ERRATUM

Correction to: "Cervical screening in pregnancy: an opportunity for nurses and midwives to drive equitable cervical cancer elimination" by Jordan Dixon and Kate Flynn

CORRECTION NOTICE - ERRATUM

Correction to: "*Cervical screening in pregnancy: an opportunity for nurses and midwives to drive equitable cervical cancer elimination*" by Jordan Dixon and Kate Flynn (doi: 10.37464/2025.424.2478).

In the original publication of this article, edits had been introduced to a version of the manuscript during the copy-editing process post-acceptance for publication. Edits were made to the wording and tone of the manuscript in several sections, including restructuring, rewriting, rephrasing, and redefining, along with changes to the wording of headings and subheadings. This copy-edited version of the manuscript with these changes was not provided to the authors for their review. This is not standard practice for the journal and resulted in the incorrect and unapproved manuscript moving forward to publication.

The published version of the manuscript did not represent the authors' writing or position.

Copy edits made included:

1. Additions of text denoted by bold text [Text Added].
2. Deletion of text denoted by text with '~~strikethrough~~' [Text Deleted].
3. Movement of text from one part of the manuscript to another, denoted by:
    a. Underlined text in red [Text Moved Down/Up] at the location where the text was moved from.
    b. Underlined text in green Text moved From below/above at the location where text was moved to.

The following edits were made during copyediting and were not reviewed or approved by the prior to publication.

1. The corresponding author's email address was incorrect.
2. Language Note edited: ~~We use~~ [Text Deleted] **While this editorial uses** [Text Added] gendered language ~~throughout this editorial~~ [Text Deleted], **for clarity and consistency** [Text Added] ~~however~~ [Text Deleted] we acknowledge **and respect** [Text Added] that people who ~~don't~~ [Text Deleted] **do not** [Text Added] identify as women also seek pregnancy care and ~~are~~ [Text Deleted] **may be** [Text Added] at risk of cervical cancer.
3. Heading edited: ~~CERVICAL CANCER IN AUSTRALIA~~ [Text Deleted] **BACKGROUND** [Text Added].
4. Paragraph edited: Cervical cancer is ~~a disease of inequity,~~ [Text Deleted] predominantly caused by persistent infection ~~with~~ [Text Deleted] **of certain** [Text Added] carcinogenic ~~types~~ [Text Deleted] **variations** [Text Added] of **the** [Text Added] human papillomavirus (HPV) ~~and~~ [Text Deleted]. **With early detection, the disease** [Text Added] is almost entirely preventable. ~~Despite long standing~~ [Text Deleted] ~~cervical screening~~

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~~and~~ [Text Deleted] HPV vaccination [Text Moved Down] ~~programs in Australia~~ [Text Deleted], **however,** [Text Added] women continue to die from cervical cancer.~~[1]~~ [Text Deleted] **In Australia, the age-standardised incidence rate stands at around 6–7 cases per 100,000 women, with a mortality rate of around 1.7–2 deaths per 100,000.** [Text Added] Screening remains [Text Moved Down] ~~the cornerstone of~~ [Text Deleted] prevention [Text Moved Down] ~~in adult women, yet~~ [Text Deleted] 70% of people diagnosed with cervical cancer are under- or never-screened ('under-screened').[1] [Text Moved Down] ~~When cervical cancer is diagnosed during pregnancy or early parenthood, the consequences are devastating for women and their babies, partners and communities.~~ [Text Deleted] **Globally, Australia is well performing in the prevention of cervical cancer, with low rates being attributable to the introduction of the** [Text Added] National Cervical Screening Program (NCSP) [Text Moved From Below] **in 1991 and the national** [Text Added] HPV vaccination [Text Moved From Above] **program in 2007.** [Text Added]

5. Paragraph edited: In previous decades, cervical screening was a part of routine maternity care but fell out of practice, likely due to changing models of care, increasing demands on practitioners, a shift in mindset about standard care and the movement away from routine pelvic exams. [Text Moved Down]

