

Postpartum and post-abortion contraception and COVID-19

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What occurred at the beginning of the pandemic?

- **Within the first months there were concerns about vertical transmission and the impact of COVID-19 on pregnant women and newborns**
- **The previous ZIKV and Ebola epidemics posed concerns among providers and women**
- **Reduced or closed postnatal services and access to postpartum visits become limited**
- **Many contraceptive services were closed**
- **Redeployment of skilled family planning health staff to COVID-19 response**
- **Health care workers had concerns about their own physical health and risk of contracting the virus, mental health problems, etc.**

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CLINICAL ARTICLE

Obstetrics



Acceptability of ENG-releasing subdermal implants among postpartum Brazilian young women during the COVID-19 pandemic

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Int J Gynecol Obstet. 2021;154:106–112.

Distribution curve of confirmed COVID-19 cases, according to symptom onset date and 7-day moving averages of cases, Campinas, Brazil, in 2020.

ENG-implants prior to hospital discharge after childbirth to youth

N=151 women aged 14-24 years old

76% choose implant as a contraceptive method

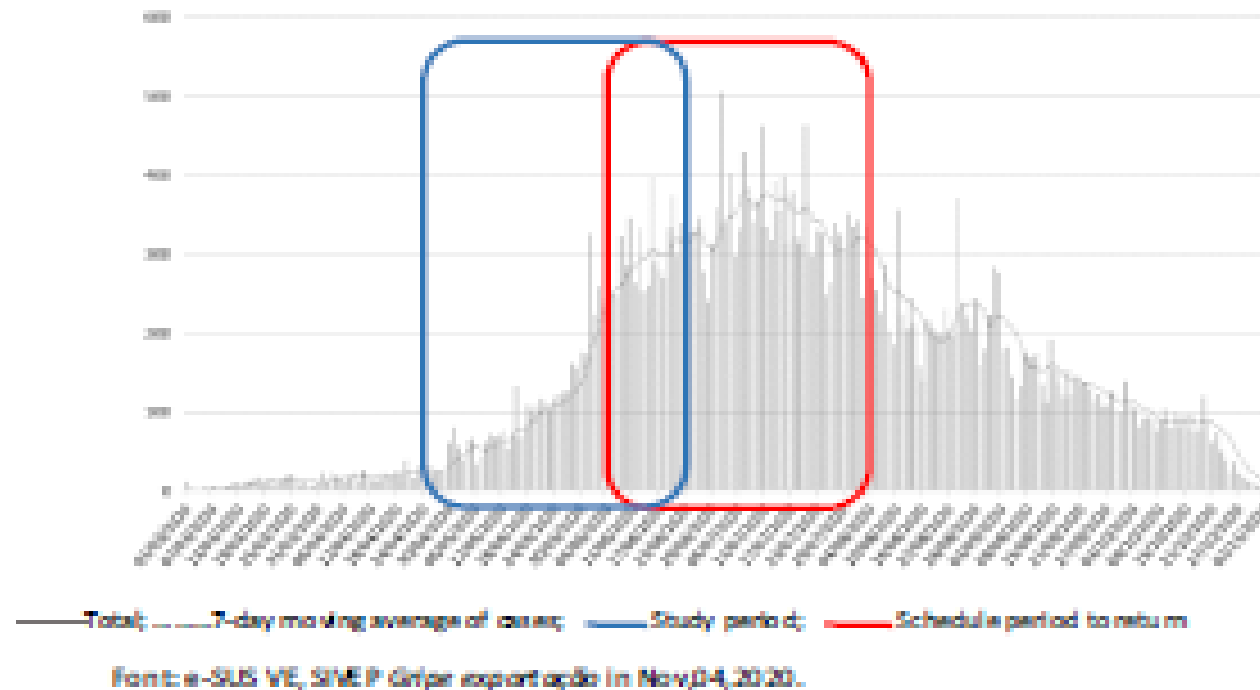
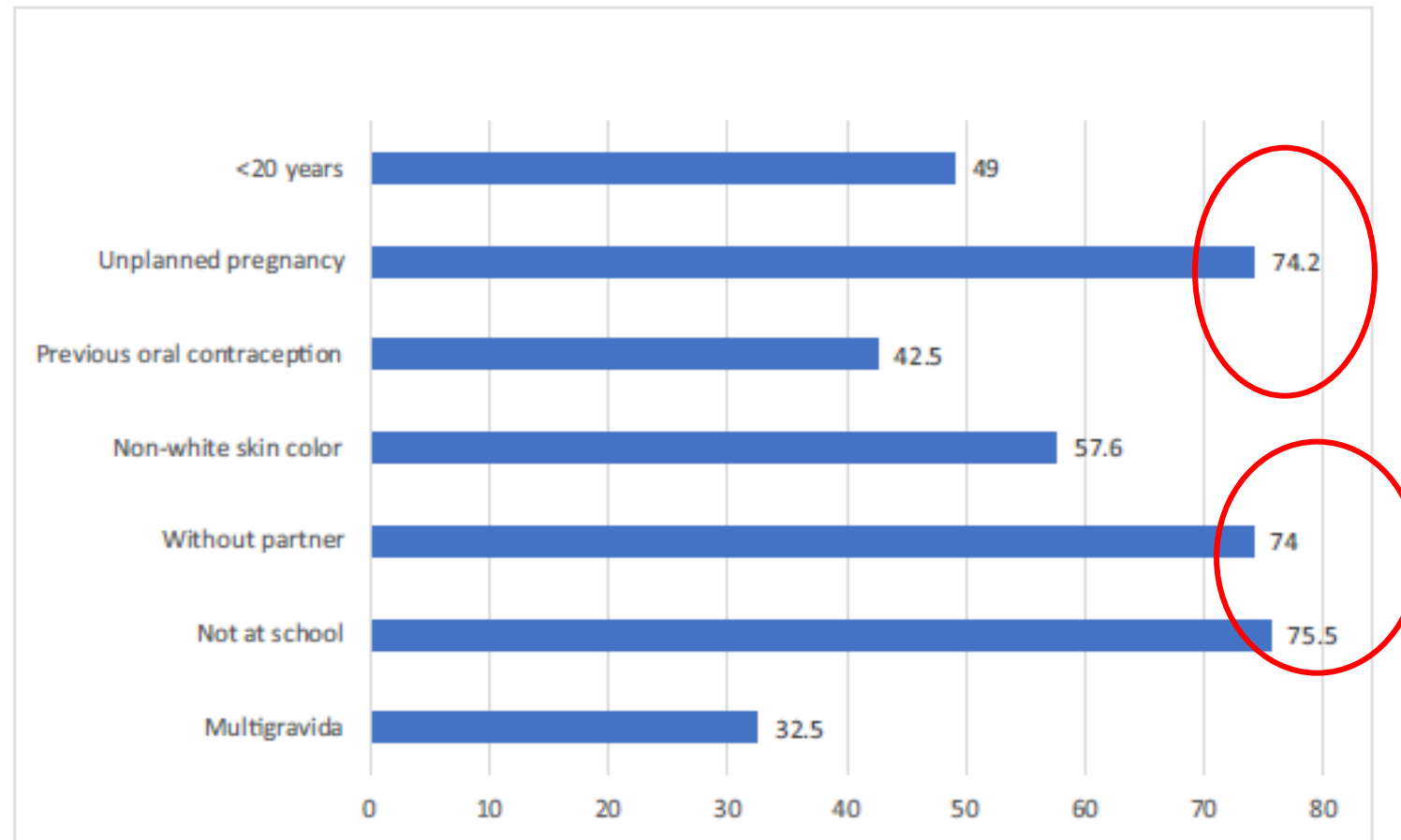


