

Ensuring access to family planning services during COVID-19: A summary of CDC's family planning recommendations for healthcare providers

During COVID-19, it is critical that access to family planning services remains available while keeping healthcare providers and their patients safe. The [US Medical Eligibility Criteria for Contraceptive Use \(US MEC\)](#), [US Selected Practice Recommendations for Contraceptive Use \(US SPR\)](#), and [Providing Quality Family Planning Services \(QFP\)*](#) provide relevant recommendations for providing quality family planning services while helping to facilitate access and minimizing in-person contact between patients and providers.

Continue to assess needs for family planning services. The [QFP](#) provides guidance on assessing a patient's need for services related to preventing or achieving pregnancy and highlights the special needs of adolescent patients. Increased outreach may be needed to let patient populations know about current services, such as featuring access to family planning services on a health system's or clinic's website, or sending messages to patients about services offered, including family planning services. Providers may want to consider alternative models for providing services or access to contraception for their patients, such as:

- [Telehealth/telemedicine and other alternative approaches](#): Many providers are broadening access through telehealth opportunities and adapting billing, workflow, and technology practices. Other alternative delivery approaches include curbside pick-up or mail delivery of contraception.
- [Pharmacist-prescribed contraception](#): Many states allow for access to some contraceptive methods directly from a pharmacist, without a separate visit to a doctor or other health care provider.

For new contraceptive users or those wishing to switch to a new method:

- [Most contraceptive methods are safe for use by most patients](#). Providers can use the [US MEC](#) website or the US MEC app ([iOS \(Apple Store\) App](#) [Android \(Google Play Store\) App](#)) to assess whether patients have any characteristics or medical conditions for which use of a specific contraceptive method would be restricted.
- [Most contraceptive methods can be started with no physical examinations or laboratory tests](#).

The following contraceptive methods require physical examinations or laboratory tests:

- Intrauterine devices (IUDs): Bimanual exam and cervical inspection are necessary prior to IUD insertion. Most patients do not require additional sexually transmitted disease (STD) screening at the time of IUD insertion, unless they have not been screened for gonorrhea and chlamydia according to [CDC's STD Treatment Guidelines](#). Screening can be performed at the time of IUD insertion, and insertion should not be delayed.
- Combined hormonal contraception (CHC): Blood pressure should be evaluated before initiating CHCs. If blood pressure cannot be measured by a provider, blood pressure measured in other settings can be reported by the patient to the provider.
- Diaphragms and cervical caps: A bimanual examination (not cervical inspection) is needed for fitting diaphragms that come in more than one size and could be considered to confirm fit for diaphragms that come in one size. Bimanual examination and cervical inspection are needed for cervical cap fitting.
- All other methods: no exams or test are needed.

- **All methods can be started on the day they are requested, if the provider is reasonably certain the patient is not pregnant.**
 - Consider the need for [emergency contraception](#) at the time of regular contraception initiation.
 - Consider the need for [additional contraception \(i.e., back-up\)](#), depending on when a method is started.
- **Immediate post-pregnancy contraception.**
 - Combined hormonal methods should not be initiated immediately postpartum due to concerns about increased risk of thrombosis.
 - Combined hormonal methods can be started immediately after abortion.
 - All other methods of contraception, including placement of IUDs and implants, can be started immediately post-pregnancy. IUDs should not be placed for women with sepsis.

For current contraceptive users who want to initiate a new method or continue with their current method, little or no ongoing follow up is needed:

- [No routine follow-up visit is required for any contraceptive method.](#) Patients should be advised to contact a provider at any time to discuss side effects or other problems, to change or discontinue a method, and when it is time to remove or replace the method.
- [A 1-year supply of combined oral contraceptives \(COCs\) can be provided or prescribed,](#) depending on coverage allowances (the guidance for a 1-year supply can be extended to other methods that need resupply, such as patch and ring).
- Depot medroxyprogesterone acetate ([DMPA](#)), [intramuscular \(IM\) or subcutaneous \(SC\) should be provided every 3 months \(13 weeks\);](#) injections can be given up to 15 weeks from the last injection without requiring additional contraceptive protection. Consider self-administration of DMPA-SC ([see Self-Administration of Injectable Contraception](#)).
- Guidance for providers on management of bleeding problems, missed pills and other dosing errors, and other concerns can be found in the [US SPR](#).

Other considerations:

- [An advance supply of emergency contraceptive pills can be provided or prescribed.](#)
- Consider the need for [STD/human immunodeficiency virus \(HIV\) prevention \(including condom provision\), diagnosis, testing and treatment,](#) as well as need for [HIV pre-exposure prophylaxis.](#)
- Consider needs for other family planning services, such as [pre-conception care, pregnancy testing and counseling, and basic infertility services.](#)
- Consider the needs of different populations, including adolescents and others who may have more challenges overcoming barriers to accessing contraception at this time (e.g., issues around confidentiality, payment for services, and accessing new models of care).

* *Providing Quality Family Planning Services (QFP) provides recommendations developed collaboratively by CDC and the Office of Population Affairs (OPA) of the U.S. Department of Health and Human Services (HHS).*

