

IMAP Statement on Reproductive Health in a Time of COVID-19

Introduction

Coronavirus Disease 2019 (COVID-19), which was first declared a pandemic in March 2020 by the World Health Organization (WHO), has caused major upheaval to many lives, economies, and health, around the globe. The sexual and reproductive health sector has been severely affected through the disruption to service delivery¹ and by the lack of evidence on safety and risk with which to guide people who are pregnant, considering pregnancy or are using hormonal contraceptivesⁱ.

This IMAP statement aims to summarise the available emerging evidence relating to COVID-19 (the disease caused by the SARS-CoV-2 infection) and vaccination in pregnancy and in using the combined hormonal contraception (CHC). The situation and knowledge base on COVID-19 are dynamic and evidence will continue to grow, with guidance regularly being updated. IPPF Member Associations and other partners are advised to keep abreast of changes, as they evolve. This IMAP Statement will be updated in due course and includes signposting to reputable sources

that are most likely to be updated, as further evidence emerges.

Purpose of this Statement

This statement is intended to support and guide IPPF Member Associations and other sexual and reproductive health and rights (SRHR), humanitarian and development organisations regarding COVID-19 and vaccination and the impact on delivery of sexual and reproductive healthcare (SRH). It covers issues related to advocacy to address health inequalities and stigma, in addition to medical and service delivery recommendations, evidence and practical guidance from the scientific community. It complements the 2020 IMAP Statement on COVID-19 and Sexual and Reproductive Health and Rights¹ and the IPPF COVID-19 Duty of Care Recommendations for Humanitarian Contexts².

About COVID-19

COVID-19 is a respiratory disease caused by the novel coronavirus SARS-CoV-2. Detailed information on transmission, prevention, signs and symptoms of COVID-19, and the management of severe acute respiratory

ⁱThis document is inclusive of women and girls and all people who can become pregnant, including intersex people, transgender men and boys, and people with other gender identities that may have the reproductive capacity to become pregnant.

infection, can be found in relevant WHO guidance³.

The COVID-19 pandemic has presented many challenges to daily lives around the globe. The healthcare sector has been severely hit, through the sudden and dramatic increase in demand, relating to treatment of those suffering from COVID-19 and the impact on the health workforce, through sickness and loss of life.

Vulnerable communities are of particular concern, including the specific challenges in emergency contexts already facing some form of crisis and where health systems are already stretched or weak⁴. Women and girls are known to be disproportionately impacted by pandemics such as this and are at increased risk of exposure due to caregiving roles, either informally in the home, or through their majority contribution to the health workforce^{5, 6}. If they are living in poverty or with a disability, they are impacted even further.

Sexual activity continues during crises and emergencies and the COVID-19 pandemic is no exception. It is therefore important that SRH services continue to be provided to those who need it most, as a reduction in essential SRH and maternal and neonatal services will inevitably lead to additional unintended pregnancies, unsafe abortions and maternal deaths⁵. The Guttmacher Institute estimates that a (relatively) small reduction in services of even 10% could lead to an additional 29,000 maternal deaths over the next 12 months⁷. It is also critical that guidance and counselling on matters related to COVID-19 and women's health is informed and focussed on available evidence and client choice.

Services should include provision using different approaches, such as digital technology and self-care, to adapt to the 'new normal' to minimise disruption⁸.

COVID-19 and Pregnant people

Although more research is needed, early studies have shown that pregnant people may be at increased risk of severe illness from COVID-19, compared to non-pregnant people⁹, though the majority will have no symptoms at all. People with severe illness, as a result of COVID-19, require hospitalisation, intensive care or mechanical ventilation. The need for prevention of COVID-19 is therefore all the more important in women and girls who are pregnant or planning a pregnancy.

COVID-19 and effect on pregnancy.

A study carried out in the UK (UKOSS) showed that most pregnant people who were admitted to hospital with COVID-19, were in their third trimester. This is consistent with what was already understood from studies on flu and SARS (severe acute respiratory syndrome) that showed pregnant people are more susceptible to severe symptoms from viral infections due to immunological changes, especially in the third trimester¹⁰. This highlights the importance of adherence to precautionary measures throughout pregnancy and lactation, especially at 28 weeks and beyond, such as mask wearing, social distancing and hand washing¹¹. The same study in the UK showed that there is an increased risk in particular groups of pregnant people: those over age 35, those who are overweight or obese and those who have underlying health conditions such as diabetes or high blood pressure. Other risk factors such as environmental (e.g. where people live or work) can affect a pregnant persons' health risk and pregnancy outcomes¹².

Pregnant healthcare workers are at particular risk, due to the increased exposure to people who are infected with COVID-19 and their increased vulnerability to respiratory viral infections whilst pregnant, including flu and COVID-19².

