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BRIEF REPORT



## Contraception during Coronavirus-Covid 19 pandemia. Recommendations of the Board of the Italian Society of Contraception

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### ABSTRACT

**Purpose:** The Italian Society of Contraception identified as one of its priorities the need to give recommendations on management of contraception during Coronavirus-Covid 19 pandemia

**Materials and methods:** A concise communication was produced which summarises in an easy-to-read format suitable for clinicians the management of the different contraceptives mostly used. Information how to manage contraception in different conditions is presented.

**Results:** Women may, in general, continue to use either intrauterine and or hormonal contraceptives. The use of condom should be added to any hormonal contraceptive, when the contraceptive efficacy is reduced or when women stop the contraceptive method.

**Conclusion:** At the present time, during the Coronavirus-Covid 19 pandemia, no data contraindicate the use of intrauterine or hormonal contraceptives. Conversely the use of an appropriate contraception is advocate to prevent unintended pregnancies.

### ARTICLE HISTORY

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### KEYWORDS

Hormonal contraceptives;  
COVID-19; intrauterine  
contraception; condom

The aim of present recommendations is to give appropriate information on the use of contraceptive methods during the Coronavirus-Covid 19 pandemia.

Contraception is a fundamental right for any woman in reproductive age, in order to appropriately programme reproduction and sometimes to improve menstrual-related symptoms.

Sexual activity or occasional intercourse between non-cohabitants is prevented by the quarantine imposed by many governments, but sexual activity, requiring contraception, may increase between cohabitants. This is further emphasised by the fact that some drugs used for the treatment of the infection such as hydroxy-chloroquine may increase the spontaneous abortion rate and it cannot be completely safe for the foetus [1,2].

During the pandemia some practical problems may arise for the difficulties to contact the physician, to receive an appropriate counselling and prescription, to reach a pharmacy.

Each region should choose the appropriate method to guarantee contraceptive prescription (online anamnesis, dematerialised online prescriptions. etc.)

Telephone consultations are possible. It is useful to trace the consultation and to write down that the consultation

was taken by phone for the Covid-19 pandemia, and that a verbal consent was obtained.

It should be mentioned that at the present time the Coronavirus-Covid 19 pandemia has not changed the indications and the contraindications for the use of the different hormonal contraceptive methods. In particular, no evidence so far exists that sexual steroids can adversely affect the course of the disease.

It should be considered that the use of antibiotics may reduce the effect of hormonal contraceptives [3]. The use of a condom should be added to any hormonal contraceptive, whenever antibiotics are used to treat symptoms.

We briefly report the consideration for different conditions.

### Women on contraception

#### Progestin only pill (POP)

It can be continued in Covid-19 positive women both asymptomatic and symptomatic.

In the case women are hospitalised and contraceptives are suspended, women should be informed that menses may occur.

Re-initiation of a POP can be performed immediately after recovery. Efficacy is not guaranteed for the first 7 days and in this period a condom should be used [4].

### **LARCs (IUD, IUS, Implant)**

They can be continued in Covid-19 positive women both asymptomatic and symptomatic. There is no need to remove a LARC. In case the system is exhausted and needs to be replaced, removal and replacement should be postponed considering that these systems are licenced for a period inferior to their effective duration. Usually any method is active for an additional year. Because the efficacy of progestin medicated LARCs progressively declines women that need to replace these systems should be advised to add a POP or to add the use of condoms.

### **Estro-Progestin combined contraceptives (Oral, Patch, Ring)**

They can be continued in asymptomatic Covid-19 positive women.

They can be continued in Covid-19 positive women with cough and fever.

When severe pneumonia, in bed immobilisation, and increased thromboembolic risk require stopping treatment, women should be advised that menses are likely to occur.

Re-initiation of an E-P contraceptive can be performed immediately after recovery. Efficacy is not guaranteed for the first 7 days and in this period a condom should be used [4].

### **Women who want to start contraception**

In case it is not possible to collect an appropriate medical history consider to prescribe a POP until the woman consults a physician. Contraindications to POP are very few [5], and it can be prescribed without medical evaluation, following a negative pregnancy test.

Initiation can also be immediate, but efficacy is not guaranteed for the first 7 days [4].

### **Women who breast-feed**

A POP can be offered to breastfeeding women, following a negative pregnancy test.

Initiation can be immediate, but efficacy is not guaranteed for the first 7 days [4].

### **Women who had unprotected sex**

Emergency contraceptive pill (ECP) can be taken. Depending on the type of ECP, Levonorgestrel or Ulipristal, they can be effective up to 72 or 120 hours after unprotected sex. Condom must be initiated immediately following ECP use [6].

### **Disclosure statement**

No potential conflict of interest was reported by the author(s).

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