

Advice for women

seeking contraception,
abortion and other
sexual and reproductive
healthcare during the
COVID-19 pandemic

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Introduction

We want to ensure that everyone has access to effective contraception during the COVID-19 pandemic to help avoid unplanned pregnancies, and have timely access to emergency contraception and abortion services if they need them.

If you need to access contraceptive or abortion care during the pandemic, the guidance below is for you. The guidance is based on advice from experienced healthcare professionals. You may also want to see our [guidance for healthcare professionals on priorities in sexual and reproductive healthcare during the pandemic](#).

How will the COVID-19 pandemic impact on my ability to get contraception or abortion care?

The COVID-19 pandemic will probably mean changes to the way that you access contraception or abortion care. This is because of the widescale diversion of healthcare professionals to address COVID-19 and the Government's advice that we should all stay at home as much as possible. We know that specialist sexual and reproductive healthcare services are already being reduced and GP services are under increasing pressure.

Because of these unprecedented circumstances, we have [recommended to Government](#) that everyone must be able to access safe and effective contraception and abortion services during this time, but that it will be necessary to deliver these services in different and innovative ways. You should only access services if your need for care is immediate.

Who should I contact if I need access to care?

Your first port of call should be the place you usually access care for your sexual or reproductive health – that could be your GP, or your local sexual health or family planning clinic. **You should not attend a clinic in person, but make contact by telephone or email instead.** If they are not able to help you, they should direct you to other services that can.

What should I expect from my healthcare service provider?

Most service providers will first ask you to participate in a telephone or video consultation to discuss your needs. This is to minimise the potential spread of COVID-19 and to avoid you having to travel unnecessarily.

If your service provider feels that further examination is required, a face-to-face appointment may be arranged.

How will I get any medication that I need?

Your service provider will tell you how you can collect any necessary medication. Most GPs will be able to send an electronic prescription to the pharmacy of your choice for you to collect. Many contraceptive services are posting prescriptions or medication to patients.

Contraception is still available free on the NHS. There is no need to 'panic buy' – please only order what you need.

How can I access...

... Emergency contraception?

Consultations will usually take place either by telephone or by video call. Your care provider will discuss your emergency contraceptive options with you on this call. The most effective form of emergency contraception is the copper intrauterine device (Cu-IUD), and services are trying to maintain the fitting of these devices where possible.

If you opt for oral emergency contraception, a prescription will be posted to you, or an electronic prescription will be sent to the pharmacy of your choice for you to collect.

....New requests for contraception?

You will usually be offered a telephone or video consultation and your healthcare professional will discuss your contraceptive options with you. It may not be possible to start your chosen contraceptive method at this time, but you will be provided with an effective temporary method in the meantime. Arrangements will be made to start your chosen method when the situation allows.

The progestogen-only pill is a good option as an effective temporary "bridging" method of contraception. If you choose the progestogen-only pill, it can be posted to you, or an electronic prescription can be sent to the pharmacy of your choice for you to collect.

... Repeat prescriptions of the progestogen-only pill?

You will be offered a telephone or video consultation. After this, prescription will be posted to you, or an electronic prescription will be sent to the pharmacy of your choice for you to collect.

....Repeat prescriptions of the combined pill, patch and ring?

You will be offered a telephone or video consultation. If you have had your blood pressure measured in the last year and your weight is stable, it should be possible to issue you with a further supply using an electronic prescription to your pharmacy. There will be some situations in which a face-to-face consultation will be needed, or you may be offered the progestogen-only pill as an alternative.

....If my injection is due?

Contact your service provider. It is important that you do not have a gap of more than 14 weeks between injections. If it is not possible, or not appropriate to offer you a face-to-face appointment for a Depo-Provera® injection at this time you may be offered the progestogen-only pill in the short term.

If you already use Sayana Press® and inject this yourself at home, it should be possible to issue you with a further supply using an electronic prescription to your pharmacy.

... A fitting of long-acting reversible contraceptive, such as an intrauterine device or implant?

Your service provider may not be able to offer this at the present time as it requires direct face-to-face contact. If this is the case, you will be offered effective temporary oral contraception and arrangements will be made for your chosen method to be fitted when the situation allows.

However, do discuss your circumstances with your provider as some services may be able to offer a fitting in an emergency situation.

... A replacement for my long-acting reversible contraception?

