



# **Guidelines for provision of Family Planning services during and post COVID-19 Pandemic**

**October 2021**



**Family Planning Division  
Ministry of Health and Family Welfare  
Government of India**

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# Introduction

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The recent wave of COVID-19 resulted in a public health emergency of global proportions, raising the requirement for additional flexibility in responding and adapting to new demands for delivery of care. In addition to the current priority for COVID-19 for the health facilities and health workers, it is important that the essential services continue to be provided. Maternity services and Sexual and Reproductive Health Care such as Family Planning, Emergency Contraception, and Post-Abortion Care should continue to be prioritized as essential health services.

With more than 2.5 crore pregnancies each year in India, any increase in unwanted pregnancies due to unavailability of services during/ post pandemic may potentially reverse the gains made in maternal, newborn and child health outcomes by increasing the risk of maternal and child mortalities, morbidities as well as the health care costs. Unwanted pregnancies can make the women susceptible to infections and unsafe abortions; therefore, it is important that the community has access to contraceptives. The preparedness and response are urgently needed to reduce maternal and infant mortalities as Family Planning can be a life-saving tool for many.

The National Family Planning Program focuses on provision of quality short and long-acting reversible modern contraceptives, permanent methods of contraception (Male and Female Sterilization), information, counselling, and services (including emergency contraception). The current pandemic, however, has affected both supply and demand side access to Family Planning.

**The states must therefore identify which disruptions are more significant and ensure that the available resources are allocated effectively.**

The challenges in uptake of Family Planning services may be due to possible:

- Redeployment of skilled human resource for provision of COVID related services
- Low prioritization of Family Planning services, especially during the pandemic
- Changes in the health seeking behaviour of the community because of fear of contracting the infection
- Limited access to services due to mobility restrictions
- Economic impacts (due to loss of income sources) limiting the access to services (unable to pay for transportation, cannot afford contraceptives from private pharmacies, high services fee in private sector etc.)
- Disruptions in Supply chain management



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# Prioritizing FP Services

Following the surge in COVID-19 affected cases, Ministry of Health and Family Welfare issued '*Guidance note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 Pandemic*' in May 2020.

**Highlights from Guidance note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 Pandemic' (May 2020):**

**In Containment & Buffer Zones-**

- Static sterilization services allowed on demand to all the walk-in clients in the health facilities
- Fixed day sterilization services (FDS), restricted to 10 clients per FDS per day per surgeon in the designated facilities from 30 clients per FDS per day per surgeon (in routine guidelines)
- Postpartum and post-abortion sterilization services allowed for the beneficiaries who were already in the health facility
- IUCD and Injectable MPA allowed for walk in clients
- PPIUCD and PAIUCD services concurrent to delivery and surgical abortion were preferred

**In the Green zones and areas beyond buffer zones-**

- All services allowed as per guidelines, avoiding overcrowding and maintaining physical distancing
- Fixed day sterilization services were restricted to 10 clients per FDS per day per surgeon in the designated facilities from 30 clients per FDS per day per surgeon (in routine guidelines)
- More FDS sessions were suggested to be organized for ensuring access to sterilization services (despite restriction in number of cases)



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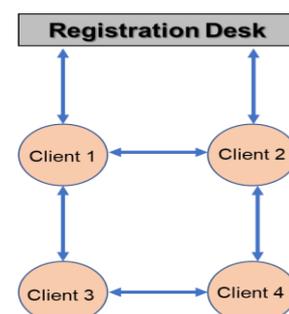
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## I. Sterilization services

Sterilization services have been the most affected services in the pandemic. As indicated in the section above, the sterilization procedures were limited in the early phases of pandemic. Later, with dip in COVID cases, the maximum permissible number of sterilization procedures allowed in FDS was restored to 30 sterilizations/surgeon per day (observing COVID appropriate behavior)(DO No. N. 11024/1/2020-FP-II; 24<sup>th</sup> Nov'2020).

