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Family planning: an essential health activity in the pandemic of SARS-CoV-2

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Over the last months the world has lived with the threat of the pandemic provoked by SARS-CoV-2 (Covid-19), and the anguish of daily news reporting that millions of persons are being infected and that thousands of deaths have occurred and that dissemination is growing rapidly. Among the important challenges that the scientific community is facing in the time of this pandemic is to find answers to some questions like the ability of asymptomatic persons to transmit the virus, the existence of perinatal or intrauterine transmission and the paucity of information about the impact of the infection on the embryo in the first weeks after fertilisation. Furthermore, to the best of our knowledge, there is no scientific evidence regarding the concerns and anguish of women about the consequences of the Covid-19 infection on their reproductive life. The answers to these issues will have a great impact on sexual and reproductive health (SRH) and on the life of millions of women worldwide.

Based on the severity of the demands paused on health services as a consequence of the pandemic, many governmental authorities and directors of hospitals and medical institutions decided to restrict the numbers of non-essential surgeries, as well as, outpatient medical consultation because they face unprecedented challenges implementing health attention to Covid-19 patients and also argue that these restrictions are to avoid or to reduce the risk of contamination both to health providers and patients.

Presently, contraceptive provision is considered by many policy makers and directors of medical institutions a non-essential activity and many services have already closed down for contraceptive provision and abortion services [1]. However, it is important to ensure that women and men still have access to contraceptive services during this pandemic and to contraception provision as an essential service. Women and men still need contraceptive methods to avoid unplanned pregnancy which is estimated as almost 50% globally. Unplanned pregnancies may have health consequences including unsafe abortion, lack of antenatal care, pregnancy complications, and maternal and infant morbidity and mortality. Contraceptive methods are lifesaving [2].

What can we do in terms of contraception provision in a time that many medical clinics and hospitals are facing extremely high demands and challenges to care for persons with COVID-19? It is necessary to recognise the importance of family planning in this special time. The

recommendation to maintain 'social distancing', in our opinion, should be a recommendation to maintain 'physical distancing' within a 'social approach'. To maintain this particular health environment 'physical distancing' with a 'social approach' it is necessary to use new and creative ways to communicate and offer services that do not require personal contacts to reach women at reproductive age who need to continue the use of contraceptives or who want to start contraceptive use. For current users of contraceptives it is important to reinforce counselling to maintain use including counselling about condom and fertility awareness methods use; and to help users to resolve questions and concerns about possible side-effects.

Improve the use of electronic prescriptions and multi-month refills for women who request use or are users of oral contraceptives, contraceptive patch or vaginal rings or emergency contraceptive pills after a screen of the eligibility criteria. For women who have problems or doubt with their contraceptive method a phone discussion or any other electronic communication can be strategy to be encouraged. Face-to-face appointments can be used only when side effects of the chosen method make it necessary. Also women who choose to use long-acting reversible contraceptives (LARCs; intrauterine devices [IUD] and systems and implants) or injectable contraceptive, need a face-to-face consultation. For these consultations it is possible to implement strategies that reduce physical contact establishing more time between consultations, creating open spaces outside the facility for patients to wait (in places in which the weather or the facility favours this kind of arrangement) and using personal protective equipment for both health providers and woman.

For current users of LARCs it is possible to encourage and counsel users to use these methods beyond approved labelled duration [3,4] When removal is necessary the same approach that was used for placement of LARCs can be applied. Female and male interval permanent contraception are considered as non-essential surgeries, except for women submitted to Caesarean delivery or immediately after delivery, and consequently can be postponed.

Although the scientific information about prevalence of Covid-19 among pregnant women is scarce [5] there is evidence that pregnant women are also at risk of infection. In New York, it was recently reported that among 210 pregnant women in labour without symptoms, 29 (13.7%) were positive for SARS-CoV-2 and 29 out of the 33 either

symptomatic and asymptomatic pregnant women who tested positive for SARS-CoV-2 at admission; 87.9% had no symptoms of Covid-19 at the time they were admitted [6]. It is well known that pregnant women with pulmonary infection are at risk of high morbidity and mortality; although there is no evidence that pregnant women are at an increased risk of Covid-19 infection or severe morbidity and mortality when compared with non-pregnant women.

This information allow an opportunity of counselling pregnant women at labour about postplacental and postpartum IUD and implants placement or provision of contraceptive injection before hospital discharge. Also counselling about condom use and lactational amenorrhoea method; however, there is not enough information if breastfeeding is safe for the baby by infected women. Furthermore, the data is scarce regarding vertical transmission. There is also not enough information about the psychological impact of the possibility of infection of Covid-19 among non-pregnant women at reproductive age, and if they have concerns of the consequences of the infection for the baby. Consequently, it is an important health activity the provision of contraceptive methods and contraceptive counselling to all women who request it [5,7,8].

In many settings appointments are not the common rule and many women must wait in a waiting room with many other patients to receive contraceptive services without no or low possibility of physical distance. There are alerts by international agencies that there are may be a shortage of contraceptives. Access to good quality SRH services is basic human rights. In the present time of unprecedented pandemic and distress for many people healthcare providers need to offer guidance on contraception and to counsel women to reflect and take decision on the best opportunity for planned pregnancies.

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