Adapted sample protocol for contraception visits (new, procedure, DMPA, FUP, string checks, CHC FUP, GYN FUP) in early COVID-19. Due to confidentiality concerns with minors and telehealth, these may differ from protocols for adults. Adapted from Nationwide Children’s Hospital.

**Adolescent Contraception COVID-19 Protocol**

Goal: to provide essential contraception/sexual and reproductive healthcare via traditional medicine or telemedicine, and reduce transmission risk of COVID-19 when possible

Offer reschedule = minimum of 2 months from date of call

Telemedicine for new visits = clinician conducts contraception counseling. For patients requesting pill/patch/ring or pill/patch/ring bridge, recommend starting the method immediately and use of a back-up method for one week. Recommend taking a home pregnancy test first if possible. Counsel to call the clinic if they do not see a withdrawal bleed at the end of the first month of use.

If patient desires an IUD or implant insertion, schedule a procedure visit a minimum of 2 months later.

\*\*Note: we should avoid requesting minors’ sensitive information (sexual history, sexual symptoms) over the phone due to potential risk for compromising patient privacy\*\*

\*\*Note: although not stated below, all patients may choose to keep scheduled visits\*\*

New patient visit: offer reschedule vs telemedicine

Procedure:

-IUD or implant placement: offer reschedule. If rescheduled: advise patient to seek bridging contraceptive from referring provider.

-IUD removal: offer reschedule. Evidence suggests 52mg hormonal IUD effective to 7 years and copper IUD effective to 12 years. Not FDA approved, but is a common practice to extend usage. In this circumstance, the benefits of extended use may outweigh the risk related to office visit for timely removal.

-Nexplanon removal or removal/reinsertion: offer reschedule. Evidence suggests etonogestrel implant is effective to 4-5 years. Not FDA approved, but is a common practice to extend usage past 3 years. In this circumstance, the benefits of extended use may outweigh the risk related to office visit for timely removal.

Follow ups:

-Depo: should remain as scheduled

-Pill/patch/ring (3 month check or annual): offer telemedicine

-For assessment of pain/bleeding symptoms or potential side effect of contraceptive: offer telemedicine

-STI “test of cure”: (screen for concerns for vaginal discharge, urinary frequency or dysuria)

Asymptomatic: offer telehealth for evaluation of risk behaviors AND drop urine sample to lab

Symptomatic: Should be seen in clinic

-IUD check: offer reschedule or telemedicine if medical concerns

-For all others: offer reschedule