### Programmatic Considerations for Strengthening Sterilization Services:

- Routine COVID testing is not mandatory before sterilization and should be reserved only for suspected cases
- As the institutional deliveries are being continued, Postpartum Sterilization concurrent with delivery can be prioritized in areas with reportedly high load of COVID cases
- Post Abortion Sterilizations concurrently with abortions may be continued in areas with reportedly high load of COVID cases. However, if due to any reason the Post abortion sterilization is not done the client must be provided with the options of temporary contraceptive methods.
- Sterilization FDS and static services should be continued in non-infected areas with a maximum of 30 clients/FDS/surgeon (to be conducted in a staggered manner)
- Number of beneficiaries to be served depends on the space available at the facility
- The FDS should be conducted as per the plan and any changes at FDS site should be informed to beneficiaries in advance
- FDS should be conducted only in health facilities with a functional OT
- Adherence to infection prevention protocols including cleaning, waste segregation and transportation must be ensured
- Ensure that Sterilization documents (consent form, medical record checklist, discharge card etc.) are duly filled and explained to each client
- Following **well defined service stations** need to be ensured at the FDS site after ensuring social distancing)
  - Registration desk-
  - Place for pre-procedure counselling
  - Lab tests
  - Pre-procedure examination
  - Anaesthesia
  - Sterilization procedure



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- Post-procedure Observation and recovery area- display adequate IEC pertaining to contraception and COVID appropriate behavior
    - Post-procedure counselling and discharge- As per GoI guidelines, clients can be discharged within 4 hours after medical examination

## II. IUCD services

Long acting reversible contraceptives like IUCD can be a preferred choice of contraception during COVID-19 as it provides contraceptive benefit for a long duration (5 years- CuIUCD 375 and 10 years- CuIUCD 380A), restricting the number of visits to the health facility.

Proper assessment of clients for IUCD, following insertion technique protocols and proper counselling on signs and symptoms may further reduce the visits of the clients to the health facilities. While it reduces the number of visits to the health facilities, the woman must pass through a one-time process of IUCD insertion. Therefore, COVID appropriate behavior must be followed and adequate care must be taken to prevent the transmission of COVID-19 infection in the facility/hospital.

### Programmatic Considerations for Strengthening IUCD Services:

- **Routine COVID testing is not mandatory before IUCD insertion and must be reserved for suspected cases**
- Proper assessment of the client, adherence to correct infection prevention and standard insertion techniques can prevent IUCD insertion related complications and unnecessary visits to the facility
- Adequate stock of IUCD (at least 2 months') should be kept at the place of insertion. Adequate quantity of IUCD and IUCD cards to be kept in the health facility.
- The IUCD insertion to the client may be updated in FP-LMIS through 'issue to client' (Mobile app) or 'update stock' (Keypad mobile) features of the FPLMIS
- Interval IUCD insertion may be delayed/postponed in case the client shows signs and symptoms of COVID-19 or there is a history of contact with the COVID-19 patient. In such cases, the client must be provided with alternative short-acting contraceptive options.
- **Post-partum and post-abortion periods provide a unique opportunity to provide contraceptives to the client while the client is still in the facility.** Every opportunity – during antenatal visit, at the time of admission, and after-abortion/within 48 hours after delivery should be utilized to counsel the client on the PPIUCD and PAIUCD services and services be provided subsequently.
- Explain to the client the normal signs and symptoms to expect for few days or weeks after the insertion. This will reduce the client's apprehension and avoid unnecessary visits to the facility.



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- Key Contraceptive messages (Pre and Post contraceptive adoption) should be given to the client (while practicing the norms of social distancing)
  - Ensure that **IUCD card** is duly filled, explained and issued to each client
  - **Telephonic follow up to be encouraged during the pandemic.** Danger signs and symptoms may be explained, and the clients should be advised for facility-based follow up in case of any danger signs/emergency, specifically in areas where the case load for COVID is high.

### III. **Injectable MPA services- Antara Programme**

Injectable contraceptive MPA is also one of the contraceptive options that is highly recommended for a client visiting health facility for a service and requires spacing for a longer duration. The method can be safely administered with minimum contact.