COVID-19 and effect on fetus and newborns.

The effects of COVID-19 on the fetus are not yet fully understood but there is an increased risk of severe illness in pregnant people which would place additional risk on the developing fetus. Early evidence suggests that there is an increased risk of preterm delivery in pregnant people with COVID-19, compared to those without^{12, 13} with an associated increase in admissions to neonatal intensive care. A study in Sweden however showed no increased risk of pre-term birth but increased risk of pre-eclampsia¹⁴. Neonates who test positive for COVID-19 do tend to recover well and overall rates of stillbirth and neonatal death, related to COVID-19 infection, are low¹³. Whilst it remains unclear if COVID-19 can be transmitted vertically, from mother to fetus during pregnancy, early signs are that it is not a risk, although more research is expected in this particular area. There is no evidence that children, including newborns, are at high risk of severe illness from COVID-19¹⁵.

COVID-19 and breastfeeding.

Currently, there are no known risks from breastfeeding an infant when the mother has COVID-19. The benefits of breastfeeding are well documented, providing protection against many illnesses. Breast milk is not likely to be a source of transmission of SARS-CoV-2 and the benefits are thought to outweigh any possible risk¹⁶. Mothers who are breastfeeding should be encouraged to continue¹⁷, whilst following standard precautions such as handwashing, cleaning or sanitising of infant feeding equipment. Wearing a mask whilst breastfeeding is advised in mothers who test positive to or are a suspected case of COVID-19 and the risks, benefits and precautionary measures relating to close proximity should be discussed with the mother and family¹⁸.

If self-isolation or quarantine of the mother is required, then the infant should remain with the mother during that time, unless otherwise clinically indicated. Additional precautions should be taken, as described above.

COVID-19 Vaccination and Pregnant people

Safe and effective vaccines have been developed, trialled and are being rolled out in many countries across the globe, all within a year of COVID-19 first being identified. Whilst the rapid production of these vaccines is commendable and welcome, we are still in a dynamic learning phase about their use and any potential negative outcomes.

COVID-19 vaccination in pregnant people is currently indicated in most countries, where vaccines are available.

COVID-19 vaccine safety and pregnancy.

As is the norm with clinical trials, pregnant and breastfeeding people were excluded from COVID-19 vaccine trials, and therefore available data are limited. Preliminary available evidence (including from women who inadvertently received the vaccine during pregnancy) has not highlighted concerns regarding safety, but more follow up over time and of larger numbers of women is needed¹⁹. More studies are planned or underway and guidance will be updated as evidence evolves. Overall, the benefits of vaccination against COVID-19 in pregnant people are thought to outweigh the potential risks. International and professional bodies e.g. the International Federation of Gynaecology and Obstetrics (FIGO)²⁰ support the approach that pregnant people should be offered COVID-19 vaccination with information and counselling to support their decision making whether to be vaccinated, or not^{21, 22}. The choice should always remain with the woman.

Vaccine and breastfeeding.

As the vaccines being used against COVID-19 **do not** contain live virus, they will not infect breast milk. Studies to date have not shown the presence of vaccine in breastmilk but have

shown the presence of COVID-19 antibodies. These antibodies provide a protective effect for the infant in mothers that have been vaccinated and have been detected as soon as 2 weeks post vaccination²³.

On COVID-19 vaccination, the Royal College of Obstetricians and Gynaecologists (UK) advise:

- Women should make a joint decision with their healthcare provider based on their individual circumstances, having understood the benefits and risks.
- There is no need to stop breastfeeding before or after COVID-19 vaccination.
- COVID-19 vaccines are not thought to affect fertility nor does pregnancy need to be avoided after vaccination.

Vaccine and risk of blood clots.

There have been reports of a very rare condition concerning blood clots and unusual bleeding *in some people* after receiving a COVID-19 vaccine. Although extremely rare, incidence seems to be related to certain types of vaccine, in particular viral vector vaccines, such as Astra Zeneca (AZ) and Johnson and Johnson/Janssen²⁴. Whilst the overall risk-to-benefit ratio has been assessed as favourable to using these vaccines, where alternative vaccines (mRNA) are available the guidance is to use these for specific groups, such as pregnant people²⁴. More is known about these mRNA vaccines and pregnancy due to the results of a study in the USA with 35,000 participants who received these vaccines and identified as pregnant, with no safety concerns reported²⁵.

Reported side effects of COVID-19 vaccinations in pregnancy are not different to those reported by non-pregnant people²⁶. Pregnant people are advised to receive the Moderna or Pfizer COVID-19 vaccines (mRNA

vaccines), where available. The optimal time to receive the vaccine is during the second trimester. People contemplating pregnancy can consider having the COVID-19 vaccination prior to conception.

