

LARC Guidance During COVID-19 4/9/2020

This guidance is meant to help ensure patient access to contraceptive care and safe LARC management during COVID-19.

Principles of care:

- To maintain contraceptive access, most providers are shifting to telehealth visits.
- All methods, including IUDs and implants, should be made available during pandemic.
- IUD and implant access is essential, but challenging, during the COVID-19 response.
- Telehealth visits can be used to screen and offer patient centered counseling.
- For contraceptive best practices during COVID-19, see [Beyond the Pill](#), [ACOG](#), [FPNTC](#), [RHAP](#).

Patient centered counseling is key to ensuring access to method that fits patient's priorities.

- The most effective method is one a patient knows they can use.
- Pushing someone to use another method undermines patient autonomy, satisfaction, and continuation.

Safety: LARC methods are safe for most patients.

- IUDs and implants are safe for patients with estrogen contraindications (i.e migraines).
- In-person visits are still needed for IUD and implant insertion and most removals.
- [WHO](#) reports a global increase in domestic violence with shelter at home orders.
- LARC methods may offer more safety and privacy for some patients.

Ensuring LARC removal

- Patients should have access to start and discontinue any method.
- Delay removals, using extended [evidence-based durations](#).
- IUD and implant removals will usually require a provider visit.
- Provide [IUD self-removal](#) instruction as appropriate (1 in 5 who wished to remove IUD was [successful](#)).

Minimizing exposure risk during in-person visits

- Screen patients prior to and at office arrival for fever, cough, shortness of breath.
- Delay any procedures if patients are symptomatic.
- Complete registration, billing, counseling, and consents via phone or telehealth.
- Offer patients a mask, or have them bring their own.
- Have patients wait in their car, performing the intake prior to entering the facility.
- Upon entry, direct immediately into an exam room (minimize moving between rooms).
- Minimize staff and support people in rooms. Staff can call into room as needed.
- Monitor PPE supply and adjust use according to [CDC guidance](#).

Minimizing exposure risk during procedures

- IUD and implant insertion or removal are low risk, non-aerosol generating procedures.
- Routine surgical masks for patient interactions may reduce asymptomatic transmission.
- Prepare all equipment trays and materials ahead of time to reduce time in the room.