

Contraception provision during a pandemic lockdown.

Contraception remains an essential service.

The Faculty of Sexual and Reproductive Healthcare (FSRH) have released a guideline about essential contraceptive services during a pandemic. It is focused on United Kingdom available contraceptives, so some of the advice is not directly relevant in a New Zealand context, however is a very useful guide for our plans.

Combined Oral Contraception – ongoing supply is fully supported as the likely risk in pregnancy is greater than of continuing the contraceptive for a further 6 months. Norimin supplies are now very low and will be on monthly dispensing for now, it may be appropriate to offer a pill change.

Progestogen-Only Pill – Ongoing and new supply without face to face assessment. In the United Kingdom they use Cerazette first line as it is funded, however, unless clients wish to pay we should be offering Microlut first line for starts, and consider changing those established on Noriday to Microlut as this avoids the month by month supply.

Depo Provera – Can be delayed up to 14 weeks after last injection, for some this will be sufficient cover. Those requiring repeat within the lockdown can be offered Progestogen-Only Pill, as above. Provided it is started by 14weeks, no additional precautions are required. Clients will need to have to method explained as they will not be used to the short window for regular pill taking, and may experience more unscheduled bleeding.

Jaydess and Jadelle – both should not be extended beyond their licensed use. Clients reaching the time for a change of device should be offered supplementary Progestogen-Only Pill and reassured that there is no problem with leaving the device in situ longer than the license, but it may not be effective.

Mirena – FSRH advise that the failure rate does not really increase up to 6 years after insertion, so most clients can be reassured that the change of device can wait till after the lockdown. Offer additional Progestogen-Only Pill or condoms for those not reassured.

Copper IUDs – FSRH are advising the expiring 5-year Copper IUD should be covered with additional contraception, those with 10-year licenses have limited data for extended use to 12 years, so may not need additional cover. Additional cover could be Progestogen-Only Pill or condoms depending on whether the client wishes to avoid hormonal contraception.

Emergency Contraception – The Copper IUD continues to be most effective, but cannot be offered remotely. FSRH recommends clients being offered the Emergency Contraceptive Pill and also provided with a script for Progestogen-Only Pill to start.

Reference

FSRH CEU clinical advice to support provision of effective contraception during the COVID-19 outbreak
<https://www.fsrh.org/documents/fsrh-ceu-clinical-advice-to-support-provision-of-effective/>