



“Contraception in the Time of COVID-19,” presented by Dr. Katharine White (4/2/20). The full recording can be found [here](#).

## WE RECOGNIZE THE COMPETING PRIORITIES AROUND COVID-19 CARE

Your facility likely is consumed with managing the increasing numbers of patients who need inpatient or intensive care, and sees closing the ambulatory clinics as a necessary step to concentrate resources. Advocate for the contraceptive access you think your patients need (particularly those at high risk of unintended pregnancy, and those for whom pregnancy risks severe morbidity and mortality). Provide contraceptive counseling via telemedicine for patients who desire it, and ask about contraceptive needs on every telemedicine call no matter what the reason for the encounter.

You do not need a physical exam (weight, pelvic exam, or breast exam) or lab testing (including STI screening) prior to contraception provision. You can get all necessary history from the interview and/or the patient’s chart. Focus history-taking on contraindications to estrogen. If there is not a recent blood pressure in the patient’s chart, counsel on progestin-only methods or give them the option to take their BP at a pharmacy. It can be helpful to think in terms of a long-term approach (counsel on all eligible methods) and a short-term approach (counsel on what methods they can access now). PICCK has created a resource for [Telemedicine Best Practices and Considerations](#).

## MEDICAL HISTORY ALONE IS (ALMOST) SUFFICIENT FOR CONTRACEPTION PROVISION

## USE SHARED DECISION-MAKING EVEN WITH TELEMEDICINE

Contraception counseling over telemedicine should use a shared-decision making approach, just as we aim for in the clinic setting. Shared decision-making is a process that translates a patient’s values into a birth control choice by turning a long list of options into a narrower selection that fits their needs and preferences. Here is an overview of PICCK’s framework for shared-decision making - [PICK ONE – video](#) and [infographic](#).

Prescriptions for hormonal methods (including emergency contraception) can be sent to any pharmacy, including mail-order pharmacies for home delivery. Appointments for in-clinic methods can be scheduled for the summer or patients can be put on a wait list (depending on your practice), and you can offer your patient a bridge method to use until their in-clinic visit. DMPA users can be offered the subcutaneous form, though it may not be covered by all insurance plans. PICCK’s [Bridge Methods](#) and [Birth Control Methods You Can Get Without an In-Person Visit](#) resources provide information for patients on how to access various birth control methods. For patients currently using an IUD or implant that is coming to its expiration date, PICCK has created an [Extended Use of LARC Methods Resource](#). For information on DMPA, see [Guideline for Depo-Provera Subcutaneous Self-Injection](#).

## YOU CAN HELP YOUR PATIENTS START OR SWITCH THEIR CONTRACEPTIVE METHOD OVER THE PHONE



## LARC REMOVAL AND INSERTION ARE ESSENTIAL FOR CERTAIN PATIENTS

PICCK believes that LARC removal is an essential service and encourages providers to prioritize the prompt removal of LARCs upon patient request. This practice is rooted in patient-centered care; you risk reproductive coercion if removal is not considered an essential service, as there may be inequalities in who can access care to have a device removed. For many patients, obtaining LARC is an urgent medical or social need. Clinicians may use their best judgment as to when LARC placement is indicated in the context of COVID-19. PICCK considers LARC insertions an essential service for patients who are considered high risk for unintended pregnancy, have a history of other method failure, adolescents, or if pregnancy is more dangerous for them than COVID-19. The risk of COVID-19 infection must be weighed against the risk of pregnancy for these patients.

An unintended pregnancy right now, more than ever, could be devastating for a patient. A March 15th memorandum from the Executive Office of Health and Human Services of the Commonwealth of Massachusetts states that abortion is an essential service. Abortions still require an in-person visit, but most of the visit can be conducted over the phone to shorten the in-office visit, and full PPE is not required for first trimester surgical abortions. In Massachusetts, adolescents can continue to obtain a judicial bypass to receive an abortion during the COVID-19 pandemic. For more information, see [Planned Parenthood League of Massachusetts Info For Patients: Judicial Bypass](#).

## ABORTION REMAINS AN ESSENTIAL SERVICE

## IMMEDIATE POSTPARTUM CONTRACEPTION IS MORE IMPORTANT THAN EVER DURING COVID-19

Many practices are transitioning postpartum visits to telemedicine. Additionally, postpartum tubal ligations may be deferred due to the cancellation of most surgeries. For patients currently pregnant, it is important to counsel about a postpartum contraceptive plan in the third trimester and to set up a contraceptive plan for when she is discharged from the hospital. Options include immediate postpartum LARC; DMPA or progestin-only pills; prescriptions for the pill, patch, and ring, with instructions to begin use 6 weeks postpartum; and prescriptions for condoms and emergency contraception. See [Postpartum Contraception During COVID-19](#) for more information.

Emergency contraception can be obtained without leaving home through a phone call with a provider's office, a telemedicine visit, or over the internet. While insertion of a copper IUD may not be feasible during COVID-19, you can prescribe 12 refills of emergency contraception for your patients. PICCK has EC resources to help your practice (see next page).

## THERE MAY BE AN INCREASE IN CALLS FOR EMERGENCY CONTRACEPTION



## PICCK COVID-19 RELATED RESOURCES

[Adapted from Nationwide Children’s Hospital – Adolescent Contraception COVID-19 Protocol, 3/23/2020](#)

[Adapted from Dr. Elizabeth Micks – Protocol for Family Planning Visits During COVID-19 Outbreak, 3/18/2020](#)

[Bridge Methods of Contraception](#)

[Essential Services](#)

[Extended Use of LARC Methods](#)

[How to Access Birth Control Without an In-Person Visit](#)

[MassHealth Policies on Contraceptive Care via Telehealth](#)

[Providing Postpartum Contraception During COVID-19](#)

[Telemedicine Best Practices and Considerations](#)

## ADDITIONAL PICCK-CREATED CONTRACEPTION RESOURCES

### COUNSELING ON STARTING CONTRACEPTION

[Contraception Bill of Rights](#)

[Guideline for Depo-Provera Subcutaneous Self-Injection](#)

[PICK ONE Infographic](#)

[PICK ONE Video](#)

### EMERGENCY CONTRACEPTION

[Emergency Contraception Information Sheet](#)

[Emergency Contraception Toolkit](#)

[Phone Room Guidance on Emergency Contraception](#)

[Sample Telephone Triage Protocol for Emergency Contraception](#)

### POSTPARTUM LARC

[Insertion of IUD During Cesarean Delivery](#)

[Insertion of IUD Immediately Post Vaginal Delivery](#)

[Insertion of Postpartum IUD Before Hospital Discharge](#)

[LARC Billing Guidance](#)

[Postpartum IUD Preparation and Equipment](#)

[Postpartum LARC Counseling and Consent](#)

[Postpartum LARC Sample Auto Text for EMR](#)

[Postpartum LARC Sample Protocols](#)

## HOW PICCK CAN SUPPORT YOU AND YOUR PRACTICE DURING COVID-19

We welcome the opportunity to support Massachusetts’ clinicians, staff, patients, and communities in a myriad of ways in the coming months. We would love to hear from anyone with thoughts, questions, or requests for programming or materials. You can reach out to us on our website’s [Contact Us](#) page, and if desired we can set up a call or email.