SPHERE
NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care

Women's Sexual and Reproductive Health COVID-19 Coalition

Coalition consensus statement on the provision of long-acting reversible contraception during the COVID-19 pandemic

- The continuity and maintenance of long-acting reversible contraception (LARC) services during the COVID-19 pandemic is essential to prevent unintended pregnancy (1-4).

- The COVID-19 pandemic may make accessing LARC difficult for some women* (1), and it is predicted that women living in regional and remote areas will be most affected. However, if rates of community transmission decrease, the resultant increasing availability of sexual and reproductive health (SRH) services should be leveraged to increase access to LARC, including the timely or early provision of replacement of intrauterine devices (IUDs), implants and Depo-Provera injections.

- Where possible, medical practitioners should continue providing LARC services during the pandemic (1). This is particularly important for vulnerable groups such as: young women, women with pre-existing increased risk of unintended pregnancy and poor access to sexual and reproductive health (SRH) services, and those who are disproportionally affected by the COVID-19 pandemic (1, 5-12).

- Online GP education on effectiveness-based counselling and rapid-referral pathways to LARC insertion clinics, particularly for IUDs, should be implemented to increase uptake of LARC in Australia (13). The establishment of more community-based IUD insertion clinics will increase availability of LARC insertion training for primary care practitioners and increase access to and provision of LARCs.

- Every measure should be taken to ensure timely access to replacement procedures for expired LARC devices. However, when women are unable to access a health service, they may in collaboration with their healthcare providers, choose to extend the use of the following LARC devices that have recently expired:

    - In line with international and national guidance, the 52 mg levonorgestrel IUD (Mirena®) can be used off-label for up to 6 years for contraceptive purposes (1, 4, 14, 15). However, it is important to note that extended use of the Mirena does not provide endometrial protection.

    - The etonogestrel implant (Implanon NXT) can be used off-label for up to 4 years (4, 15, 16)

    - The use of any copper intrauterine device (Cu-IUD) can be safely extended off-label until menopause, for women who had the device inserted at ≥40 years of age (4, 17).

    - According to Family Planning Victoria, the use of 5-year Cu-IUDs (Load 375 and Copper T short) can be extended off-label for up to 6 years, and 10-year Cu-IUDs (Copper TT380A) for up to 12 years in users who had the device inserted at <40 years of age (4)

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- The use of the 19.5 mg LNG IUD (Kyleena) beyond 5 years is **not** effective for preventing pregnancy (4, 14, 15, 18, 19).

- Immediate postpartum LARC should be offered as an effective option to prevent unintended and short-interval pregnancy (20). The convenience, effectiveness and benefits of postpartum LARC should be discussed during pregnancy, and systems should be in place to ensure that if immediate post-partum placement was not undertaken, women desiring LARC have their preferred device inserted during the nearest postpartum visit (20).

- If the provision of LARC is not possible, access to alternative contraceptive methods is essential, inclusive of short-acting and permanent methods (e.g. vasectomy).

- Healthcare workers may be exposed to patients who are suspected or confirmed COVID-19 cases (9). In these situations, the Coalition supports the availability and use of personal protective equipment (PPE), including surgical masks (fluid resistant, level 2 or 3) (21), disposable non-sterile gloves and long-sleeved fluid-resistant gowns (22) to protect clinicians during LARC procedures.

