 (11,333,151 women). PTD and very [preterm delivery](#) (VPTD) were defined as delivery before 37 and 34 weeks of gestational age, respectively.

The researchers found that the mean number of guideline-recommended screenings was 2.4 by the time of childbirth. Overall, PTD occurred in 10.1 percent of births and VPTD occurred in 2.9 percent of births. One additional recommended screening was associated with a 0.073 percent increase in PTD risk, but no significant change in the risk for VPTD. The increase in PTD risk was higher for women with hypertension or diabetes than those without these comorbidities (0.26 versus 0.06 percent).

"This study may help inform future recommendations for screening practices by furthering our understanding of the trade-offs involved in terms of maternal and neonatal outcomes," the authors write.

More information: Rebecca A. Bromley-Dulfano et al, Association Between Cervical Cancer Screening Guidelines and Preterm Delivery Among Females Aged 18 to 24 Years, *JAMA Health Forum* (2023). [DOI: 10.1001/jamahealthforum.2023.1974](https://doi.org/10.1001/jamahealthforum.2023.1974)

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