Some forms of long-acting reversible contraception are very likely* to be effective for contraception for a year or more longer than is usually recommended. They don't cause health problems if used for longer, so you may be advised to postpone replacement for the time being. For example:

- Banded copper IUDs, such as T-Safe®, are licensed for 10 years but don't cause health problems if used for longer, and are likely* to be effective for contraception for up to 12 years.
- 52mg levonorgestrel intrauterine systems, such as Mirena® and Levosert®, which are licensed for 5 years don't cause health problems if used for longer, and are likely* to be effective for contraception for 6 years. If fitted after the age of 45, these can be used safely for contraception until the age of 55.
- Contraceptive Implants, such as Nexplanon®, which are licenced for 3 years don't cause health problems if used for longer, and are likely* to be effective for contraception for 4 years.

If you have a copper IUD with a 5-year license, you **should not** rely on this contraception after this time. The exception is if you had the device fitted after the age of 40, in which case you can rely upon the IUD until the menopause.

The low progestogen intrauterine systems, Kyleena® and Jaydess, **should not** be relied on beyond their normal duration: 5 years for Kyleena® and 3 years for Jaydess.

**The studies we have suggest that these contraceptive methods are still extremely effective for this additional time, but we need bigger studies to be sure that they are just as effective as they are during the licensed time. If you are concerned, discuss with your service provider and the progestogen-only pill could be prescribed in addition or you could use condoms. Either way, you should leave your existing contraceptive device in place in the short term.*

What if I don't want to extend my long-acting reversible contraception?

Our advice is that certain long-acting reversible contraceptives can be safely used (as set out above) for longer than their licence period. This advice is based on published research and is designed to reduce women's chances of an unplanned pregnancy.

While we absolutely recognise that you may feel anxious about a change in your care plan, it is important to understand that we need to protect our NHS during the pandemic. This means minimising face-to-face contact with medical professionals, who currently have little to no capacity to deal with 'routine' procedures (such as non-emergency contraceptive removals) when they are being mobilised to ensure that life-saving priority procedures can continue.

If you are planning a pregnancy during the COVID-19 pandemic, you should also consult the FSRH Clinical Effectiveness Unit's [advice for individuals planning a pregnancy](#), and the Royal College of Obstetricians & Gynaecologists' [advice for pregnant women](#).

....If I am having problems with my current method?

If you are having problems with your contraceptive method, please contact your GP or local contraception service by phone. The problem can be initially discussed by phone or video and a face to face appointment made if appropriate.

...If the Pill doesn't work for me?

You may feel that oral contraception is not a suitable option for you based on prior experience. If this is the case, be sure to mention it to your care provider. However, due to current guidelines about when to meet patients face to face, it's unlikely that your care provider will be able to offer you an alternative in the short term.

... Abortion care?

GPs and other healthcare providers, such as sexual health or family planning clinics, will be able to refer you to a local abortion care provider. However, you can also self-refer by contacting a local abortion care provider directly. Information about your local abortion care providers is available online or can be accessed via the national abortion care providers' booking and information lines. Abortion services have been defined as an essential service during this time so you should not have difficulties accessing these services.

Initial abortion consultations will also take place remotely, where possible. This should not mean that consultations are rushed – your care provider should still take the time to talk through your options and answer any questions you have about the procedure.

If you live in England, Scotland or Wales and your pregnancy is under 10 weeks' gestation, you may be able to have a medical abortion at home by taking a form of medication called mifepristone. This is medically safe and will reduce unnecessary contact with healthcare staff. If you are later on in your pregnancy, you will be asked to attend a clinic to access an abortion.

During your consultation, your care provider should also discuss contraceptive options with you. Following the procedure, they may refer you on to contraceptive services or, where applicable, include contraceptives in your care pack.

...If I've been a victim of sexual assault?

Sexual assault care is classified as essential, and you should receive care as a matter of priority. Your first port of call should be the place you normally access sexual healthcare. If you're unsure about where to go, you can find your nearest service provider [here](#).

Your healthcare provider won't tell anyone that you've accessed this care, unless you want them to.

Useful links

The following links may be useful:

Abortion services

[Marie Stopes COVID-19 statement and FAQs](#)

[Bpas COVID-19 statement](#)

[Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Faculty of Sexual and Reproductive Healthcare and British Society of Abortion Care Providers: Information for women seeking an abortion](#)

Sexual health services

[NHS sexual health advice](#)

[FSRH COVID-19 resources and information hub](#)

[FSRH position on sexual and reproductive health essentials](#)

[FSRH clinical advice to support provision of effective contraception during COVID-19 pandemic](#)

[Brook COVID-19 advice](#)

[Brook COVID-19 blog: Why we must talk about sexual health](#)

HIV services

[Terrence Higgins Trust COVID-19 blog](#)

Patient information

[FPA 'Sexwise' resource](#)