



Women's Sexual and Reproductive Health COVID-19 Coalition

Coalition consensus statement on the provision of long-acting reversible contraception during the COVID-19 pandemic

- The continuity and maintenance of long-acting reversible contraception (LARC) services during the COVID-19 pandemic is essential to prevent unintended pregnancy (1-4).
- The COVID-19 pandemic may make accessing LARC difficult for some women* (1), and it is predicted that women living in regional and remote areas will be most affected. However, if rates of community transmission decrease, the resultant increasing availability of sexual and reproductive health (SRH) services should be leveraged to increase access to LARC, including the timely or early provision of replacement of intrauterine devices (IUDs), implants and Depo-Provera injections.
- Where possible, medical practitioners should continue providing LARC services during the pandemic (1). This is particularly important for vulnerable groups such as: young women, women with pre-existing increased risk of unintended pregnancy and poor access to sexual and reproductive health (SRH) services, and those who are disproportionately affected by the COVID-19 pandemic (1, 5-12).
- Online GP education on effectiveness-based counselling and rapid-referral pathways to LARC insertion clinics, particularly for IUDs, should be implemented to increase uptake of LARC in Australia (13). The establishment of more community-based IUD insertion clinics will increase availability of LARC insertion training for primary care practitioners and increase access to and provision of LARCs.
- Every measure should be taken to ensure timely access to replacement procedures for expired LARC devices. However, when women are unable to access a health service, they may in collaboration with their healthcare providers, choose to extend the use of the following LARC devices that have recently expired:
 - In line with international and national guidance, the **52 mg levonorgestrel IUD (Mirena®)** can be used off-label for up to 6 years for contraceptive purposes (1, 4, 14, 15). However, it is important to note that extended use of the Mirena does not provide endometrial protection.
 - The **etonogestrel implant (Implanon NXT)** can be used off-label for up to 4 years (4, 15, 16)
 - The use of any **copper intrauterine device (Cu-IUD)** can be safely extended off-label until menopause, for women who had the device inserted at ≥40 years of age (4, 17).
 - According to Family Planning Victoria, the use of **5-year Cu-IUDs (Load 375 and Copper T short)** can be extended off-label for up to 6 years, and **10-year Cu-IUDs (Copper TT380A)** for up to 12 years in users who had the device inserted at <40 years of age (4)

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- The use of the **19.5 mg LNG IUD (Kyleena)** beyond 5 years is **not** effective for preventing pregnancy (4, 14, 15, 18, 19).
- Immediate postpartum LARC should be offered as an effective option to prevent unintended and short-interval pregnancy (20). The convenience, effectiveness and benefits of postpartum LARC should be discussed during pregnancy, and systems should be in place to ensure that if immediate postpartum placement was not undertaken, women desiring LARC have their preferred device inserted during the nearest postpartum visit (20).
- If the provision of LARC is not possible, access to alternative contraceptive methods is essential, inclusive of short-acting and permanent methods (e.g. vasectomy).
- Healthcare workers may be exposed to patients who are suspected or confirmed COVID-19 cases (9). In these situations, the Coalition supports the availability and use of personal protective equipment (PPE), including surgical masks (fluid resistant, level 2 or 3) (21), disposable non-sterile gloves and long-sleeved fluid-resistant gowns (22) to protect clinicians during LARC procedures.

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