6. Paragraph edited: In 2017 ~~Australia's~~ [Text Deleted] National Cervical Screening Program (NCSP) [Text Moved Up], **screening practices under the NCSP** [Text Added] shifted from **2-yearly** [Text Added] Papanicolaou (Pap) Smears~~, which examined cervical cells for abnormalities~~ [Text Deleted] **(a cervical screening test in which cells are scraped from the surface of the cervix and examined for abnormalities),** [Text Added] to **a 5-yearly** [Text Added] primary ~~HPV screening~~ [Text Deleted] **high-risk human papillomavirus (HPV) testing,** [Text Added] ~~,a~~ [Text Deleted] **which is** [Text Added] more sensitive ~~and effective test that requires less frequent screening~~ [Text Deleted] **for detecting persistent infections that can lead to cervical cancer** [Text Added].[1] **With this introduction, the frequency of screening requirements were reduced to every 5-years, and** [Text Added] since July 2022, all eligible women have been able to choose between self-collection (using a small swab inserted into the vagina to collect their own sample) or clinician-collection (clinician inserts a speculum into the vagina to collect a cervical sample).[1] Self-collected vaginal samples are just as accurate for the detection of underlying precancer of the cervix as clinician-collected cervical samples because an infected cervix sheds HPV DNA into the vagina.[2]

7. Paragraph edited: Despite the introduction of self-collection, national cervical screening participation has stagnated with one in four women overdue for screening.[3] With rising cost of living pressures, a shortage of (bulk-billing) cervical screening providers, and increasing out of pocket fees, barriers to participation are growing.[3] Screening remains [Text Moved From Above] **paramount for the** [Text Added] prevention [Text Moved From Above] **of cervical screening, with** [Text Added] 70% of people diagnosed with cervical cancer are [Text Moved From Above] **those who are** [Text Added] under- or never-screened ('under-screened').[1] [Text Moved From Above] ~~When screening is not accessible, systemic inequities deepen, widening disparities in health outcomes, particularly for communities already experiencing structural barriers to engaging with healthcare.~~ [Text Deleted]

8. Paragraph edited: **Recent modelling and progress reports published in 2024–2025 indicates that Australia is on track to reach the World Health Organization 'elimination' threshold (fewer than 4 new cases per 100,000 women per year) by around 2030, provided high HPV vaccination and screening coverage are maintained. However, gaps in prevention and screening persist, which may hinder Australia reaching this goal. One such gap in screening practice relates to pregnancy and early parenthood, where,** [Text Added] in previous decades, cervical screening was part of routine maternity care but fell out of practice, likely due to changing models of care, increasing demands on practitioners, a shift in mindset about standard care, and the movement away from routine pelvic exams. [Text Moved From Above]

9. Heading deleted: ~~NATIONAL STRATEGY FOR THE ELIMINATION OF CERVICAL CANCER IN AUSTRALIA~~ [Text Deleted].

10. Paragraph deleted: ~~In 2023 Australia launched its equity focused national strategy for the elimination of cervical cancer, which outlines strategic objectives across the three pillars of vaccination, screening, and treatment.~~ [Text Deleted].

11. Figure 1 deleted: ~~Figure 1: Australia's cervical cancer elimination strategy. Reproduced from National Strategy for the Elimination of Cervical Cancer in Australia, Department of Health and Aged Care.[1]~~ [Text Deleted]

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12. Subheading deleted: ~~HPV VACCINATION~~ [Text Deleted].

13. Paragraph deleted: ~~Catch up HPV vaccination can be promoted before or after pregnancy for patients <26 years. A single catch-up dose is effective in this age group and is provided free for those who missed out at school under the national immunisation program.~~[1] [Text Deleted].

