

Ensuring contraceptive access during the COVID-19 pandemic

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Upstream extends a thank you to all of the healthcare heroes on the frontline working diligently to prevent, help and heal our communities during this unprecedented time. We are grateful for your service.

Here are several strategies to ensure that the contraceptive needs of your patients can still be addressed while you work to manage the COVID-19 outbreak.

Same-day access + routine appointments

It is more important than ever to ensure that patients can access their contraceptive method the day that they want it. For patients presenting for routine services, offering contraceptive services at the time of visit can reduce the need for unnecessary return visits.

Managing needs on the phone + telehealth

A current mitigation strategy offered by the [CDC](#) is to triage or use telehealth to manage visits that don't require an office visit. If a patient is calling about contraception, counseling could be offered over the phone, before scheduling an appointment. If there is a shortage of appointments, providers could call in prescriptions for those interested in pills, patches, rings, or the contraceptive injection.

We also recommend that phone staff ask patients if they are interested in contraception so that it can be noted in their chart and anticipated at the time of visit.

Contraceptive planning

When discussing options with a patient, it is important to make a plan about how they will stay current with their method.

- Ask patients who use the pill, patch and ring how they will get their refills. Are they able to use a delivery service?
- Barriers to accessing condoms, coming in for a contraceptive injection, or having an adequate supply of their pill, patch, or ring might lead some patients to consider switching to a more long-acting form of birth control, or those using long-acting methods may wish to use a method that they can control, in between provider visits. It is essential that patients can access the full range so that they can switch methods if they choose.

- Some patients using IUDs or implants may be approaching their on-label or off-label expiration dates during this time. Consider discussing with them the benefits and risks of continuing or discontinuing their method based on their placement date. If they cannot come in for an appointment, a bridge method (prescriptions for pills, patches, or rings) and/or condoms can be offered until they can return.

Dispensing contraception

Health authorities have recommended that people stock up on any needed prescription drugs, including prescription birth control, and other crucial health care supplies like condoms and spermicide, in case they have to stay home for an extended period of time.

- Whenever possible, providers should dispense available stock of emergency contraception and/or condoms, assuming patients may not be able to return to the health center for a period of time due to limited appointment availability or fear of being in high-risk environments.
- For pills, patches and rings, it is recommended that providers dispense as many packs as state law and/or insurance allows (this is typically 13 packs of pills, or 4 months worth of rings or patches) - this may eliminate the need for unnecessary return visits.

Stocking and supplies

There were early warnings that contraception may become scarce as manufacturing is impacted. However, most of the major contraceptive pharmaceutical companies are reporting that they do not expect a disruption to the manufacturing or the supply chain. To that end, it is always important to have a healthy stock of the full range of methods, but we do not recommend overstocking to prevent supply chain issues in other areas.