FSRH
Clinical Effectiveness Unit

The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians & Gynaecologists

FSRH Clinical Effectiveness Unit Statement: Use of combined hormonal contraception during the Covid-19 pandemic

18 December 2020

Why is guidance necessary?

Some contraceptive providers have voiced concern about the use of combined hormonal contraception (CHC) during the Covid-19 pandemic because of increased risk of thromboembolism.

What is the risk of thromboembolism associated with Covid-19 infection?

Evidence indicates that risk of thromboembolic events is extremely high amongst individuals hospitalised with severe Covid-19 infection.[1-7] Thromboembolic risk for individuals with less severe or asymptomatic Covid-19 infection is not established.

Why would we consider avoiding use of CHC during Covid-19 infection?

There is no published evidence to directly inform risk of thromboembolism associated with *use of CHC during Covid-19 infection*. However in general, CHC use is associated with increased risk of thromboembolism and is usually avoided in the presence of additional risk factors.[8,9]

What concerns are there about stopping CHC because of Covid-19 infection or risk of Covid-19 infection?

Combined oral contraception is the most widely used contraceptive method in the UK.[10,11] It is important that CHC users do not stop their contraception unnecessarily, with resulting risk of unplanned pregnancy. It is noted that pregnancy is associated with greater risk of thromboembolic events than CHC use.

It has been suggested (based on differences in Covid-19 outcomes between men and women and between pre- and post-menopausal women) that estrogens - both endogenous and exogenous - could potentially be protective against the immune inflammatory response associated with the most serious complications of Covid-19.[12-16] There is not, however, direct evidence to support any protective effect of estrogen-containing contraceptives.

What is the evidence for outcomes with use of other contraceptive methods during Covid-19 infection?

There is no published evidence to inform health outcomes associated with use of other effective contraceptive methods prior to and during Covid-19 infection.

What does FSRH CEU recommend?

Many questions remain to be answered on this subject. FSRH CEU suggests the following pragmatic approach:-

1. **Healthy individuals**

   Use of CHC by eligible healthy individuals should not be restricted during the Covid-19 pandemic. CHC users should (as usual) be informed about their increased risk of thromboembolism and offered the full range of suitable alternative effective contraceptive methods.

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2. Individuals with asymptomatic Covid-19 infection

Current CHC users with *asymptomatic* Covid-19 infection can continue to use CHC. Some may wish to make an immediate switch to a progestogen-only pill to try to reduce thrombotic risk, but increased risk of thrombosis persists for some time after stopping CHC.

3. Individuals with symptomatic Covid-19 infection not requiring hospitalisation

Current CHC users with *symptomatic* Covid-19 infection who do not require hospital admission should be managed according to severity of illness and degree of immobility.

- Discontinuation of CHC and initiation of a progestogen-only pill (POP) should be considered. It is noted that there could be risk of pregnancy if CHC is stopped abruptly immediately after a scheduled hormone-free interval or in the first week of use after a scheduled hormone-free interval and there has been recent unprotected intercourse. Where appropriate, emergency contraception should be discussed.
- After recovery, the individual may wish to continue POP or to consider an alternative contraceptive method that is not associated with increased risk of thromboembolism. Restarting CHC may be considered when the individual is no longer systemically unwell and has regained full mobility, bearing in mind that it is not known how long elevated thromboembolic risk associated with Covid-19 infection persists.

4. Individuals with severe Covid-19 infection requiring hospitalisation

Current CHC users requiring hospital admission because of severe Covid-19 infection should discontinue CHC.

- It is noted that there could be risk of pregnancy if CHC is stopped abruptly immediately after a scheduled hormone-free interval or in the first week of use after a scheduled hormone-free interval and there has been recent unprotected intercourse. Where appropriate, emergency contraception should be discussed.
- An alternative effective contraceptive method such as a POP should, where appropriate, be initiated prior to discharge from hospital.
- After recovery, the individual may wish to continue POP or to consider an alternative contraceptive method that is not associated with increased risk of thromboembolism. Restarting CHC may be considered when the individual is no longer systemically unwell and has regained full mobility, bearing in mind that it is not known how long elevated thromboembolic risk associated with Covid-19 infection persists.

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