14. Subheading deleted: ~~SCREENING~~ [Text Deleted].

15. Paragraph edited: ~~Cervical screening is~~ [Text Deleted] safe and effective at all stages of pregnancy [Text Moved Down] ~~and~~ [Text Deleted] should not be delayed [Text Moved Down] ~~if due~~ [Text Deleted].[4] [Text Moved Down] ~~The traditional model of screening involving a sample from the cervix created significant barriers to implementation in the antenatal setting.~~ [Text Deleted] ~~Regression of~~ cytological changes [Text Moved Down] ~~in later pregnancy can lead to recommendations to complete screening postpartum.~~ [Text Deleted][5] [Text Moved Down] ~~Additionally, the risk of cervical contact~~ [Text Deleted] bleeding [Text Moved Down] ~~may not be acceptable to women or practitioners.~~[1] [Text Deleted] Self-collection [Text Moved Down] ~~provides~~ [Text Deleted] an acceptable [Text Moved Down] alternative [Text Moved Down] ~~and offers~~ [Text Deleted] meaningful choice for women.[4] [Text Moved Down]

16. Subheading deleted: ~~DIAGNOSTICS AND TREATMENT~~ [Text Deleted].

17. Paragraph deleted: ~~If colposcopy (a closer examination of the cervix using a magnifying instrument) is required following an abnormal screening test, midwives should reassure patients that assessment is safe during pregnancy and should not be delayed until the postpartum period.[5] The aim of colposcopy in pregnancy is to exclude invasive cancer and to reassure the patient that their pregnancy will not be affected by an abnormal cervical screening result.[5] Where high-grade lesions are suspected, definitive treatment, except in cases of invasive cancer, can be safely deferred until after pregnancy.[5]~~ [Text Deleted].

18. Paragraph deleted: ~~To reach equitable elimination, we need to draw on, and strengthen the capacity of, our existing resources.[1] One existing resource is maternity care in Australia.~~ [Text Deleted].

19. Subheading deleted: ~~MATERNITY CARE~~ [Text Deleted].

20. Heading added: **SCREENING FOR CERVICAL CANCER DURING PREGNANCY** [Text Added].

21. Paragraph edited: ~~Women in Australia~~ [Text Deleted] **In Australia women and** [Text Added] are giving birth later in life, with the median **maternal** [Text Added] age ~~now~~ [Text Deleted] **reaching** [Text Added] 32 years.~~[6] This demographic shift overlaps~~ [Text Deleted], **coinciding** [Text Added] with cervical ~~cancer~~ [Text Deleted] **cancer's** [Text Added] ~~epidemiology, where the~~ [Text Deleted] peak incidence ~~occurs~~ [Text Deleted] between **ages** [Text Added] 35 and 49 ~~years, when many women are pregnant or caring for young children~~ [Text Deleted].[3] **Further,** [Text Added] for many under-screened women, antenatal care may be their only consistent engagement with the healthcare system, offering a predictable schedule of appointments, continuity and trusted relationships. Even a single lifetime screening can significantly reduce their risk of cervical cancer.[3] [Text Moved From Below] Importantly, 95% of women will attend more than five antenatal visits, a level of engagement not often seen within the healthcare system.[6] Pregnancy is also a time when external motivation is high; many women engage in preventive health not only for themselves but for the benefit of their baby and family. By embedding cervical screening into routine antenatal care, we can address gaps left by fragmented services and ensure prevention does not fall through the cracks. [Text Moved From Below]

22. Paragraph edited: **While, pap smears posed significant barriers in the antenatal setting, as scraping the cervical wall risked irritation or** [Text Added] bleeding [Text Moved From Above], **which pregnant women and practitioners often found unacceptable,[5] the introduction of** [Text Added] self-collection [Text Moved From Above] **of HPV samples offers** [Text Added] an acceptable [Text Moved From Above], **less invasive** [Text Added] alternative [Text Moved From Above] **that enhances accessibility and provides** [Text Added] meaningful choice for [Text Moved From Above] **pregnant** [Text Added] women.[4] [Text Moved From Above] **The introduction of this option has improved participation rates among those in maternity care, improving outcomes. Further, while in many cases abnormal** [Text Added] cytological changes [Text Moved From Above] **detected during pregnancy regress later in gestation, leading clinicians to recommend deferring or repeating screening postpartum rather than immediate intervention during pregnancy,** [Text Added][5] [Text Moved From Above] **risks such as advanced disease progression in under-**

