

Ensuring provision of Sexual and Reproductive Healthcare (SRH) services during the third COVID-19 lockdown and beyond in the UK

Guidance aimed at all UK commissioners and healthcare providers in primary care and specialist services. It updates and supersedes the guidance on service provision during the second COVID-19 wave released in October 2020.

Essential SRH services during a third COVID-19 lockdown in the UK and beyond

Provision of effective contraception and abortion care remains essential throughout the COVID-19 pandemic irrespective of the COVID-19 restrictions in place

Local services should adopt a flexible, realistic approach, adapting provision according to capacity as well as local prevalence of COVID-19 and risk of transmission

- Clear, up-to-date provision of information for patients requiring SRH care, including what services are available and how these can be accessed
- Emergency contraception (oral and the copper intrauterine device - IUD)
- Provision of new contraceptive methods and support for ongoing contraception, including Long-Acting Reversible Contraception (LARCs)
- Contraception provision for vulnerable groups
- Management of complications with existing contraception including LARC
- Abortion and post-abortion care
- Post-pregnancy contraception including LARC
- Sexual assault care

Read [the most recent FSRH clinical guidance on effective contraceptive care during COVID-19](#)

Delivering services

FSRH recognises there is wide variation in service capacity across the country, with some services continuing to deliver the full range of SRH services whilst others are managing to provide only the essential services outlined above.

- All the essential services listed above should be delivered via remote/digital consultation (phone, video or online), and face-to-face where clinically necessary and/or feasible

- Services should ensure a mix of modalities of consultations is available, including face-to-face, to ensure they meet the needs of all patients: e.g. those with a language barrier, data poverty or internet illiteracy
- Telemedicine for abortion care should be maintained
- Remote/electronic prescribing for contraception and Hormone Replacement Therapy (HRT) should be maintained, as well as dispense/click and collect systems for medication or delivery of medication by post
- Online contraception provision should be maintained/developed
- Patients should be provided with links to online resources.

Prioritising patients

The following patients should continue to be prioritised during a third COVID-19 lockdown and beyond:

- Those who have reached the end of the extension period for LARCs, who might require a bridging method or renewal of the LARC ([see our updated clinical guidance](#))
- Those on LARC waiting lists (backlogs originating from the outbreak of the COVID-19 pandemic)
- Those reaching the end of the prescription period for combined hormonal contraception
- Individuals at highest risk of unplanned pregnancy:
 - Individuals attending abortion and maternity services
 - Under 18s
 - Homeless
 - Commercial sex workers/women involved in prostitution
 - Victims of sexual assault
 - People with language barriers; drug and alcohol problems; learning disability; serious mental illness
 - Those who are shielding and/or shielding members of their family

Local pathways for urgent referral for vulnerable groups including via social services, sexual assault referral centres (SARCs), BAME groups and young people's outreach should be maintained/established.

Flexible approach

Local services should adopt a flexible, realistic approach, adapting provision according to:

- Changes in local prevalence of COVID-19 and the resulting risk of COVID-19 transmission associated with face-to-face procedures
- Changes in Government policy
- Service and workforce capacity

Other considerations

- Services should adhere to general safety measures including handwashing, physical distancing, testing and isolation policies, correct use of PPE, environmental cleaning of surfaces and proper ventilation
- If a local service does not have capacity to provide LARCs, the local commissioner should be informed so that resources are diverted to those who can.

Further guidance

FSRH 2020. [Provision of contraception during the COVID-19 pandemic: FSRH update and overview statement](#)

FSRH 2020. [FSRH guidance on planning for LARC procedures following the publication of the NICE COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services](#)

FSRH 2020. [FSRH guidance on PPE and the easing of services when delivering SRH care during COVID-19 \(version 3\)](#)

FSRH 2020. [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, RCOG & RCM 2020. [Provision of contraception by maternity services after childbirth during the COVID-19 pandemic](#)

FSRH & BASHH 2020. [Teletriage for sexual and reproductive healthcare services in response to COVID-19](#)

About us

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK multidisciplinary professional membership organisation representing more than 15,000 doctors, nurses, midwives and other healthcare professionals working at the frontline of SRH care.

For our latest COVID-19 resources, visit: www.fsrh.org/covid19. You can also follow us on [Twitter](#) and [Facebook](#).