#### **Key highlights of the Injectable MPA that makes it a preferred method during pandemic:**

- **Does not require extensive physical examination for screening and initiating the method.** Thus, can be offered with social distancing, following hand washing and simple waste disposal guidelines.
- It is a **3 monthly injection which reduces number of unnecessary visits** to the facility, especially with restricted mobility during pandemic
- The **grace period (of 2 weeks prior and 4 weeks after scheduled date)** is a value addition in providing extra time, in case there is a default due to COVID or issues in accessibility
- Compliance is better as client does not have to remember taking the dose on a daily basis and replenishment of the stock is not an issue
- **Longer protection from pregnancy than most spacing methods as the time taken for the return of fertility is longest** (7-10 months from the date of last injection), therefore a client is safe from pregnancy for a considerable period even if there is discontinuation of the method after initial few doses
- **The estrogen related side effects are absent as it is a progesterone only injection**
- **Safe for breastfeeding mothers as it does not impact the composition of breastmilk**
- Besides telephonic counseling there is an opportunity to assess the client's medical condition on subsequent visit for scheduled dose
- **Subsequent doses may be provided at the peripheral facilities by trained provider**

#### **Programmatic Considerations for Strengthening Antara Programme:**

- Ensure adequate availability of injectable MPA along with MPA cards
- Ensure that **MPA card** is duly filled, explained and issued to each client



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- Emphasize the importance MPA card and its use in getting subsequent dose at the peripheral facilities
  - For the new users tele-screening of the clients may be done through available online tele-medicine portals for e.g. e-Sanjeevani (National Teleconsultation Service) or State tele-medicine portals etc.
  - Telephonic follow up to be encouraged during pandemic, however, client should be advised for facility-based follow up in case of any danger signs/ emergency
  - Key Contraceptive messages (Pre and Post contraceptive adoption) should be given to the client (while practicing the norms of social distancing)

## IV. Oral Contraceptive Pills

Oral contraceptive pills are available to the clients through both facility-based as well as community-based services. Under National Family Planning Program, the following oral contraceptive pills are available: Hormonal pills- Combined Oral Contraceptive Pills (Mala N); Non-hormonal pills- Centchroman (Chhaya); Emergency Contraceptive Pills (Ezy Pills).

### Programmatic Considerations for Strengthening OCP Services:

- Oral Contraceptive Pills should be freely available in all public health facilities (including the COVID care facilities)
- Community distribution of oral contraceptive pills may be continued, including through Mobile Medical Units
- Social distancing and other COVID appropriate behaviour must be practiced at all times while distributing contraceptives in the community
- Extra packets (at least 2 months' supply) of Oral Contraceptive Pills can be handed over to the repeat clients to avoid multiple contacts
- Any woman seeking emergency contraceptive pills must be provided with the same along with counselling for adoption of regular methods of contraception
- New clients seeking oral contraceptive pills may be screened by the ANM/ CHO at the health facility/ VHSND/ at home (by ANM) before initiating the method
- Key Contraceptive messages (Pre and Post contraceptive adoption) should be given to the client (while practicing the norms of social distancing)
- The distribution of OCPs to the client may be updated in FP-LMIS through 'issue to client' (Mobile app) or 'update stock' (Keypad mobile) features of the FPLMIS

## V. Condoms

Condom is an effective contraceptive to prevent unwanted pregnancies and Sexually transmitted infections like RTI/STI and HIV. **It can be easily used by new and existing users without any consultation with the health care providers.**



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## Programmatic Considerations for Strengthening Condom Services:

- Condoms should be freely available in all public health facilities (including the COVID care facilities)
- Ensure installation of Condom boxes for easy access:
  - Condom boxes should be sanitized at least once a day by the health worker in the facility. Responsibility of the health staff – Counselor, ANM, Storekeeper etc. should be fixed to sanitize the condom box and replenish the condoms in the condom boxes
  - **Sanitizer can be kept alongside the condom box to promote hand sanitizing before and after the collection of condoms to curb the prevention of COVID infection**
  - To increase awareness about COVID, posters on COVID-19 appropriate behaviour may be displayed alongside the condom box
- Community distribution of Condoms may be continued, including through Mobile Medical Units
- Social distancing and other COVID appropriate behaviour must be practiced at all times while distributing contraceptives in the community
- While dispensing the condom to the client, he/she should also be explained about the proper way of discarding the condom after its use
- ASHAs may be required to undertake multiple home visits as a part of COVID-19 duties. These home visits may be clubbed/utilized for effective counselling on contraceptives and distribution of contraceptives like condoms.
- Extra packets (at least 2months' supply) of Condoms can be handed over to the repeat clients to avoid multiple contacts
- The distribution of condoms to the client may be updated in FP-LMIS through 'issue to client' (Mobile app) or 'update stock' (Keypad mobile) features of the FPLMIS
- Poor access to condoms may increase the risk of sexually transmitted infections including HIV in the community. To increase the uptake of condoms and to make them accessible to the community, the facility in-charges may identify few spots in the vicinity of their hospital areas like Toilets of a bus station and railway station, Petrol pumps, barbershops etc. for installing the condom boxes. The responsibility of the health worker should be fixed for its regular replenishment. A poster may be affixed alongside the condom box to increase awareness about the COVID appropriate behaviors.



