SPHERE
NHMRC Centre of Research Excellence in Sexual and Reproductive Health for Women in Primary Care

Women's Sexual and Reproductive Health COVID-19 Coalition

Contraceptive method considerations for individuals with active COVID-19 infection: a consensus statement

The SPHERE coalition supports the approach of The Society of Family Planning in the US in relation to contraceptive method considerations for individuals with active COVID-19 infection (1). The following points represent interim guidance during the COVID-19 pandemic which may change as new evidence emerges; they are recommendations and not intended to replace clinical judgement:

1. Although data is extremely limited, several published reports show an increased risk of venous thromboembolism among hospitalized patients with severe COVID-19 infection. The risk is highest for those requiring critical care but may also be present for all hospitalised patients with COVID-19 infection (2-4). Severe COVID-19 infection may also be associated with an increased risk in arterial thromboembolism (5-7). A case series of 5 individuals under age 50 (4 males and 1 female) with COVID-19 presenting with stroke has also been published (8).

2. Combined hormonal contraception (estrogen-containing contraceptive pills and the vaginal ring) are associated with a 2-3 fold increased risk of venous thromboembolism (VTE) in all users and a very small increased risk of arterial disease (9, 10).

3. There is a theoretical increased risk of VTE and arterial thromboembolism in combined hormonal contraceptive users infected with COVID-19 which should be considered when providing contraceptive advice to support informed choice. However, neither the incidence of thromboembolism among women of reproductive age with symptomatic or asymptomatic COVID-19, nor the effect of combined hormonal contraception on the incidence of COVID-19 related thrombosis is known.

4. The theoretical risks of thromboembolism should be considered when providing contraceptive advice to individuals infected with COVID-19 in order to support informed choice.

5. Discontinuation of combined hormonal contraception should be considered for individuals hospitalised with severe COVID-19 infection as the risks are likely to outweigh the benefits. While estrogen containing methods may be re-initiated after recovery, other VTE risk factors including immobilisation and co-morbidities should be taken into consideration. The long-term effects of COVID-19 infection on venous and arterial thromboembolism risk remain unknown.

*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 require access to hormonal contraception, abortion and women's sexual and reproductive health services

Version: 1, Published: 17/08/2020

6. Continuation of combined hormonal contraception appears reasonable for individuals with asymptomatic or mild COVID-19 infection. The theoretical increased risk of thromboembolism should be discussed and, if desired, alternative methods considered.

7. Progestogen-only methods of contraception (the etonogestrel implant, hormonal IUDs, depot medroxyprogesterone injectable and progestogen only pills) and non-hormonal methods (copper IUDs and barrier methods) are not associated with an increased risk of thromboembolic disease and can be continued or initiated for an individual infected with COVID-19 (11-13).

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