

## **FSRH guidance for contraceptive provision after changes to Covid-19 lockdown**

It is anticipated that following the current period of Covid-19 lockdown, there will be an ongoing requirement for social distancing. The [Faculty of Sexual & Reproductive Healthcare \(FSRH\)](#) makes the following suggestions relating to contraceptive services at times when lockdown restrictions are eased ([please see previous guidance for advice during periods of Covid-19 lockdown](#)).

**While social distancing remains in place, it is recommended that much of the contraceptive consultation process continues to be done remotely.** This includes support with choice of contraceptive method, information-giving prior to any procedure and provision of information to support ongoing use. Local protocols must be followed with regard to minimising risk of transmission of Covid-19 at the time of any contraceptive procedure (including minimising contact at reception and avoiding crowding in waiting areas).

**Emergency contraception.** Access to all methods of emergency contraception, including where possible the copper IUD (which is the most effective emergency contraceptive) should continue to be prioritised.

**Long-acting reversible contraception (LARC)** offers the most effective contraception and should be prioritised where possible when lockdown restrictions are eased, and it is considered that benefit outweighs risk of Covid-19 transmission.

**Priority groups.** Local services should consider how best to ensure that those individuals at highest risk of unplanned pregnancy have access to the most effective contraceptive method that is acceptable to them. This should include individuals attending abortion and maternity services. Local pathways for urgent referral from vulnerable groups including via social services, sexual assault referral centres, black, Asian and minority ethnic (BAME) groups and young peoples' outreach, using translation services where necessary, must be maintained. Safeguarding individuals at risk of violent crime using a 'safe' word or phrase is to be encouraged. Those who have problems with their existing contraception should also be prioritised.

**Many individuals have been commenced on a bridging contraceptive (often a desogestrel progestogen-only pill - POP) during Covid-19 lockdown.** Some may wish to continue this method. Reversal of lockdown could, however, (while maintaining social distancing as much as possible), be an opportunity for individuals on bridging contraception to access their contraceptive of choice. This may be a more effective LARC method or a more acceptable option.

**The following guidance is offered during relaxation of lockdown, but during ongoing social distancing:**

### **Nexplanon®**

**New Nexplanon users** should start or quick start [according to existing FSRH guidance](#).

**Existing Nexplanon users.** Individuals due for Nexplanon replacement can be advised that the risk of pregnancy during the fourth year of use appears to be very low; contraception cannot, however, be guaranteed and individuals may wish to use additional contraceptive precautions until it is considered safe to attend for Nexplanon replacement.

During Covid-19 restrictions, when changing a Nexplanon that has been *in situ* for:

- ▶ **Up to 3 years** - there is no requirement for additional contraceptive precaution or pregnancy testing prior to or after replacement.
- ▶ **3 to 4 years** – there is no requirement for additional contraceptive precaution or pregnancy testing prior to replacement. Condoms should be advised for the first seven days after replacement and a urinary pregnancy test recommended at 21-28 days.
- ▶ **Over 4 years** – so long as pregnancy test is negative, replacement can proceed; condoms should be advised for the first seven days after replacement and a urinary pregnancy test taken at 21-28 days.

During ongoing social distancing, deep or difficult implant removals that require longer contact time with a healthcare professional (HCP) should be avoided where possible. The existing implant can safely remain *in situ* and a new Nexplanon can be inserted in the other arm.

### **Levonorgestrel-releasing intrauterine systems (LNG-IUS) and copper intrauterine devices (Cu-IUD)**

**New LNG-IUS/Cu-IUD users.** Existing pregnancy should be excluded as usual ([see FSRH guideline](#)) for new LNG-IUS users and for new Cu-IUD users unless they meet criteria for use as emergency contraception; bridging contraception can be provided where pregnancy cannot be excluded.

**Existing LNG-IUS/Cu-IUD users.** Individuals due for replacement of a 52mg LNG-IUS (Mirena® or Levosert®) can be advised that the risk of pregnancy during the sixth year of use of a 52mg LNG-IUS appears to be very low; contraception cannot, however, be guaranteed and individuals may wish to use additional contraceptive precautions until it is considered safe to attend for replacement. Additional contraceptive precautions are required as usual after the licensed 5 years for Kyleena® and 3 years for Jaydess®.

Individuals due for replacement of a Cu-IUD with a 10 year licence can be advised that the risk of pregnancy up to 12 years of use is likely to be low; contraception cannot, however, be guaranteed and individuals may wish to use additional contraceptive precautions until it is considered safe to attend for replacement. Additional contraceptive precautions are required as usual after the licensed 5 years for 5-year Cu-IUDs.

**Notes** (these apply at all times, not just during Covid-19 restrictions, but have been recent FAQ):

1. When changing any LNG-IUS/Cu-IUD at any time, ideally the individual should have avoided condomless vaginal sex for 7 days prior to replacement in case the new device cannot be inserted.
2. Routine thread checks by healthcare professionals are not required; users should be encouraged to check their own threads.

**During Covid-19 restrictions**, when replacing:

- ▶ Mirena, Levosert or Kyleena *in situ* for up to 5 years, Jaydess *in situ* for up to 3 years or a Cu-IUD within its licence – pregnancy testing is not required, no additional contraceptive precautions are required after replacement.
- ▶ Mirena or Levosert *in situ* for up to 6 years or 10-year Cu-IUD that has been *in situ* for up to 12 years – so long as pregnancy test is negative, replacement can proceed, with advice to use condoms for 7 days and to take a follow up urinary pregnancy test at 21-28 days
- ▶ Mirena or Levosert *in situ* for over 6 years, Kyleena *in situ* for over 5 years, Jaydess *in situ* for over 3 years, 5 year Cu-IUD *in situ* for over 5 years or 10 year Cu-IUD *in situ* for over 12 years – a negative pregnancy test after 3 weeks of additional contraceptive precautions is required prior to replacement; condoms should be advised for 7 days after replacement of Mirena/Levosert/Kyleena/Jaydess.

#### **Depot medroxyprogesterone acetate (Depo Provera<sup>®</sup> and Sayana Press<sup>®</sup>)**

- ▶ DMPA can routinely be repeated at 14-week intervals without requirement for additional contraceptive precautions or pregnancy testing.
- ▶ If the interval is >14 weeks AND a high sensitivity urinary pregnancy test is negative, (or there has been no condomless sex since 14 weeks), during Covid-19 restrictions, DMPA may be given, with advice to use condoms for 7 days. A follow up urinary pregnancy test MUST be taken at 21-28 days.
- ▶ This may be an opportunity for individuals to be taught to self-administer Sayana Press. A one-year supply can be given, allowing the user to avoid contact with healthcare professionals for repeat injections.

#### **Combined hormonal contraception**

Past medical and family history must continue to be fully assessed and information about risks, benefits and contraceptive effectiveness given as per [FSRH guidance](#); this may be achieved remotely. An accurate blood pressure and BMI measurement should have been documented within the past year – these may be self-reported during Covid-19 restrictions. A one-year supply of combined oral contraception, Evra<sup>®</sup> or SyreniRing may be given. Note that Nuvaring<sup>®</sup> can only be dispensed three months at a time.

#### **Progestogen-only pill**

The POP is effective for contraception and is safe for most women, thus it lends itself to remote provision. It is recognised that supply of desogestrel POP could become an issue as a result of increased prescribing during lockdown. This may make safe provision of women's favoured alternative methods even more of a priority during periods when Covid-19 lockdown restrictions are eased.

Please see [existing FSRH information](#) for women considering stopping contraception to plan a pregnancy during the Covid-19 pandemic.