# Strengthening self-care efforts for FP

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Contraception is vital for improving health outcomes of mother and child. COVID has emphasized importance of self-care methods in improving uptake of Contraceptive services and reducing burden on health care system. **Self-care is defined as the ability of individuals and communities to promote and maintain health without the support of a health care provider.** Safe linkage between independent self-care and access to quality health care is critically important to avoid service gaps.

**The key interventions that promote self-care and strengthen linkages with health care services are as follows:**

- Existing FP Clients using short acting methods (Condoms, COCs, Centchroman, should be provided extra supplies through ASHA (at least 2 months' supply).
- ASHA may provide information of the clients suffering from any issue/ complications at the nearest facility from where teleconsultation may be provided
- Pregnancy testing kits may be provided to the eligible couples and its use may be explained to overcome undue stress of unwanted pregnancy
- Clients requiring switching/new users and desiring long-term protection, may be offered Long Acting Reversible Contraceptive (LARC) like IUCD and Injectable MPA
- Clients should be empowered with the knowledge on fertile days and fertility awareness methods
- Emergency Contraceptive Pills to be provided to the clients using short acting spacing methods to increase awareness and reduce barriers to immediate access
- Current LARC users should be counselled on the effectiveness of extended use beyond the labeled duration, postponing routine removals

**In addition to above interventions, 'no touch' approach of care be maximized wherever applicable. This includes:**

- Considering the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen
- Use of Teleconsultation/Telecommunication to counsel and screen new clients, inform about FP services, manage/treat complications, if any. It may be done through online tele-medicine portals E.g.: e-Sanjeevani (National Teleconsultation Service) or State tele-medicine portals etc.
- Wide dissemination of existing State/National helpline numbers. (*National Family Planning helpline aims at providing reliable, confidential and authentic information on Family Planning. The toll-free number 1800-116-555 can be accessed from anywhere in India from 9 am to 6 pm except National Holidays.*)
- Individuals facing any mental health issues due to contraceptive failure or threatened abortions may be connected to National Mental Health helpline number 080-46110007, maintained by NIMHANS, Bengaluru
- Promote uptake of PPIUCD and PPS for the clients delivering at the facility, as per their choice, reproductive goals and eligibility
- Emphasize key criteria for Lactational Amenorrhea Method



# Infection Prevention

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Infection Prevention practices are universal across all services and in line with the COVID Guidelines. Short acting temporary methods (Condoms, COCs, Centchroman and Ezy pill) can be provided to the clients with no touch approach both at the facility and Home distribution by ASHA.

## Programmatic Considerations for IP practices:

- Reorienting staff on regular hand hygiene practices – handwashing before and after examining each patient, wearing sterile gloves for examining the patient etc.
- Training of all staff in the use of PPE-This would ensure that in case of any emergency, all the staff are equipped to observe IP practices.
- Ensuring enough supplies of all PPE and hand washing facilities in the Labour room and OT for PPIUCD/PAIUCD insertion and Sterilization Services
- Ensuring uninterrupted supply of Sodium Hypochlorite, Isopropyl Alcohol, Ethyl Alcohol, Hydrogen Peroxide, Alcohol based hand rub, Glutaraldehyde, Bins, Linens, etc.
- Making disinfection protocols available at each service site (including in-patient wards, waiting area etc.)
- Ensuring availability of functional HLD/Autoclave for processing instruments of IUCD and Sterilization
- Restricting the number of staff in the operating theatre for sterilization services to a minimum, all of whom must wear appropriate PPE
- Ensuring full post-operative theatre cleaning after Sterilization Services
- Collection of segregated waste from COVID patients offered IUCD and Sterilization Services and its labelling throughout the chain of its movement till disposal
- Waiting area
  - The chairs should be regularly disinfected and arranged in a way to ensure proper social distancing
  - To avoid crowding in the waiting area, clients should be asked to visit the facility with only one attendant
  - Wearing of a mask to be made mandatory in the waiting area for clients and their attendants
  - Foot-operated Sanitizer dispenser or Sanitizer spray to be kept in the waiting area to promote frequent sanitization of hand
- Ventilation and air-exchangers in patient care and visitors' area

## Key IP practices specific for FP Services

- The condom boxes must be disinfected regularly. Installation of Sanitizer dispenser in the vicinity is desirable.



