

COVID- 19 and contraception provision

Tayside Sexual & Reproductive Health Service understands that GP practices are currently under enormous pressure to deal with patients affected by the COVID-19 pandemic. Routine and emergency contraception provision will therefore be less of a priority for many GP practices. Although we usually specialise in the provision of complex contraceptive care and the provision of long acting reversible contraception (LARC) like the “rod” and “coil” we are therefore happy to support people requiring routine contraceptive advice and/or supply during this crisis.

To avoid unnecessary risk of corona virus transmission due to contact with healthcare professionals our service will offer mostly telephone consultations which, unfortunately, reduces the usually available contraceptive options.

Please check our website again once the crisis is over; you might be then able to book your rod” or “coil” insertion, replacement or removal online. Many thanks for your understanding and patience in the meantime!!!

Contraception and COVID-19- why is this relevant?

Sure, “social distancing/isolation” means also “sexual distancing” unless you are having sex with somebody you share the household with. Therefore, fewer of us will need contraception in the following weeks.

But for the ones who keep having sex and are at risk of pregnancy reliable contraception is even more important during these stressful times. Becoming pregnant during the ongoing COVID- 19 crisis would put us automatically in the “vulnerable group”. Additionally, our options should we choose not to continue with the pregnancy will be limited as the access to surgical terminations of pregnancies is currently restricted. Should we choose to continue with the pregnancy; maternity care is also affected by the crisis. Additionally, we also do not know for sure what kind of effect a COVID-19 infection has on an embryo/ foetus although, so far, it looks as if an infection does not lead to any malformation.

My GP Practice is busy dealing with the COVID-19 crisis but I still need contraception. What can I do?

Sex is a great way to reduce tension and stress, do a bit of exercise while stuck at home, feel close to a loved one in a crisisand kill boredom. Nonetheless, sex can also carry the risk of pregnancy.

These are the general options:

- Abstain (and connect with your partner without having sex). To abstain while not covered with a contraceptive method is something only some might choose, especially should the lockdown go on for several weeks. Masturbation (alone) is also a form of abstinence and enjoyed by many. You are your safest partner! If you are into porn: this would be another option to keep you busy.

- Use condoms. You could buy condoms online, in a supermarket or in a pharmacy. Alternatively, you could also order them [online](#) to get them sent to your house. If you have difficulties to find a condom which fits: TheyFit offers condoms in 66 different sizes: www.theyfit.co.uk
- Think about ways to connect sexually with your partner which do not carry a pregnancy risk and you both enjoy (massages, oral sex, anal sex, watching porn together etc.).

If the options above are not suitable or acceptable, the best and safest contraceptive option in a locked-down world is the mini-pill (progestogen-only pill or POP, for example Cerelle® or Cerazette®) which can be remotely prescribed (without the need of a recent blood pressure, height and weight check) and then sent via recorded delivery to you.

For people currently using the contraceptive pill, patch or vaginal ring:

Request an online repeat prescription of your current method on your GP Practice website, ideally to be sent directly to your local pharmacy. If your GP practice has sent your prescriptions to your pharmacy in the past, your pharmacy might be able to issue you with an “emergency prescription” on their own accord, asking your GP to prescribe your contraceptive method in retrospect.

If this is not possible, call us at Tayside Sexual & Reproductive Health Service (see details below) to arrange a telephone consultation. The mini-pill (progestogen-only pill or POP, for example Cerelle® or Cerazette®) is a safer option for most women than the combined methods, especially when prescribing remotely. However, if you are on the combined pill (like Rigevidon® or Microgynon®), patch or ring which also contains oestrogen, really want to continue with the method and did not have a review at your GP over the last year, it would be really useful if you could get your blood pressure, height and weight checked at home (if you have the necessary equipment) or in a pharmacy before your telephone consultation.

For people currently using the DepoProvera® or SayanaPress® injection for contraception:

If you do not want to use condoms in the meantime or abstain: call us at Tayside Sexual & Reproductive Health Service (see details below) to arrange a telephone consultation.

For people currently using the “rod” (Nexplanon® subdermal contraceptive implant) for contraception:

Any routine Nexplanon® “rod” replacements are put on hold for the moment. However, the Faculty of Sexual & Reproductive Health (FSRH) reassures us that risk of pregnancy is likely to be very small up to 4 years after its insertion. This is one year more than its official licence of 3 years. There is therefore no need for extra precaution, emergency contraception etc.