Vaccine and risk to fetus.

The COVID-19 vaccines do not contain ingredients that are considered harmful to a pregnant person or a developing fetus, nor do they contain live virus²⁷. However, pregnant people may wish to receive the vaccine in the second trimester as the first trimester is most important for fetal development and the third trimester appears to pose the greatest risk to health from COVID-19²¹.

Key considerations when supporting pregnant people in making an informed decision about COVID-19 vaccination (adapted from FIGO²⁰):

- The local incidence rates.
- The risk of severe COVID-19 disease in pregnant people, especially in the third trimester.
- A possible increased risk of preterm birth with COVID-19.
- The limited but growing available evidence and safety data on the effects of vaccine on pregnancy.
- Available vaccination, country roll-out policy and advice for pregnant people.
- Timing of vaccination during pregnancy, the second trimester believed to be safest and most optimal.

Access to the COVID-19 vaccine should be aligned with WHO guidelines on universal health coverage and international human rights law, prioritised for those most vulnerable and free at the point of service delivery²⁸. The most vulnerable includes women and girls in a humanitarian context, those living in poverty, and those with disabilities.

COVID-19 and Contraception

Service providers must encourage and assist

clients to access a full package of maternal and sexual and reproductive health services, including contraceptives and safe abortion⁶. This is also a priority action of the Minimum Initial Services Package (MISP) for SRH in emergencies⁴. As with all emergencies and pandemics, GBV (gender-based violence) and IPV (intimate partner violence) increases and is exacerbated by the very measures that are put in place to tackle the spread of COVID-19, such as isolation, restricted movement and closure of certain services²⁹.

Access to contraceptive services is just as critical as ever, if not more so. Preventing the negative consequences of pregnancy, including unintended pregnancies, averts death and disability and alleviates additional pressure on already stretched health systems³⁰. Where possible, people who wish to prevent or delay pregnancy should be able to safely commence with contraception, continue with their contraceptive method of choice, or switch to another method if they wish. Family planning services must be prioritised and health facilities should be provided with sufficient supplies to continue to offer a full method mix with comprehensive counselling³¹.

Continuity of care for contraception users during COVID-19. Service providers should offer clients: an increased supply of pills and condoms; counselling on the additional benefits of long-acting reversible contraception (LARC) during a pandemic; information on and timely referral for access to emergency contraception (EC) and counselling on self-care options (Sayana Press, pills and condoms), either in person or using telemedicine and mobile technology³³.

Contraception and blood clots.

Whilst the risk of blood clots when using combined hormonal contraception (CHC) is small, it is slightly higher than not using CHC at all.

It is understood that people who are severely ill with COVID-19 do have a higher risk of blood clots, but less is known about the risk of blood clots in people with moderate or mild disease³³. Although there is currently no published evidence that links blood clots with use of CHC during a SARS-CoV-2 infection, it is advised that those who have severe illness stop use of CHC as it could represent an additional risk factor³⁴. For those with mild or moderate illness, it is advised that CHC is not stopped suddenly, and that an alternative oestrogen-free method is discussed with the client³⁴. Any alternative method should be commenced with care, to avoid any interruption to protection against unintended pregnancy.

CHC and COVID-19 vaccination.

Evidence is still being gathered on the relationship between the use of CHC, the COVID-19 vaccinations and the risk of blood clots. Whilst the risk of blood clots caused by COVID-19 vaccinations is thought to be extremely low, the effect of CHC on the risk of blood clots, relating to COVID-19 vaccines, is still not fully understood. The current guidance is that when CHC users are vaccinated, they are recommended to continue use of CHC, to protect against unintended pregnancy³⁴.

Further advice on contraception use and method switching can be found at the Faculty of Sexual and Reproductive Healthcare (see Recommended Reading section below).

Recommendations and guidance for IPPF Member Associations and other stakeholders.

IPPF Member Associations have a critical position and influence on SRHR in the countries where they operate. Providing safe and quality SRH

services to communities is even more important during a pandemic such as COVID-19. When considering the specific needs of women who are pregnant, planning a pregnancy or wish to delay or prevent pregnancy, the following recommendations are provided for programme managers and clinicians:

1. Information and coordination.

- Keep abreast of emerging evidence and information. COVID-19 disease is caused by a novel virus and much is still to be learned about its effect and impact on women's health, including pregnancy, fetal, neonatal health and contraceptive users.
- Ensure the recommended reading section which is provided here with useful signposts to reliable sources and websites (likely to be updated over time) is shared with all relevant team members.
- Active participation in coordination mechanisms (e.g. RH working group, health cluster, etc).
- Link with community based services to ensure continuation of contraceptive services, MNCH (incl. postnatal care), HIV outreach for ART services and GBV/IPV case management and referral services.
- Understand and keep up-to-date on COVID-19 policy in country relating to infection rates, vaccine roll out, vaccine type available and any national guidance on COVID-19 and vaccination in pregnancy and for CHC users.
- Advocate for continuity of SRH services and care and increased information and guidance for pregnant people and CHC users.

