

Restoration of SRH Services during Covid-19 at a Glance

Decision-makers, commissioners, service managers and healthcare professionals should consider:

General principles for restoring SRH services

- ✓ Phased, realistic approach according to local need / service capacity
- ✓ Adherence to general measures - handwashing; physical distancing; testing and isolation policies; correct use of PPE; environmental cleaning of surfaces
- ✓ Local protocols should be followed to minimise risk of transmission at the time of any procedure
- ✓ While social distancing remains, initial consultations should be done remotely

Priority groups and vulnerable populations

- ✓ Local services should consider how best to ensure that those individuals at highest risk of unplanned pregnancy have access to the most effective, acceptable contraceptive method
- ✓ This should include individuals attending abortion and maternity services; under 18s; homeless; commercial sex workers; victims of sexual assault; people with: language barriers; drug and alcohol problems; learning disability; serious mental illness; and those who are shielded and/or shielding members of their family
- ✓ Local pathways for referral for vulnerable groups including via social services, sexual assault referral centres (SARCs), BAME groups and young peoples' outreach should be maintained and/or restored

Essential services and suggested approach for recovery phases

- ✓ Essential services should continue to be prioritised as per [FSRH guidance on essential SRH services during Covid-19 \(March 2020\)](#)
- ✓ Other SRH services should be restored via a phased approach - please see suggestions below

Suggested Approach - Recovery Phase 1

Long-acting reversible contraception (LARC)

- Prioritise where possible when considered benefit outweighs risk of Covid-19 and capacity exists
- Progestogen-only injectable: initial phone/video consultation; face-to-face Depo injection and first self-injection of Sayana Press
- LARCs for vulnerable groups

Refer to [FSRH guidance on contraceptive provision after changes to lockdown](#) for extended use of LARCs and replacement

Combined hormonal contraception

- Combined hormonal contraception for both contraception and managing bleeding problems - phone/video consultation; face-to-face consultation if blood pressure and BMI not known

Menopause care

- Easy access to repeat prescriptions of HRT via remote consultation, especially women experiencing no problems

Postpartum contraception

- Contraception provided prior to discharge from maternity services
- 6-month supply of the progestogen-only pill offered to all women after giving birth (unless they have a medical contraindication)
- IUD/ IUS can be inserted at a caesarean section provided the surgeon feels competent to do so
- Provide women with clear information on how to use their chosen method and when to seek medical advice

Refer to [FSRH guidance on provision of contraception by maternity services after childbirth during the Covid-19 pandemic April 2020](#)

Abortion care

- Telemedicine for early medical abortions should continue, with home use of mifepristone and misoprostol

Refer to [RCOG, FSRH, RCM & BSACP guidance on Covid-19 and abortion care](#)

Suggested Approach - Recovery Phase 2

Contraceptive choice

- Easing of lockdown restrictions can be an opportunity for individuals on bridging contraception to access their contraceptive of choice when it is safe to do so

Long-acting reversible contraception (LARC)

- Routine LARC: phone/video consultations; restore procedure clinics
- Face-to-face management of all LARC problems as appropriate
- Complex LARC procedures

Other specialist clinics

- Psychosexual counselling

Positive changes that should remain during and post-Covid-19

- ✓ Home use of mifepristone and telemedicine for early medical abortion
- ✓ Easy access to POP
- ✓ Provision of post-partum contraception in maternity services to be introduced consistently across the UK
- ✓ Development and scaling of digital infrastructure to provide digital access and remote consultations

Beyond the pandemic

- ✓ Develop more collaborative approaches to the commissioning of SRH services across local systems, including specialist services, primary care, maternity and abortion services
- ✓ Reclassification of POP to become a pharmacy drug
- ✓ Opportunities to reset and review SRH provision in primary care and the community improving access for all in the four nations
- ✓ Ensure access to a mix of consultation modalities to meet the needs of current and potential users