FSRH CEU: information to support management of individuals requesting to discontinue contraception to plan a pregnancy during the Covid-19 outbreak
26 March 2020

FSRH CEU notes that up to date local guidance should be followed when considering any non-essential direct patient contact during the Covid-19 outbreak.

What are the risks associated with Covid-19 in pregnancy?
As yet, very little is known about Covid-19 in pregnancy. The Royal College of Obstetricians and Gynaecologists\textsuperscript{1,2} currently advises (on 26/3/20):

- Pregnant individuals appear to be no more likely than the general population to contract the infection.
- Pregnancy alters the response to viral infection. While most pregnant individuals with Covid-19 are expected to have mild symptoms (or none), a small proportion (particularly those in the third trimester) may have more severe symptoms with Covid-19 as a result of pregnancy.
- Current expert opinion, based on experience with other coronaviruses as well as limited experience with Covid-19, is that intrauterine infection with Covid-19 is unlikely to occur and risk of miscarriage and fetal abnormality are not expected to be increased. Risk of preterm birth is not known.
- At present, pregnant individuals, particularly those ≥28 weeks gestation are advised that social distancing is of particular importance. Attendance for routine (as well as specialist) antenatal care is, however, still essential.

What should individuals consider when stopping contraception to plan a pregnancy at this time?
- Covid-19 is likely to remain a problem for many months.
- Very little is known for certain at this time about the risks associated with Covid-19 for pregnant women and their babies; evidence is still emerging and advice for pregnant women could change at any time.
- It remains important (as always) to optimise health (including review of chronic health problems, addressing smoking, alcohol intake and obesity) and medications, and to take folic acid before stopping contraception to conceive a pregnancy.\textsuperscript{3}
- Any individual who becomes pregnant requires routine antenatal and peripartum care: both require contact with healthcare professionals. Pregnancy complications may necessitate frequent hospital attendance. When considering a pregnancy, an individual should consider the risks of Covid-19 transmission associated with such contacts.
If stopping a long-acting reversible contraceptive (LARC) method, direct contact with a trained healthcare professional is required. Possible risk of transmission must be considered; at the time of writing, policy is that non-essential contact between healthcare professionals and patients is avoided.

Individuals who subsequently decide to restart contraception are likely to have to wait to restart LARC until direct contact with a healthcare professional for this non-essential procedure is considered appropriate. Oral contraception, prescribed remotely, will be offered in the meantime.4

FSRH CEU suggests that, given (1) the limited information about pregnancy outcomes with Covid-19, (2) risk of Covid-19 transmission associated with contact between patients and healthcare professionals during antenatal and peripartum care and (3) current restrictions on access to medical care should complications arise, this may not be the best time to stop contraception to plan a pregnancy. Routine LARC removal is not considered an essential service at this time.

References
2. Royal College of Obstetricians & Gynaecologists. Coronavirus infection and pregnancy. Information for pregnant women and their families. Available online here (accessed 26/03/2020)
3. Faculty of Sexual & Reproductive Healthcare. FSRH CEU statement: Pre-conception Care. 15 September 2016. Available online here (accessed 26/03/2020)