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- Health Care provider/ASHA may sanitize their hand before and after handing over spacing contraceptive and PTK. Emphasis should be laid to minimize direct contact while handing over.
  - IUCD-Table should be disinfected before and after IUCD insertion, used instruments and gloves to be segregated and cleaned
  - Injectable MPA- After administering Injectable MPA the seating space should be disinfected (along with desk/ table, if used).
  - Staff administering injectable MPA should wear a three-layered surgical mask and gloves and sanitize their hands after each case
  - Foot-operated Sanitizer dispenser or Sanitizer spray to be kept in the counsellor's room. Every client should be encouraged to sanitize the hand before entering the room.



# Program management including ensuring community engagement

## Capacity building efforts:

- All efforts for in-person trainings may be continued, if possible and permissible. Alternatively, the existing digital health platforms may also be leveraged for training and capacity building.
- GoI has developed e-modules for Antara Programme and Oral Contraceptive Pills training, the same has been widely disseminated to states.

## Risk Communication and Community Engagement (RCCE)

The RCCE activities may be planned considering there might be an obvious sense of psychological fear and panic among the beneficiaries and health care providers/ staff including doctors, nurses, security personnel etc. It is necessary to bust the misconceptions and provide correct information on contraceptives and COVID appropriate behavior before, during and after providing the services, both at the facility and at the community level:

- Display of information on COVID appropriate behavior at prominent places in the health facilities (including alongside Condom Boxes)
- Intensified Interpersonal communication by the ASHA/ANM/CHO/ RMNCAH+N counselors on importance of contraception during the pandemic while people are confined to their homes along with COVID appropriate behaviour
- Information on contraception (and services/ commodities) to all the eligible couples visiting the health facilities for any other services too
- Telemedicine platforms may be utilized to emphasize on the importance of contraception during COVID pandemic to avoid unwanted pregnancies
- Routine in-house orientation of all the staff members to avoid panic and adhere to infection prevention protocols and COVID appropriate behavior with all FP beneficiaries.

## Role of State and District Indemnity Sub Committees (SISC/ DISC):

- Guide districts on provision of Family Planning services. Orientations can be done through digital platform
- Ensure adequate supply at state and district level. Timely indent and issuance through FPLIMS
- Ensure transportation of FP commodities or seek advance approvals for provision of transport vehicles, if needed



- Supportive supervision visits to ensure quality of services as per the feasibility

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## Ensuring commodity security

Family planning commodities are the backbone of Family Planning services. Ensuring availability of the FP commodities at all levels is key to ensuring uninterrupted Family Planning service provision. Besides, any disruption in family planning services will have an impact on maternal and child health, enhanced risk of morbidity and mortality due to increase in unwanted pregnancies and inadequate spacing. Therefore, ensuring the uninterrupted supplies of family planning commodities assumes paramount importance.

Quality store keeping practices and standardized COVID safety criteria must be put in place to prevent the spread of COVID-19 infection while transferring and receiving the FP commodities.

Efforts should also be made to reduce the stock out by timely indenting and issuance of FP commodities through Family Planning Logistics Information System (FP-LMIS).

Following steps to be employed to reduce the stock outs of FP commodities and prevent the spread of COVID infections.

- Practice of indenting the family planning commodities through FP-LMIS before reaching the minimum level stock to reduce the stock outs.
- Storekeepers should be aware about utilization and consumption of FP commodities in their stores. To avoid frequent indenting and transportation of individual commodities, indents of other FP commodities about to reach the minimum level of stock should also be placed simultaneously.
- For proper monitoring of FP commodities at all levels, physical receipt and transfer of family planning commodities should be recorded in FP-LMIS. Physical quantity available in the stores should match with the quantity available in the FP-LMIS
- Every store to monitor the availability FP commodities of their store as well as of the stores linked with them.
- Cartons of Family Planning commodities should be sanitized before it is brought into the store.
- Foot-operated Sanitizer dispenser or Sanitizer spray to be kept in the Stores.
- Distribution or receipt of FP commodities in the store should be planned beforehand to avoid overcrowding in the store.
- Every facility should have at least 1-2 month supplies as per services available at that facility.



