



Women's Sexual and Reproductive Health Coalition

A consensus statement on COVID treatment and hormonal contraception

Recommendations

- *Combined hormonal contraceptive users who have asymptomatic or mild COVID-19 infection may continue their current contraceptive method (GRADE 1C) ⁽¹⁾*
- *Combined hormonal contraceptive users who are admitted to the hospital with severe COVID-19 infection should suspend combined hormonal contraceptive use until they are clinically recovered (GRADE 1C) ⁽¹⁾*
- *While not a requirement, combined hormonal contraceptive users who take Paxlovid for mild-moderate COVID-19 infection can consider back-up contraceptive method use for the five-day duration of therapy and until one menstrual cycle after stopping PAXLOVID (GRADE 2C) ⁽¹⁾⁽²⁾*

Overview

COVID-19 is associated with an increased risk of thrombotic events ⁽³⁾. Although people with COVID-19 who use hormonal contraception could potentially be at additional risk for thromboembolism ⁽⁴⁾, evidence suggests there may be little to no or slightly decreased odds of hospitalisation, and little to no effect on odds of mortality for hormonal contraception users versus non-users with COVID-19⁽⁵⁾.

The American Society of Family Planning has provided guidance in relation to providing contraceptive care in the context of the COVID-19 pandemic⁽¹⁾. These recommendations were developed for clinicians who provide contraceptive care. The recommendations use a modified GRADE system and are based primarily on low quality evidence and expert opinion⁽¹⁾. The recommendations should therefore support clinicians in their medical decision making but are not intended to dictate clinical care⁽¹⁾.

People using combined hormonal contraceptives who have asymptomatic or mild COVID-19 infection should continue their contraceptive method, however it is recommended that those admitted to hospital with severe infection should suspend use until clinically recovered⁽¹⁾.

Combined hormonal contraceptive users who take Paxlovid for mild-moderate COVID-19 infection could consider a back-up contraceptive method for the duration of therapy, although clinically relevant drug interactions are unlikely⁽¹⁾. An interaction with progestogen-only methods is not expected. The Society of Family Planning also recommends that access to permanent contraception should be maintained (e.g. tubal ligation and vasectomy), including in the postpartum period⁽¹⁾.

References

1. Stifani BM, Madden T, Micks E, Moayed G, Tarleton J, Benson LS. Society of Family Planning Clinical Recommendations: Contraceptive Care in the Context of Pandemic Response. *Contraception*. 2022;113:1-12.



2. FDA. PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers2023. Available from: <https://www.fda.gov/media/158165/download>.
3. Choudry FA, Mathur A, Jones DA. Editorial commentary: Understanding thrombosis in COVID-19 - A long way to go. Trends Cardiovasc Med. 2021;31(3):161-2.
4. Liverpool Uo. COVID-19 Drug Interactions [Available from: <https://www.covid19-druginteractions.org/checker>].
5. Hansen K, Cohen MA, Ramanadhan S, Paynter R, Edelman A, Henderson JT. Risk of thromboembolism in patients with COVID-19 who are using hormonal contraception: a Cochrane systematic review. BMJ Sexual & Reproductive Health. 2023:bmjsrh-2023-201792.