



## 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 UPDATED 6/12/2021

- The continuity and maintenance of long-acting reversible contraception (LARC) services during the COVID-19 pandemic is essential to prevent unintended pregnancy (1-3)
- The ongoing COVID-19 pandemic may continue to make accessing LARC difficult for some women\* (1), and it is predicted that women living in regional and remote areas will be most affected. Medical practitioners should continue providing LARC services during the pandemic where possible. 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 services, and those who might be disproportionately affected by the COVID-19 pandemic (1, 4-8).
- 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 (9). 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. Previous guidance from the FSRH on the extended use of implants and IUDs during the pandemic has been updated in November 2021 to reflect the shift in the risk/benefit balance due to the reduced risk of COVID transmission and serious health consequences. Extended use of LARC is no longer recommended and individuals should be advised to attend for LARC removal/replacement at 3 years (Implanon NXT), 5 years (Mirena and Kyleena) and 5 or 10 years for copper IUDs (depending on the type) (10).
- Currently, extended use of LARC is only supported in older individuals using an IUD:
  - The use of a 52mg levonorgestrel IUD (Mirena) inserted from age 45 can be used for contraception until age 55 or when menopause has been determined (11). Note this advice does not extend to the 19.5mg levonorgestrel IUD (Kyleena).
  - 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  $\geq 40$  years of age (11, 12).
- Immediate postpartum and post abortion LARC should be offered as an effective option to prevent unintended and short-interval pregnancy (13, 14). The convenience, effectiveness and benefits of postpartum LARC should be discussed during pregnancy, and systems should be in place to ensure that if immediate post-partum placement was not undertaken, women desiring LARC have their preferred device inserted during the nearest postpartum visit (13). Contraception should be offered at the time of abortion, including LARC insertion at the time of a surgical abortion and implant insertion on the day mifepristone or within the first 5-days after the medical abortion, with streamlined service delivery for IUD insertion post medical abortion
- The Coalition supports the availability and use of appropriate personal protective equipment (PPE), to protect clinicians during LARC procedures, due to the risk of exposure to COVID-19 cases (15).



Note: The Coalition uses *women* as an inclusive and broad term that refers to and acknowledges the diversity in needs and experiences of all people who may access and use abortion and women's sexual and reproductive health services including other people who do not identify as women but can experience pregnancy and abortion and may need to access these.

## References

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