

Essential Services in Sexual and Reproductive Healthcare

The [Faculty of Sexual and Reproductive Healthcare \(FSRH\)](#) is committed to ensuring that high standards in SRH care are maintained throughout the duration of the COVID-19 outbreak. **It is imperative that women of all ages can access effective contraception, thereby avoiding unplanned pregnancies**, which put an unnecessary strain on maternity and abortion services.

FSRH has consulted our Council regarding what they consider to be essential SRH services that must continue over the coming months. Our Council members have also suggested the following recommendations for alleviating the current pressure on services in primary and community settings to ensure equitable access for those from different social and ethnic backgrounds.

This guidance is aimed at healthcare professionals and commissioners.

Essential SRH services during COVID-19 outbreak

- Clear information about where and how to access available services
- Emergency contraception (oral and, where possible, fitting copper intrauterine device - IUD)
- Support existing, continued use of Long-Acting Reversible Contraception (LARC)
- LARC complications
- Contraception for vulnerable groups
- Abortion care and post-abortion contraception
- Sexual assault care
- Extending the use of online contraception services across the UK

Services to be managed remotely and/or changed during COVID-19 outbreak

- Repeat contraception prescriptions
- Starting on the progestogen-only pill (POP)
- Abortion counselling
- LARC counselling
- Routine LARC removals / exchanges can be deferred temporarily (see below about extending use)

Recommendations

Emergency contraception requests

- Telephone / video consultation; and if choosing oral emergency contraception along with quick-starting supply of POP/combined hormonal contraception (CHC), provide it through community pharmacy or 'click and collect'. Arrange an emergency IUD fitting where appropriate.

Contraceptive advice

- Telephone / video consultation; and if choosing POP, provide through 'click and collect' or post or through community pharmacy.
- Sayana Press is now available for self-administration so this can be provided as an alternative.
- Repeat prescriptions for CHC currently require measurement of BMI and BP. If BMI and BP have been measured in the previous 12 months, CHC can be issued for a further 6 to 12 months.
- Bridging with POP may be the most sensible option short term for the majority.

Extended use of LARC

- Extended use of Nexplanon for 4 years; banded copper IUDs for 12 years; 5-year copper IUDs and 52mg LNG-IUS (Mirena/Levosert) for 6 years could be discussed with arrangements made for removal/replacement after the COVID-19 crisis is over. Women can leave the LARC in place and add a POP on top if they are worried, but risk of pregnancy is likely to be small.

Requests for dealing with pain & bleeding symptoms in contraceptive users

- Telephone / video consultation and triage; arrange to see face-face if essential; e.g. pelvic pain with IUD, suspected pregnancy symptoms, neurological symptoms following implant procedures.

Requests for abortion referral

- Provide telephone contact number for direct referral to abortion providers locally.
- If referral is required, telephone / video consultation and give information about local abortion booking service, with advice on quick-starting contraception post-abortion, and where to obtain their chosen contraceptive method.
- For abortion procedures, medical abortions or MVAs to be first line as surgical vacuum aspiration requires a general anaesthetic.

Referrals for complex contraception from primary care/other services

- Telephone / video consultation and bring in for face-face consultation only if urgent and essential.

All vulnerable patients

- Local arrangements should be put in place to provide contraception to vulnerable groups; e.g., under 18s, those with language barriers, homeless, sex workers, victims of sexual assault, learning disability, serious mental illness, etc. This could include free condoms through pharmacies.

Online provision of contraceptive care

- A seamless, nationwide contraceptive online service for non-complex care, connected and delivered in partnership with regional clinic capacity, needs to be developed. This should include contraceptive information, counselling and care. This will require significant investment so that localised systems of varying capacity already in offer can develop into such nationwide online service. This would ease off the pressure on primary care and community services.

Changing legislation and guidance

- The Medicines Act should be updated to enable the supply of desogestrel POP as a pharmacy drug. POP can be safely supplied without a prescription and could be used as a bridging method for those who do not have access to their regular form of contraception.
- Consider any emergency legislative or regulatory changes which would enable home use of mifepristone, which currently can only be administered on premises specifically licensed for abortion care.
- The General Pharmaceutical Council should agree to allow 3-month emergency supply of oral contraceptives (rather than just one month).

Communication Strategy

- Up-to-date information should be readily available on clinic doors / websites / social media and communicated widely.

Further guidance

FSRH has also published the following guidance:

- Clinical advice to support ongoing provision of effective contraception during the COVID-19 outbreak
- FSRH CEU recommendation on extended use of the etonogestrel implant and 52mg levonorgestrel-releasing intrauterine system during COVID restrictions - 20 March 2020
- Please visit www.fsrh.org/covid19contraception/

About FSRH

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK multidisciplinary professional membership organisation representing more than 15,000 doctors and nurses working at the frontline of SRH care.