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screened women mean screening [Text Added] should not be delayed [Text Moved From Above]. [Text Added] **Evidence demonstrates that cervical screening remains** [Text Added] safe and effective at all stages of pregnancy [Text Moved From Above] **when clinically indicated** [Text Added].[4] [Text Moved From Above]

23. Heading added: **ROLE OF NURSES AND MIDWIVES** [Text Added]

24. Paragraph edited: ~~In 2024 292,318 babies were born in Australia, within a maternity system provided by~~ [Text Deleted] **Maternity care in Australia is delivered by a multidisciplinary team, involving** [Text Added] midwives, nurses, obstetricians, **and** [Text Added] general practitioners~~, or a combination of all four~~ [Text Deleted].[6] Nurses and midwives are uniquely positioned within this system, with continuity and freedom of movement across community, hospital and home settings. **Notably,** [Text Added] 46% of [Text Moved From Below] models of care now [Text Moved From Below] **incorporate** [Text Added] midwifery continuity [Text Moved From Below]**,** [Text Added][6] [Text Moved From Below] **underscoring the need to equip** [Text Added] midwives [Text Moved From Below] **to address the full spectrum of** [Text Added] reproductive health [Text Moved From Below], including cervical [Text Moved From Below] **screening and** [Text Added] dysplasia [Text Moved From Below] **management, while upskilling tertiary** [Text Added] medical [Text Moved From Below] **teams to** [Text Added] champion [Text Moved From Below] **these efforts and enable** [Text Added] nurses [Text Moved From Below] and [Text Moved From Below] midwives [Text Moved From Below] to work [Text Moved From Below] **to full-scope** [Text Added] practice. [Text Moved From Below]

25. Paragraph edited: 46% of [Text Moved Up] ~~all~~ [Text Deleted] models of care now [Text Moved Up] ~~have a~~ [Text Deleted] midwifery continuity [Text Moved Up] ~~component~~ [Text Deleted].[6] [Text Moved Up] ~~As we move toward an expansion of midwifery-led models of care,~~ [Text Deleted] midwives [Text Moved Up] ~~must be equipped to manage the full breadth of women's~~ [Text Deleted] reproductive health [Text Moved Up] ~~issues~~ [Text Deleted], including cervical [Text Moved Up] dysplasia [Text Moved Up]~~. In parallel we need to upskill our~~ [Text Deleted] medical [Text Moved Up] ~~workforce within the tertiary system so they can~~ [Text Deleted] champion [Text Moved Up] ~~cervical screening and support~~ [Text Deleted] midwives [Text Moved Up] and [Text Moved Up] nurses [Text Moved Up] to work [Text Moved Up] ~~at their full scope of their~~ [Text Deleted] practice. [Text Moved Up]

26. Paragraph edited: Cervical screening is within the scope of practice of nurses and midwives, and while many have been providing this service for several years, some still don't see a role for themselves in this area. However, this is starting to change with the introduction of self-collection which has expanded access for screening participants and opened doors for nurses and midwives to play a greater role in cervical screening. The autonomy inherent in self-collection provides increased flexibility in where and how the test is done and who can facilitate access. With appropriate training, clinical governance and support, nurses and midwives can deliver both screening options to the same quality as doctors, reducing patient wait times and improving patient satisfaction and outcomes. [Text Moved From Below]

27. Paragraph edited: The National Strategy [Text Moved From Below] **for the Elimination of Cervical Cancer, developed by the Australian Centre for the Prevention of Cervical Cancer in partnership with the Australian Government Department of Health, Disability and Ageing,** [Text Added] highlights the important role nurses and midwives play in achieving elimination, calling for clear pathways to enable them to "independently request and sign pathology request forms for a cervical screening test (and be eligible for Medicare reimbursement)".[1] Until July 2021 this was standard practice in Victoria, with one pathology service funded to process tests ordered by non-medical providers. Unfortunately, since this agreement lapsed, MBS funding for cervical screening is now restricted to providers with a Medicare Provider Number (MPN) such as doctors, nurse practitioners and endorsed midwives. [Text Moved From Below]