REFERENCES

1. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. COVID-19: Access to reproductive health services: RANZCOG; 2020 [updated 18 April 2020. Available from: https://ranzcog.edu.au/news/covid-19-access-to-reproductive-health-services.
2. SHINE SA. LARC ACCESS DURING THE COVID-19 PANDEMIC 2020 [Available from: https://www.shinesa.org.au/media/2020/04/LARC-COVID-19-Position-Statement.pdf.
3. International Planned Parenthood Federation. IMAP Statementon COVID-19 and Sexual and Reproductive Health and Rights London, UK: IPPF; 2020 [Available from: https://www.ippf.org/sites/default/files/2020-04/IMAP Statement - COVID-19.pdf.
4. Family Planning Victoria. Position Statement. LARC access during the COVID-19 pandemic 2020 [Available from: https://www.fpv.org.au/assets/resources/FPV20_PositionStatement_LARC_60420_FA.pdf.
5. Rowe H, Holton S, Kirkman M, Bayly C, Jordan L, McNamee K, et al. Prevalence and distribution of unintended pregnancy: the Understanding Fertility Management in Australia National Survey. Australian and New Zealand journal of public health. 2016;40(2):104-9.
6. Australian Institute of Health and Welfare. Teenage mothers in Australia 2015. Canberra: AIHW; 2018.
7. MacLennan L. SA reproductive rights experts worried coronavirus is creating more barriers to abortion. ABC News. 2020.
8. Price E, Sharman LS, Douglas HA, Sheeran N, Dingle GA. Experiences of Reproductive Coercion in Queensland Women. Journal of Interpersonal Violence. 2019:0886260519846851.
9. Black B, McKay G. Covid-19 and reproductive health: What can we learn from previous epidemics?2020 18 April 2020. Available from: https://blogs.bmj.com/bmj/2020/03/19/covid-19-and-reproductive-health-what-can-we-learn-from-previous-epidemics/.
10. James S, Toombs M, Brodribb W. Barriers and enablers to postpartum contraception among Aboriginal Australian women: factors influencing contraceptive decisions. Australian journal of primary health. 2018;24(3):241-7.
11. Bartels L, Anthony T, Fletcher K. Open letter to Australian governments on COVID-19 and the criminal justice system 2020 [Available from: https://alhr.org.au/wp/wp-content/uploads/2020/03/Open-letter-to-Australian-governments-on-COVID-19-and-the-criminal-justice-system-final-with-signatures.pdf.
12. Sutherland G, Carroll M, Lennox N, Kinner S. Prescribed contraceptives among woman after release from prison. Health Justice. 2015;3:8.
13. Mazza D, Watson CJ, Taft A, Lucke J, McGeechan K, Haas M, et al. Increasing long-acting reversible contraceptives: the Australian Contraceptive ChOice pRoject (ACCORd) cluster randomized trial. American Journal of Obstetrics and Gynecology. 2020;222(4):S921.e1-S.e13.

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14. Wu JP, Pickle S. Extended use of the intrauterine device: a literature review and recommendations for clinical practice. Contraception. 2014;89(6):495-503.
15. The Faculty of Sexual & Reproductive Healthcare. FSRH CEU recommendation on extended use of the etonogestrel implant and 52mg levonorgestrel-releasing intrauterine system during COVID restrictions 2020 [Available from: https://www.fsrh.org/documents/fsrh-ceu-recommendation-on-extended-use-of-the-etonogestrel/.
16. Thaxton L, Lavelanet A. Systematic review of efficacy with extending contraceptive implant duration. . International Journal of Gynecology & Obstetrics 2019;2019(1):2-8.
17. The faculty of Sexual & Reproductive Healthcare. Contraception for Women Aged Over 40 Years: Faculty of Sexual & Reproductive Healthcare Statement: FSRH; 2017 [Available from: https://www.fsrh.org/standards-and-guidance/documents/fsrh-guidance-contraception-for-women-aged-over-40-years-2017.
18. McNicholas C, Maddipati R, Zhao Q, Swor E, Peipert JF. Use of the etonogestrel implant and levonorgestrel intrauterine device beyond the U.S. Food and Drug Administration-approved duration. Obstetrics and gynecology. 2015;125(3):599-604.
19. Rowe P, Farley T, Peregoudov A, Piaggio G, Boccard S, Landoulsi S, et al. Safety and efficacy in parous women of a 52-mg levonorgestrel-medicated intrauterine device: a 7-year randomized comparative study with the TCu380A. Contraception. 2016;93(6):498-506.
20. Americal College of Obstetricians and Gynecologists. Immediate postpartum long-acting reversible contraception. Committee opinion number 670 2016 [Available from: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/08/immediate-postpartum-long-acting-reversible-contraception.
21. Department of Health. Information on the use of surgical masks: Australian Government; 2020 [Available from: https://www.health.gov.au/sites/default/files/documents/2020/04/coronavirus-covid-19-information-on-the-use-of-surgical-masks_0.pdf.
22. Department of Health. Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak: Australian Government; 2020 [Available from: https://www.health.gov.au/sites/default/files/documents/2020/04/guidance-on-the-use-of-personal-protective-equipment-ppe-in-hospitals-during-the-covid-19-outbreak.pdf.

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