Methodology A 33-year-old primiparous female attended at 16 weeks pregnant with vaginal spotting and abnormal cervix on inspection; her smear test had been delayed due to COVID-19. Investigations revealed a stage 2b squamous cell cervical carcinoma. Proposed management options were of pregnancy continuation with neoadjuvant chemotherapy and elective preterm caesarean section or surgical termination; both followed by chemoradiotherapy.

Results Following fertility counselling, the patient underwent surgical peripartum fetocidal type III nerve sparing radical Wertheim hysterectomy and pelvic lymphadenectomy. Findings were of a 5 cm exophytic tumour with a 3 cm and 5 cm margin of vaginal cuff and parametrium respectively. The couple were subsequently referred on to clinical oncology and for bereavement counselling, mourning the loss of their future fertility over and above that of their unborn baby.

Conclusion Throughout this patient’s journey there was not only a host of support including cancer nurse specialist teams; but also in consideration of the clinicians residing over this patient’s case. The provision of compassionate care was coupled alongside that of emotionally supporting colleagues within the multidisciplinary team. This case raised significant ethical dilemmas regarding aspects of clinical management with extremely difficult and heartfelt decision-making challenges, which greater emphasised the present loss of life.