28. Paragraph edited: These restrictions create system level barriers to expanding the autonomous screening role of nurses and midwives. In midwifery-led clinics, a MPN provider may not be readily available to co-sign pathology forms, limiting access and provision to cervical screening within maternity models of care. [Text Moved From Below] Additionally, non-medical providers cannot independently access the National Cancer Screening Register (NCSR) to determine whether a patient is due for screening. Without direct NCSR access, ideally integrated into electronic medical record systems, we are making it harder for nurses and midwives to identify eligible women and provide timely care. [Text Moved From Below]

29. Heading edited: ~~PREGNANCY AS AN EQUITY LEVER~~ [Text Deleted] **ADDRESSING INEQUITY** [Text Added]

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30. Paragraph edited: For many under-screened women, antenatal care may be their only consistent engagement with the healthcare system, offering a predictable schedule of appointments, continuity and trusted relationships. Even a single lifetime screening can significantly reduce their risk of cervical cancer.[3] [Text Moved Up]

31. Paragraph edited: Importantly, 95% of women will attend more than five antenatal visits, a level of engagement not often seen within the healthcare system.[6] Pregnancy is also a time when external motivation is high; many women engage in preventive health not only for themselves but for the benefit of their baby and family. By embedding cervical screening into routine antenatal care, we can address gaps left by fragmented services and ensure prevention does not fall through the cracks. [Text Moved Up]

32. Paragraph edited: The national strategy identifies five **key** [Text Added] populations who are more likely to be under-screened **for cervical cancer** [Text Added]. Efforts to improve access for these ~~populations~~ [Text Deleted] **groups** [Text Added] must be designed ~~and delivered in consultation with the people~~ [Text Deleted], **governed and evaluated in partnership with the communities** they aim to benefit**, rather than imposed upon them** [Text Added]. For example, initiatives to increase cervical screening through pregnancy care must not be imposed ~~onto~~ [Text Deleted] **on** [Text Added] First Nations women, but shaped ~~through~~ [Text Deleted] **by** [Text Added] First Nations leadership, ~~governance and community driven decision making~~ [Text Deleted] **communitycontrolled organisations and local governance structures that embed selfdetermination** [Text Added].

33. Paragraph edited: Colonisation, institutional racism and a lack of culturally safe care ~~has prevented~~ [Text Deleted] **have undermined** [Text Added] First Nations ~~women from feeling safe~~ [Text Deleted] **women's trust** [Text Added] in maternity care **and reproductive health services** [Text Added]. ~~With the development of~~ [Text Deleted] **Emerging** [Text Added] Birthing on Country models ~~which work~~ [Text Deleted] **seek** [Text Added] to redress these ~~issues, we are~~ [Text Deleted] **harms by** [Text Added] returning childbirth services to First Nations communities and First Nations Control**, embedding cultural continuity, community governance and Indigenous workforce leadership** [Text Added].[7] In 2023, First Nations mothers accounted for 5.6% of women who gave birth, with around 70% now accessing antenatal care**.** [Text Deleted], [Text Added][6] **creating a critical touchpoint to discuss cervical screening in a culturally safe way.** [Text Added]

34. Paragraph edited: People who identify as LGBTQ+ and people who are intersex frequently encounter cisheteronormative assumptions within reproductive health services, **including misgendering,** [Text Added] ~~leading to~~ [Text Deleted] inappropriate questions~~, stigma and a lack of recognition of their reproductive health needs.~~ [Text Deleted] **and forms that do not recognise diverse bodies and identities.** [Text Added] ~~As a result of systemic barriers,~~ [Text Deleted] **These experiences contribute to stigma, distress and avoidance of care,** [Text Added][8] [Text Moved From Below] ~~they are~~ [Text Deleted] **meaning they may be** [Text Added] less likely to be offered or **to** [Text Added] participate in screening and may find **pelvic** [Text Added] examinations **particularly** [Text Added] distressing.[8] [Text Moved Up] **Creating genderaffirming pregnancy and parenting care, with inclusive language and flexible screening options, is therefore essential to improving access.** [Text Added]

