

CONTRACEPTION DURING THE COVID-19 PANDEMIC

ADVICE FOR HEALTH PROFESSIONALS

Contraception is an essential service during the COVID-19 pandemic. This includes the provision of emergency contraception, access to Long Acting Reversible Contraception (LARC) and management of complications of LARC.

Health professionals can continue to facilitate access to contraception via telehealth consults and limited face-to-face consultations where possible.

LARC

LARC is the most effective form of contraception and patients who wish to commence this method should have this facilitated. Face-to-face contact can be minimised by the use of a telehealth consult including pre-assessment and verbal consent for the procedure and follow up appointments. Routine screening for sexually transmitted infections (STIs) and bacterial vaginosis is no longer recommended prior to intra-uterine device (IUD) insertion. Self-collected swabs are suitable for screening of asymptomatic people with increased risk of STIs and this can be facilitated by mail or pick up. Routine cervical screening is not essential prior to IUD insertion.

Further precautions should include the use of gowns, protective glasses and masks for clinicians, and having the patient wear a mask. Traditionally an assistant has been present for IUD insertions but can either social distance within the room (if there is space to do so) or wait outside in case of an emergency.

Routine removal and replacement of LARC may be deferred. For advice on deferring LARC replacement please see SHINE SA's [Position Statement](#) on LARC access during the COVID-19 pandemic.

If contraception is no longer required, routine removal of expired LARC can be delayed until the pandemic is over (unless pregnancy is desired).

A routine follow-up visit has often been recommended following insertion of an IUD at 3-6 weeks post-insertion. However, it is not essential and it is more important to advise people of signs and symptoms of infection, perforation and expulsion and to return if they have any problems relating to their IUD. This follow up visit can also be facilitated via telehealth if needed or desired.

Emergency contraception

The copper IUD is the most effective emergency contraception (EC) and can be inserted up to 5 days after unprotected sex where there is no risk of pregnancy from earlier in the cycle. Copper IUD should remain as the first line EC during the COVID-19 pandemic, where possible.

If the emergency contraceptive pill (ECP) is desired this can be facilitated by a telehealth consultation. ECP can be obtained over the counter from community pharmacies. There are 2 types of ECP available in Australia and choice of ECP depends on a number of factors. Providing a prescription via a telehealth consult can help to minimise face-to-face time at the pharmacy.

Combined hormonal contraception (CHC)

For existing CHC users it is reasonable to provide a further 6-12 months of repeats without checking BMI or blood pressure. The risk of unintended pregnancy is greater than risks associated with continued CHC use.

For new users of CHC a risk assessment may be conducted via a telehealth consult. Self estimation of height and weight should be documented. While risk of thromboembolism is greatest in the first 12 months of commencing CHC, it is reasonable to start CHC in people under 35, with a normal BMI, who are not smokers and have no other risk factors for hypertension. When providing the first prescription to new users of CHC it is advisable to review at 3-4 months to assess any side effects, new contraindications and discuss adherence to pill taking. This can be facilitated by providing a prescription without repeats.

In people who don't meet the criteria for new CHC prescription the progestogen only pill may be the best option bearing in mind it has a narrower window of time for daily use.

Blood pressure may be checked at a pharmacy at the time of collection of CHC but this is not essential.

Progestogen only pill (POP)

For new and existing users of POP 6-12 month prescriptions can be given without physical review.

Depot medroxyprogesterone acetate (DMPA)

DMPA can be administered when due following a telehealth consult to minimise face to face contact and using additional precautions of gown and mask if required. If a person is self-isolating, has symptoms or is unable to attend in person, additional precautions should be used such as condoms or a contraceptive pill until they are able to attend an appointment.