# Frequently Asked Questions

## COVID Vaccine and new/continued user

- 1) **Can a woman taking hormonal contraceptives (COC, POP, Injectable MPA) get vaccinated with COVID vaccine?**

**Yes**, women taking any type of hormonal contraceptives can get vaccinated with COVID Vaccine. There is no evidence to suggest that the COVID Vaccine has any adverse effect on women taking hormonal contraceptives.

- 2) **Is there any break required from hormonal contraceptives (COC, E-pill, POP, Injectable MPA) before taking COVID vaccine?**

**No**, break is not required between hormonal contraceptives and COVID vaccine. The vaccine is not contraindicated during use of any contraceptive, including hormonal methods.

- 3) **Is it safe to take COVID Vaccine and Injectable MPA at the same time?**

**Yes**, it is safe to take both COVID vaccine and Injectable MPA at the same time.

- 4) **Can a woman take COVID vaccine injection in the same arm where Injectable MPA has been taken?**

**No**, COVID vaccine and Injectable MPA should be taken on different arms. Alternate site such as buttock and outer part of thigh may also be used for Injectable MPA.

- 5) **Is there any drug interaction between COVID vaccine and Injectable contraceptive MPA?**

**No**, there is no known drug interaction between COVID vaccine & Injectable contraceptive MPA.

- 6) **Can COVID infection or vaccination decrease effectiveness of contraceptives?**

**No**, COVID infection or vaccination does not decrease the effectiveness of contraceptives.

- 7) **Can COVID vaccination increase side effects of contraceptives?**

**No**, there is no evidence to suggest that COVID vaccination increases the side effects of contraceptives. Though some women have reported menstrual irregularities with the vaccine, but in the absence of evidence, it cannot be directly linked to effect of contraceptive.



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8) Can a woman who has just received COVID vaccine use emergency contraceptive pill?

**Yes**, emergency contraceptive pill can be used after getting COVID Vaccine.

9) Is it true that getting COVID vaccination further delays return of fertility (beyond 7-10 months) after discontinuation of Injectable contraceptive MPA?

**No**, there is no evidence to suggest that COVID vaccination affects the return of fertility (beyond 7-10 months) after discontinuation of Injectable MPA.

### COVID Infected and continued user

10) Can a woman suffering from COVID continue taking hormonal contraceptives (COC, POP, Injectable MPA)?

Use of hormonal contraceptive pills may be continued by asymptomatic, home-isolated, or mildly symptomatic COVID patients. However, it is not advisable for hospitalized individuals with moderate to severe disease and with restricted mobility (due to increased risk of thromboembolic events).

There is no contraindication for use of injectable MPA in COVID patients. However, in view of risk of transmission of infection to others, the next dose may be given after recovery from COVID infection within the grace period of 4 weeks.

11) Can use of Combined Oral Contraceptive (COC) Pills or other hormonal methods increase thromboembolic events during COVID infection?

**No**, there is no evidence to suggest that COCs or other hormonal methods increase thromboembolic events during COVID infection. However, since COVID itself causes a hypercoagulable state, it is not advisable to continue COCs in moderate/severe disease requiring hospitalization.

12) Is there any drug interaction between COVID treatment and Hormonal contraceptives?

**No**. There is no evidence of any adverse drug interaction between COVID treatment and hormonal contraceptives. Although steroids used in the treatment of COVID are considered as weak enzyme inducers, but due to short duration of their use in COVID, it is unlikely to decrease efficacy of hormonal contraceptives like COCs.

13) Can a COVID positive woman who has recently delivered/had abortion opt for PPIUCD/PAIUCD?

**Yes**, a COVID positive woman who has recently delivered/had abortion at the



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health facility can opt for PPIUCD/PAIUCD. However, all COVID related precautions must be followed.

**14) Can a COVID positive woman who has recently delivered/had abortion opt for PPS/PAS?**

**Yes,** a COVID positive woman can opt for PPS/PAS concurrently with delivery or an abortion.

**15) Can a COVID positive breastfeeding woman take Injectable contraceptive MPA at 6 weeks?**

**Yes,** a COVID positive breastfeeding woman can take Injectable contraceptive MPA at 6 weeks if she fulfills the medical eligibility criteria. However, in view of risk of transmission of infection to others, it is preferable to postpone it till recovery from COVID.

