

Contraception data 'blind spot' could hide pandemic's impact on women's reproductive health

June 16 2021, by Peter Thorley



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Limited data on the uptake of contraception prior to and during crises such as the COVID-19 pandemic could mean unforeseen issues for

sexual and reproductive health services, research from the University of Warwick concludes.

It identifies additional barriers that women faced in accessing contraception during the COVID-19 lockdown, including disruption to sexual health services and fears about contracting the virus, as well as a pressing need to ensure that access to contraception is maintained to avoid the health and social impacts of unplanned pregnancies beyond the pandemic.

The research, published in the *European Journal of Contraception and Reproductive Health Care*, is a scoping review of existing research into the impact of disasters on contraception in higher income countries such as the United Kingdom to assist in disaster response planning. It aims to establish existing knowledge from previous disasters and epidemics, with a significant focus on the COVID-19 pandemic.

Previous research has shown that disasters are associated with increased rates of early pregnancy loss, stillbirth and premature birth, as well as with increased birth rates. However, until now there has not been a review of how the uptake of contraception is affected, and what impact this may have on women's reproductive health.

Policies on accessing contraception vary by country and include access to:

- Oral contraceptive pills
- Contraceptive injection
- Intrauterine device (IUD) or Intrauterine system (IUS)

In the United Kingdom, contraception is free through the NHS but requires a prescription. However, the COVID-19 pandemic created new barriers that may have prevented women from accessing contraception.

They might avoid going to a healthcare provider due to the fear of contracting COVID-19, or concerns about traveling, especially if relying on public transport.

However, the research highlighted examples of good practice in overcoming these barriers, such as drive-through or kerbside provision of contraception. Some health providers were able to maintain access to contraception using telehealth (i.e. video or phone consultations), however these presented safeguarding and privacy issues. Evidence from outside the U.K. also showed that making emergency contraception prescription-free rather than cost-free has a greater impact on unplanned pregnancies.

As data were not collected on the uptake of contraception prior to the pandemic, it is unclear how successful these methods have been, nor how women's access to contraception has been affected. The researchers recommend collecting more data on the uptake of contraception, awareness of the benefits and pitfalls of telehealth methods, and a move to making more contraception prescription-free, as is currently being considered for the progestogen-only pills.

Co-author Dr. Julia Gauly from Warwick Medical School said: "We don't have a clear picture of how the uptake of contraception changes during disasters or the COVID-19 pandemic, because we don't have enough data from before, during and after the crisis to compare. Collecting better data would put us in a better position in the future to predict things like birth rates.

"It's important that women can access contraception and have a choice, especially during disasters. Many people lost their jobs during the pandemic or they became sick with COVID, so the needs of women for contraception may have changed. Someone who was planning to start a family might change their mind during a crisis or [pandemic](#), due to

financial or health reasons. So it's important that women and their partners have a choice in their family planning."

The impact of [disasters](#) on [contraception](#) in OECD member countries: a scoping review' is published in the *European Journal of Contraception and Reproductive Health Care*.

More information: Benjamin Freed et al, The impact of disasters on contraception in OECD member countries: a scoping review, *The European Journal of Contraception & Reproductive Health Care* (2021). [DOI: 10.1080/13625187.2021.1934440](https://doi.org/10.1080/13625187.2021.1934440)

Provided by University of Warwick

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