If this recommendation makes you a little nervous or your “rod” was inserted over 4 years ago, you could use condoms on top of your “rod”. Alternatively, contact us to arrange a telephone consultation (see details below). We are likely to suggest starting the mini-pill until your “rod” can be replaced safely.

For women currently using a copper “coil” for contraception:

Any routine copper “coil” replacements are currently on hold.

If you had your copper “coil” inserted at the age of 40 or over, you do not need a new “coil” before the menopause.

If your copper “coil” has already expired or is about to expire, you could use condoms in addition to your “coil”. Alternatively, give us a call to arrange a telephone consultation (see details below). We are likely to suggest to start the mini-pill as a “bridging method” until your “coil” can be replaced.

For women currently using a hormone “coil” (Mirena®/Levosert®/Kyleena®/Jaydess®) for contraception:

Any hormone “coil” replacements are currently suspended. Nonetheless, the Faculty of Sexual & Reproductive Health (FSRH) reassures us that risk of pregnancy is likely to be very small up to 6 years after a Mirena® or Levosert® insertion. This is one year more than its official licence of 5 years. There is therefore no need for extra precaution, emergency contraception etc.

If your Mirena® “coil” was inserted at the age of 45 or over: there is no need to change it until you enter the menopause unless you use it as part of your HRT regime. If this recommendation makes you a little nervous, your Mirena® was inserted over 6 years ago when you were under the age of 45: you could use condoms in addition to your “coil”. Alternatively, contact us to arrange a telephone consultation (see details below). We are likely to suggest starting the mini-pill until your “coil” can be replaced once the crisis is over.

If you use your Mirena “coil” as part of your HRT regime and the device has been inserted over 5 years ago: you need to add a progestogen tablet to your HRT to make it safe. If you continue to use estradiol (estrogen) despite an expired Mirena coil you put yourself at risk of developing abnormal cells or even cancer in the lining of your womb. Please try first to speak to your GP about this. If this is impossible due to the current situation, contact us as soon as possible to arrange a telephone consultation about this. It would be helpful if you knew exactly which type and strength of estradiol (oestrogen) you are on for your telephone consultation.

Unfortunately the Faculty of Sexual & Reproductive Health (FSRH) does not recommend the extended use of the smaller hormone “coils” called Kyleena® or Jaydess® “coil”. If you do not want to use condoms on top of your “coil”, please give contact us to arrange a chat about adding the mini-pill on top of your “coil” or other alternatives.

I want start a new method of contraception and don't want to rely on condoms (only) or abstain. What do you recommend?

Any new "coil" or "rod" insertions are currently on hold, except for the most vulnerable women with a very high pregnancy risk.

Please contact us (see details below) to arrange a telephone consultation about your current contraceptive options.

I want to have my "coil" or "rod" removed. What can I do?

Any routine removals of "coils" or the Nexplanon® implant ("rod") are currently on hold. Please check our website after the COVID – 19 crisis if we have resumed our normal service and then make an appointment online. If you get acute and severe problems with your current contraceptive method: please contact us (details below).

I think I need emergency contraception. Where can I get it from?

The most effective way to prevent a pregnancy in this case is an emergency "coil" (copper "coil or IUD). Please give us a call to speak about this (details below) and to arrange an emergency "coil" appointment, if suitable.

If you prefer taking an emergency pill, you could go to a community pharmacy to request the emergency pill or contact us to arrange to collect the pill in our service at Ninewells or to be sent to you via recorded delivery if there is still time.

I think I might be pregnant. What can I do?

You could go to any supermarket or pharmacy to buy a pregnancy test. If this is not an option: please contact our service (details below) to arrange a pregnancy test sent to you or, in exceptional cases, for you to come to do the test in our Service.

I am pregnant and I am considering having a termination. How can I arrange this?

Please contact us (details below) and we will speak to you about your options via a telephone and then refer on to Gynaecology. Ideally, you should have done already a pregnancy test at home to confirm that you are pregnant.

Ok, I get it. most people at risk of pregnancy who are not keen to rely on condoms or abstain might have to start the mini-pill, at least temporarily, as the best option during this crisis. Where can I get more information about this method?

These links will lead you to excellent advice about the mini or progestogen only pill:

<http://www.fpa.org.uk/professionals/resources/leaflet-and-booklet-downloads> (check "Your Guide to the progestogen only pill")

<https://www.contraceptionchoices.org/contraceptive-method/mini-pill>

<https://www.brook.org.uk/your-life/progestogen-only-pill/>

Tayside Sexual & Reproductive Health

Telephone (central line): 01382 425542

(Mon- Fri, 9AM- 12 PM) (hours might be extended, depending on demand)