35. Paragraph edited: Women with disability ~~face~~ [Text Deleted] **experience** [Text Added] multiple, compounding barriers to cervical screening, including inaccessible ~~health services~~ [Text Deleted] **facilities and equipment** [Text Added], limited provider training, **communication barriers,** [Text Added] and misjudgements [Text Moved From Below] **by** [Text Added] family, carers and ~~provider~~ [Text Deleted] **clinicians** [Text Added] misjudgements [Text Moved Up] ~~around~~ [Text Deleted] **about** [Text Added] sexual activity **and risk** [Text Added].[9] ~~Providers' tendency to~~ [Text Deleted] **When providers** [Text Added] prioritise disability ~~-~~ [Text Deleted] related ~~concerns~~ [Text Deleted] **issues** [Text Added] over preventive health**,** [Text Added] ~~can lead to~~ [Text Deleted] cervical screening ~~being missed~~ [Text Deleted] **can be overlooked or deprioritised** [Text Added]. Pregnancy care ~~can offer a safe~~ [Text Deleted] **offers a safer, more holistic** [Text Added] context ~~to discuss~~ [Text Deleted] **in which nurses and midwives can raise cervical** screening ~~with these women and any~~ [Text Deleted]**, negotiate with** [Text Added] hesitant carers or family members**, and plan adjustments that enable screening to occur respectfully** [Text Added].

36. Heading edited: MIGRANT AND REFUGEE WOMEN ~~- CULTURALLY AND LINGUISTICALLY DIVERSE~~ [Text Deleted]

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37. Paragraph edited: Women from migrant and refugee backgrounds now ~~make up a third~~ [Text Deleted] **comprise roughly onethird** [Text Added] of women giving birth in Australia and are **about** [Text Added] 50% less likely to have completed cervical screening ~~compared to~~ [Text Deleted] **than** [Text Added] Australian-[Text Deleted]born women.[6,10] ~~These women~~ [Text Deleted] **Many** [Text Added] may not have had ~~previous~~ [Text Deleted] **prior** [Text Added] access to HPV vaccination ~~and~~ [Text Deleted] **or organised** [Text Added] screening **programs in their country of origin** [Text Added], placing them at ~~higher~~ [Text Deleted] **increased** [Text Added] risk of ~~developing~~ [Text Deleted] cervical cancer **and unfamiliarity with the concept of screening** [Text Added].[10] For many ~~migrant and refugee women~~ [Text Deleted], pregnancy care ~~will be~~ [Text Deleted] **represents** [Text Added] their first **sustained** [Text Added] interaction with the Australian ~~healthcare~~ [Text Deleted] **health** [Text Added] system~~.~~ [Text Deleted]**, providing a crucial opportunity to offer interpretersupported, culturally responsive information about cervical screening and to integrate screening into broader settlement and primary care pathways.** [Text Added]

38. Paragraph edited: People living in rural and remote areas ~~have less~~ [Text Deleted] **face reduced** [Text Added] access to preventive health ~~due to~~ [Text Deleted] **because of** [Text Added] distance,**travel costs** [Text Added] and **the** [Text Added] inconsistent ~~availability of healthcare providers~~ [Text Deleted] **presence of medical practitioners** [Text Added]. **In these settings,** [Text Added] upskilling nurses and midwives is strategic ~~in these areas~~ [Text Deleted]**,** [Text Added] as there are more registered nurses and midwives per 100,000 people working in remote and very remote areas~~, compared to~~ [Text Deleted] **than** [Text Added] medical professionals.[11] **Enhancing their competencies in cervical screening counselling, referral and followup can therefore extend the reach of the National Cervical Screening Program into communities where access is otherwise limited.** [Text Added]

