

Essential Sexual Health Provision during the COVID-19 Pandemic within Primary Care Settings V1

This local guide has been produced to supplement both the [FSRH](#) and [BASHH](#) guidance on the importance of continuing to provide sexual and reproductive services within the community during the COVID 19 pandemic in order to mitigate the negative impact on the sexual and reproductive health of the population. We would also like to acknowledge guidance from the RCGP in relation to prioritisation of workload and would ask practices wherever possible to work within this guidance to continue to offer some level of contraceptive provision.

During Covid19-related restriction in face-to-face contact with healthcare professionals, the provision of effective contraception (this may be a bridging method in the short term) and emergency contraception are considered priority services (FSRH).

Emergency contraception (EC):	<p>Key messages:</p> <p>Remote assessment of requirement for EC is prioritised so that it can be made as soon as possible after unprotected intercourse.</p> <p>Insertion of a Cu-IUD for EC should continue to be offered first line, where possible; if there is a delay between remote consultation and planned insertion, immediate oral EC should be offered in addition.</p> <p>Individuals who do not meet the criteria for emergency IUD insertion, or who decline an emergency IUD should offered the most appropriate oral emergency contraception, and could also receive a minimum 3 month supply of POP in the first instance.</p> <p>Remote prescription should be issued with collection by the individual.</p>
Ongoing contraception	<p>Combined hormonal contraception (CHC) If the provider documented all relevant medical history at the time of last CHC provision, and no contraindications were identified, provision of a further supply of CHC without review of medical history can be considered. Remote prescription to cover the next 6-12 months. Phone consultation is recommended</p> <p>Progestogen only pill (POP) users – reasonable to allow a further 12 month supply to be given without review Phone consultation is recommended. POP is advocated as a bridging method if existing method is not available.</p> <p>See FSRH guidance for Depot (DMPA) Depo Provera, Etonogestrel Implant (ENG-IMP), IUS & IUD guidance</p>
New contraception starters	<p>FSRH CEU suggests that, as standard, individuals requesting to start contraception can be assessed remotely and a 6-12 month supply of desogestrel POP provided via remote prescription. *Please note contra-indications</p>

***Leeds Sexual Health** is still operating from its base at The Merrion Centre and other community hubs. All walk-ins have been suspended. Online Chlamydia testing is currently still available. Patients are asked to call **0113 392 0333** where they will be added to a list for telephone assessment, advice and give an appointment for medication and/or treatment if they meet emergency criteria including access to PEP, Emergency contraception (including Cu-IUD), clinical support for sexual assault, have unusual bleeding, burning, discharge, severe abdominal pain or need complex STI treatment.

***EC Pharmacies** Many pharmacies continue to offer free access to oral EC to women in Leeds. Patients are asked to ring ahead to confirm availability and go through telephone consultation. Please check the list [here](#) for details of participating pharmacies.

***Access to condoms-** The C-Card Scheme (under 25's) free condoms will be available by post to C-Card holders from Friday 3rd April via <https://leedssexualhealth.com/postalcondoms>

***Termination Services/Pregnancy Choices** Both termination providers in Leeds can be contacted directly (by professionals or patient), for advice, guidance and to arrange an abortion: [Marie Stopes](#) **0345 129 5072** [BPAS](#) **0345 730 4030** or [NUPAS](#) (National Unplanned Pregnancy Advisory Service) can provide advice: 0333 004 6666

Teenage Pregnancy Midwifery Team can support young women under 19 through pregnancy. Contact details for the team are [here](#).

Author: Hannah Sowerbutts, Health Improvement Principal (Sexual Health), Leeds City Council

hannah.sowerbutts@leeds.gov.uk *information correct 01/04/2020 but subject to ongoing change