

Provision of contraception by maternity services after childbirth during the Covid-19 pandemic

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- **After childbirth, effective contraception should be provided prior to discharge from maternity services.** As a result of the Covid-19 outbreak, access to sexual health and primary care contraceptive services is significantly reduced; maternity services are well placed to provide effective post-partum contraception before discharge. This will reduce the need for further contact with healthcare services.
- **Effective contraception should be started as soon as possible after childbirth.** Fertility returns rapidly after childbirth. [FSRH guidance](#) recommends that effective contraception is commenced as soon as possible after delivery by both breastfeeding and non-breastfeeding mothers. This allows individuals to plan any subsequent pregnancy and avoid short inter-pregnancy intervals.
- **Most contraceptive methods (except combined hormonal contraception) can be started safely by most individuals (both breastfeeding and non-breastfeeding) immediately after delivery.**

Recommendations

Long-Acting Reversible Contraceptive (LARC) methods are highly effective and under normal circumstances should be offered to all women after delivery. However, we recognise that during the Covid-19 outbreak contraception choices will be limited and recommend a pragmatic approach.

- **A six month-supply of progestogen-only pill (POP) is offered to ALL women after giving birth (unless they have a medical contraindication).** The POP is extremely safe and there are few contraindications to its use. The POP can be started immediately after delivery (or by Day 21) without any requirement for additional contraceptive precautions.
- **A LARC method:** In the current circumstances their use should be restricted to maternity services which currently provide these to women. Also, women who choose can have IUD/ IUS inserted at a caesarean section - provided the surgeon feels competent to do so.
- **Lactational amenorrhoea.** It is recognised that fully breastfeeding individuals can rely on lactational amenorrhoea for contraception for the first six months after delivery, so long as they remain amenorrhoeic AND continue to breastfeed fully. An individual may, however, reduce breastfeeding or have their first period at any time, with resulting loss of contraceptive effect; this could come at a time when access to contraception services is still restricted by Covid-19. It is recommended, therefore, that breastfeeding individuals commence additional contraception as soon as possible after delivery.
- Women should be provided with clear information about how to use their chosen method and when to seek medical advice.
- Administering and dispensing of contraception should not disrupt the timely discharge of women from maternity services. Community pharmacies and other options may need to be explored, where necessary.

Useful links

- [Sexwise](#)
- [National Reproductive Health Patient Group Direction \(PGD\) Template - supply of POP](#)