39. Paragraph edited: Pregnancy creates a unique and natural opportunity to address inequities by providing an inclusive, culturally safe, gender-affirming environment irrespective of who you are or where you live. In this setting, people can be empowered to make informed decisions about their health, creating an optimal entry point for priority populations not only into cervical screening, but the entire pathway. [Text Moved Down]

40. Paragraph edited: Nurses and midwives are well placed to facilitate this access during pregnancy due to their experience and ability to foster trusted relationships with their patients. They regularly provide services for women from diverse backgrounds, many of whom face substantial barriers to accessing traditional medical models of care. [Text Moved Down]

41. Heading deleted: ~~OPPORTUNITIES AND CURRENT RESTRICTIONS: NURSES AND MIDWIVES' ROLE~~ [Text Deleted]

42. Paragraph edited: Cervical screening is within the scope of practice of nurses and midwives, and while many have been providing this service for several years, some still don't see a role for themselves in this area. However, this is starting to change with the introduction of self-collection which has expanded access for screening participants and opened doors for nurses and midwives to play a greater role in cervical screening. The autonomy inherent in self-collection provides increased flexibility in where and how the test is done and who can facilitate access. With appropriate training, clinical governance and support, nurses and midwives can deliver both screening options to the same quality as doctors, reducing patient wait times and improving patient satisfaction and outcomes. [Text Moved Up]

43. Paragraph edited: The national strategy highlights the important role nurses and midwives play in achieving elimination, calling for clear pathways to enable them to "independently request and sign pathology request forms for a cervical screening test (and be eligible for Medicare reimbursement)".1 Until July 2021 this was standard practice in Victoria, with one pathology service funded to process tests ordered by non-medical providers. Unfortunately, since this agreement lapsed, MBS funding for cervical screening is now restricted to providers with a Medicare Provider Number (MPN) such as doctors, nurse practitioners and endorsed midwives. [Text Moved Up]

44. Paragraph edited: These restrictions create system level barriers to expanding the autonomous screening role of nurses and midwives. In midwifery-led clinics, a MPN provider may not be readily available to co-sign pathology forms, limiting access and provision to cervical screening within maternity models of care. [Text Moved Up]

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45. Paragraph edited: Additionally, non-medical providers cannot independently access the National Cancer Screening Register (NCSR) to determine whether a patient is due for screening. Without direct NCSR access, ideally integrated into electronic medical record systems, we are making it harder for nurses and midwives to identify eligible women and provide timely care. [Text Moved Up]

46. Paragraph edited: Pregnancy creates a unique and natural opportunity to address inequities by providing an inclusive, culturally safe, gender-affirming environment irrespective of who you are or where you live. In this setting, people can be empowered to make informed decisions about their health, creating an optimal entry point for priority populations not only into cervical screening, but the entire pathway. [Text Moved From Above]

47. Paragraph edited: Nurses and midwives are well placed to facilitate this access during pregnancy due to their experience and ability to foster trusted relationships with their patients. They regularly provide services for women from diverse backgrounds, many of whom face substantial barriers to accessing traditional medical models of care. [Text Moved From Above]

48. Headings edited: ~~ELIMINATING CERVICAL CANCER IS POSSIBLE~~ and ~~WE ALL HAVE A ROLE TO PLAY~~ [Text Deleted] **CONCLUSION** [Text Added].

49. The Acknowledgments, Conflict of Interest, and Funding Statements were not included in the published manuscript as contained in Title Page document submitted by the authors.

The corrected article has been published which includes wording as written and intended by the authors and has been approved by the authors prior to publication.

The corrected version is available from: https://doi.org/10.37464/2025.424.2478

The original article, marked with a Correction Notice, has been archived and is available upon request from the journal.

The editors and publisher apologise for this Edit and any confusion it might have caused.