2. Support staff.

- Ensure services providers have access to the latest guidance on COVID-19 and vaccines (where available) in particular as it relates to reproductive health; provide training and updates or medical bulletins to keep team members informed.

- Consider the impact of COVID-19 on staff, particularly pregnant staff members. Frontline workers are at especially increased risk due to their likely increased exposure to infected clients and patients. MA personnel should familiarise themselves with the IPPF COVID-19 Duty of Care Recommendations for Humanitarian Contexts, to support this.

3. Support Patients and Clients.

- Advocate for commodity security at national, regional and local level to ensure adequate supply of contraceptives, especially during periods of lockdown.
- Counsel pregnant people on the risks associated with COVID-19 in pregnancy; supporting healthy and positive pregnancies, whilst encouraging preventative measures, especially in the third trimester.
- Counsel pregnant people on the available evidence and information on COVID-19 vaccination and pregnancy. Support informed individual decision making and uptake in accordance with national level COVID-19 vaccination roll out.
- Advise COVID-19 vaccination optimal timing in second trimester for vaccination. Advise those considering pregnancy of benefits of vaccination uptake before conception. Reassure clients that inadvertent vaccination whilst pregnant does not appear to pose any safety risks.
- Support lactating mothers to breastfeed if they choose. Provide up to date information on the benefits of breastfeeding versus any known risks relating to COVID-19 and vaccination.
- Ensure comprehensive counselling is maintained, or adapted, to address myths, misconceptions and concerns relating to COVID-19, to prevent discontinuation of contraception.
- Provide mental health support and referral for patients, clients and health care providers.
- Consider different ways of delivery such

counselling or information sessions, using IEC materials or digital communication and media.

4. Service provision.

- Service providers should encourage and assist all women to continue to access a full package of maternal and sexual and reproductive health services, family planning (including emergency contraception) and safe abortion, to the full extent of the law. Services can be provided using adaptive and innovative techniques, such as telemedicine and support to self-care.
- Provide access to GBV and IPV care and support, with referral pathways to additional services, where necessary.
- Provide access to safe abortion and post-abortion care or have safe referral pathways in place, to prevent maternal mortality relating to unsafe services.

Recommended reading for further information and updates

1. Coronavirus (COVID-19) Infection in Pregnancy - Information for healthcare professionals *Royal College of Obstetricians and Gynaecologists*
<https://www.rcog.org.uk/globalassets/documents/guidelines/2021-02-19-coronavirus-covid-19-infection-in-pregnancy-v13.pdf>
2. Programmatic Guidance for Sexual and Reproductive Health In Humanitarian and Fragile Settings During The Covid-19 Pandemic *Inter Agency Working Group for Reproductive Health in Crises*
<https://cdn.iawg.rygn.io/documents/IAWG-Full-Programmatic-Guidelines.f?mtime=20200410142450&focal=none#asset:30551>
3. COVID-19 Vaccination for Pregnant and Breastfeeding Women FIGO
<https://www.figo.org/covid-19-vaccination-pregnant-and-breastfeeding-women>
4. COVID-19 Resources and Information for SRH Professionals
<https://www.fsrh.org/fsrh-and-covid-19-resources-and-information-for-srh>
5. World Health Organization (WHO). Maintaining essential health services:

operational guidance for the COVID-19 context interim guidance. Accessed September 21, 2021

https://www.who.int/publications/i/item/WHO-2019-nCoV-essential_health_services-2020.2

6. Disruptions and Adaptations: The Effects of COVID-19 on Contraceptive Services across the Humanitarian-Development Nexus
<https://reliefweb.int/sites/reliefweb.int/files/resources/The-effects-of-COVID-19-on-contraceptive-services-across-the-humanitarian-development-nexus.pdf>
7. WHO Guideline on self-care interventions for health and well-being. 2021.
<https://www.who.int/publications/i/item/9789240030909>
8. IPPF COVID-19 Duty of Care Recommendations for Humanitarian Contexts
<https://ippf-covid19.org/category/humanitarian>

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- ⁶ UNFPA. UNFPA - United Nations Population Fund COVID19 FAQs. Accessed June 17, 2021. <https://www.unfpa.org/covid-19-faqs>
- ⁷ Guttmacher Institute. *Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries* <https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>

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The COVID-19 pandemic is constantly and rapidly evolving, and all guidance will continue to change as new knowledge and evidence becomes available. Please check guidance links regularly for updates.

Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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