**16) Can Injectable contraceptive MPA increase clotting chances in a COVID positive postpartum non-breastfeeding women?**

**No,** there are no evidence to suggest that the Injectable contraceptive MPA increases the clotting chances in a COVID positive postpartum non-breastfeeding woman.

**17) Is it true that ONLY non-hormonal contraceptives like IUCD and Centchroman are the safe methods during COVID infection or after COVID vaccination?**

All methods are safe to use during COVID infection or after COVID vaccination. However, combined oral contraceptive pills should be avoided in a client with moderate/severe COVID disease till they recover completely.

**18) Does management of warning signs warrant any change in a COVID positive woman who is using a modern contraceptive method?**

**No,** change is not required in the management of warning signs in a COVID positive modern contraceptive user. However, all COVID related precautions must be followed.

**19) Does the management of pain and bleeding post IUCD insertion require any change in COVID positive women?**

**No,** all drugs used to manage pain and bleeding following IUCD insertion can also be safely used in COVID positive women.

**20) Which contraceptive methods may be offered to a COVID positive woman immediately after delivery?**

All contraceptives are safe except COCs in Postpartum period. PPIUCD and



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PPS may be offered concurrently during hospital stay of the client.

### COVID recovered and new user

#### 21)When can a COVID recovered woman undergo Sterilization?

Sterilization may be performed concurrently with delivery/ abortion or any other emergency abdominal surgery. Else, it may be postponed for 4 weeks in asymptomatic/mild COVID cases and 12 weeks in moderate/severe COVID cases.

#### 22)Does a COVID recovered client need to wait before initiating oral contraceptive pills for the first time?

**No**, there is no need to wait before initiating Oral Contraceptive pills after recovery from COVID.

#### 23)Can taking Centchroman after COVID recovery/after COVID vaccination increase hair fall (Due to androgenic effect of contraceptive)?

**No**, there is no evidence to suggest that taking Centchroman after COVID recovery/ after COVID vaccination can increase hair fall.

#### 24)COVID may result in compromised functions of liver and kidney even after recovery. Is it safe to continue the use of Combined Oral Contraceptive pills in COVID recovered clients where the liver and kidney function has been compromised?

As per Medical Eligibility Criteria, COCs are not to be given in preexisting severe liver or kidney disease. Hence, it might be best to avoid use of COCs in such cases and other methods may be offered.

#### 25)Is it true that menstrual irregularities are more pronounced in a COVID recovered client using Injectable MPA?

Menstrual irregularities usually occur after MPA injection. They may also occur after a viral illness, including COVID. So, it may be inappropriate to attribute menstrual irregularities after COVID infection to MPA alone.

#### 26)Is it true that CO<sub>2</sub> insufflation, for laparoscopic sterilization, should not be done in a COVID recovered client as it may compromise O<sub>2</sub> level?

**No**, there is no evidence that CO<sub>2</sub> insufflation, for laparoscopic sterilization, compromises O<sub>2</sub> level in a COVID recovered client. However, it is preferable to postpone sterilization by 4 weeks in asymptomatic/mild COVID cases and 12 weeks in moderate/severe COVID cases.



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27)Can a COVID recovered woman use emergency contraceptive pill in case of unprotected sex?

**Yes**,emergency contraceptive pill can be safely used by a COVID recovered woman.

28)Can a woman frequently use ECPs during COVID pandemic?

**Yes**, ECPs are safe to use during pandemic as an emergency contraception. However, for frequent use a regular contraceptive must be preferred.

### Others

29)Is COVID test mandatory before offering contraceptives to clients?

**No**, COVID test is not mandatory for offering any contraceptives to clients. All COVID related precautions must be followed for all clients. However, if a client is symptomatic/has relevant history, she/he may be advised to consult physician and get tested for COVID.

30)Is there any change in infection prevention protocols for disinfecting laparoscope, if the same has been used for conducting laparoscopic sterilization of a COVID positive woman?

**No**, there is no change in the infection prevention protocols for disinfecting laparoscope if it has been used in a COVID positive woman. Standard Infection prevention protocols should be adhered.

31)Does use of any hormonal method affect the result of COVID test?

**No**, the result of COVID test is not affected by use of any hormonal contraceptive method.



October 2021

**Family Planning Division**

**Ministry of Health and Family Welfare**

Government of India