FIGURE 1 Study period and schedule period for the women returning for postpartum review according to number and 7-day moving average of cases in Campinas, Brazil.

Int J Gynecol Obstet. 2021;154:106–112.

Characteristics of participating postpartum subjects, Campinas, Brazil, 2020 (n=151).



Int J Gynecol Obstet. 2021;154:106–112.

CONCLUSIONS

Research Letter

The impact of the COVID-19 pandemic on postpartum contraception planning

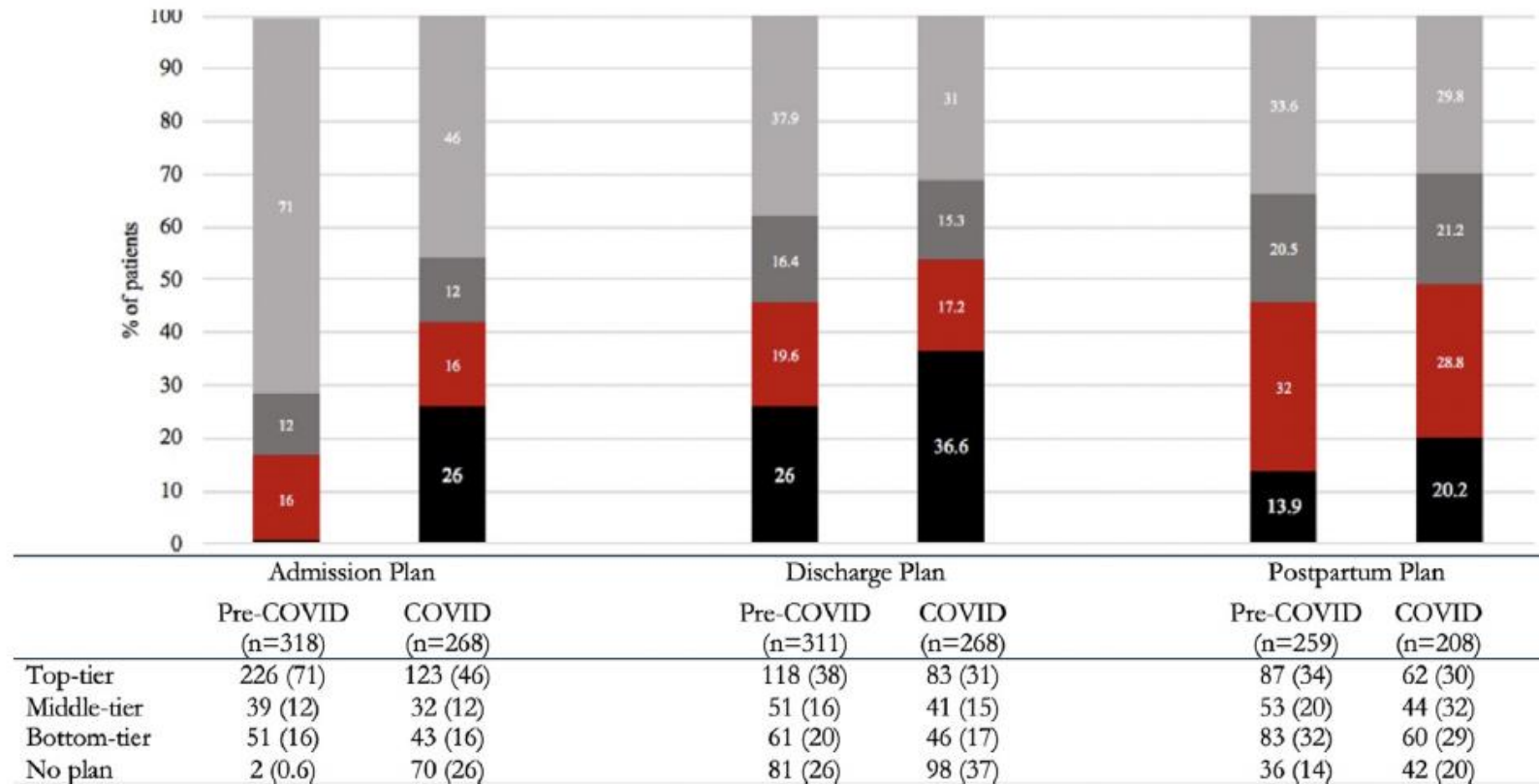
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CONCLUSIONS



Am J Obstet Gynecol MFM 2021;3:100412.

WHO tiered-effectiveness: chart was indicated as **top-tier**: female or male sterilization, implant, intrauterine device (**light gray**);
mid-tier: pills, ring, patch, injection (**dark gray**);
low-tier: condoms (**red**), or undecided/declined (black).

Excluded patients without a contraceptive plan documented or applicable at the time of admission for birth hospitalization.



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VIEWPOINT

Contraception in the Era of COVID-19

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Postpartum Contraceptive Provision

- **Where possible, initiate or continue counselling and access to immediate postpartum contraception before hospital discharge;**
- **Provide LARC immediately postpartum for women who desire and are eligible;**
- **Perform permanent contraception procedures at the time of caesarean delivery and/or after vaginal delivery;**
- **Counsel on correct use of the lactational amenorrhoea method;**
- **Administer DMPA, if the woman desires;**
- **Prescribe or dispense user-controlled contraceptive methods, including Sayana Press (where available), in sufficient quantities to be initiated or continued at home by women who are or not breastfeeding or, initiated as soon as one of the lactational amenorrhoea method criteria expires.**



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COMMENTARY

Opportunities and Challenges of Delivering Postabortion Care and Postpartum Family Planning During the COVID-19 Pandemic

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POSTABORTION CONTRACEPTIVE PROVISION

- **Counselling must include all contraceptive methods and information on return to fertility;**
- **Voluntary FP service provision of all eligible methods;**
- **Due to supply and/or service limitations, possible shifts to teleconsultations for medical management of abortion complications; the ability to provide a full range of FP options during PAC could be limited;**
- **Where provision of a woman's desired contraceptive method is not immediately possible, counsell about alternatives and plan for obtaining their preferred method once services and supply stabilise;**
- **For LARCs, ensure client has a plan for managing side effects and for obtaining removal services;**
- **For short-acting methods, provide advance prescriptions and refills for several months depending on stock availability.**

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EDITORIAL

Obstetrics

WILEY



The negative impact of COVID-19 on contraception and sexual and reproductive health: Could immediate postpartum LARCs be the solution?

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FIGO POSITION

- **Postpartum LARCs are of particular value during the pandemic given their low failure rates due to user independence, and the fact that women do not need to return for constant re-supplies;**
- **With appropriate personal protective equipment, it is absolutely safe for providers to offer and provide this service**
- **Implants and hormonal-IUD are categorised by the WHO as MEC Category 2 for breastfeeding women, and will provide 3 (5) and up to 7 years of contraception, respectively;**
- **These methods could induce amenorrhoea, which can be a welcome break for some women or an absolute necessity for those suffering with heavy menstrual bleeding.**

CONCLUSIONS

Offering and provision of LARCs methods to women at the immediate postpartum and postabortion events is an essential health promotion tool, mainly during the COVID-19 pandemic.

Quick actions in public policies in times of crisis is important to guarantee sexual and reproductive rights.