

Reproductive Healthcare and COVID-19

Rebecca McColl, M.A. Assistant Policy Scientist, Center for Community Research & Service

INTRODUCTION

The COVID-19 pandemic has significantly altered the landscape of healthcare. Throughout the pandemic, regulations regarding healthcare services and concerns about COVID-19 exposure led many patients to delay or forgo care altogether.¹ Patients seeking sexual and reproductive health (SRH) care were particularly impacted and frequently experienced delays or cancellations of reproductive and contraceptive care.² This brief will discuss changes in access and format of SRH care, pandemic-related disruptions in contraception, and women’s changing family planning preferences as a result of the public health crisis caused by COVID-19.

Access to Care

Throughout 2020, pandemic related rules, restrictions, and closures diminished access to reproductive healthcare. COVID-19 caused many family planning clinics to reduce their capacity. In one survey, half of obstetrician-gynecologists (OBGYNs) reported seeing fewer patients than before the pandemic, and 70% reported greater difficulty addressing the reproductive needs of their patients.¹ More than half (56%) reported a reduction in operating hours at their clinic, and two in five (39%) reported reduced pay for clinicians.³ Some procedures were halted altogether: in March of 2020, the American Society of Reproductive Medicine recommended fertility clinics temporarily suspend or cancel initiation of new treatment cycles.⁴

The Changing Landscape of Reproductive Healthcare



Access to care



Telehealth

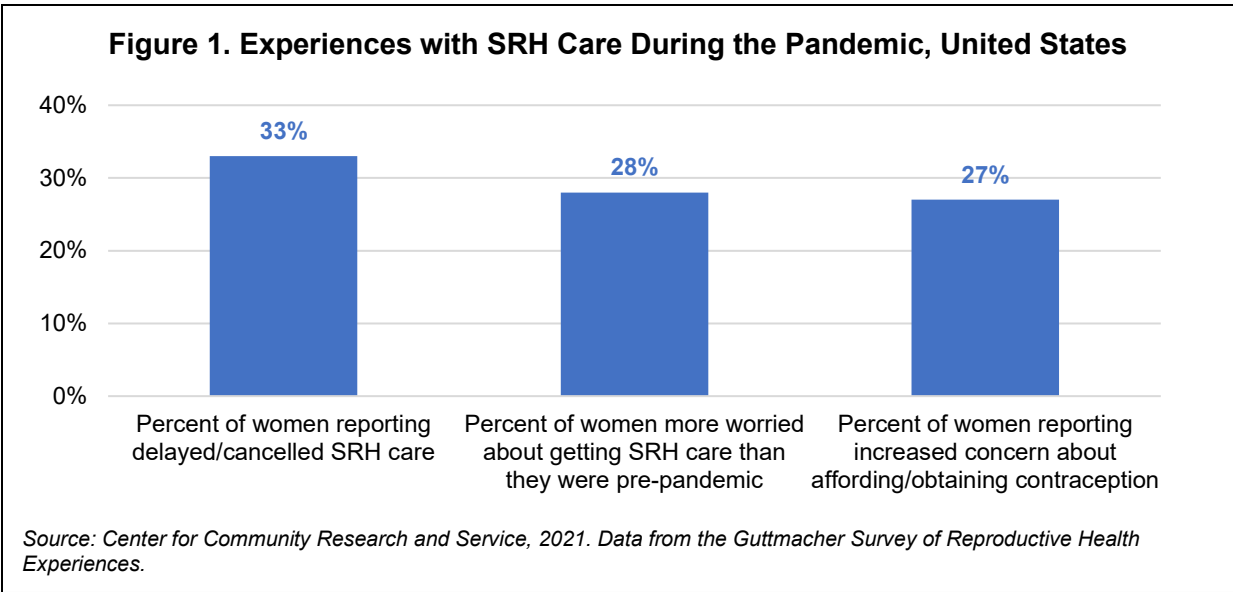


Supply chain



Changing preferences

The pandemic-related challenges faced by providers, combined with stay-at-home orders and concerns about COVID-19 exposure, led to delayed or absent care for many patients. For example, in Delaware, 37% of adults reported delaying medical care within the previous four weeks in July 2020.⁵ SRH care was not exempt, as shown in Figure 1. In the spring of 2020, nationally, 33% of women reported pandemic-related delays or cancellations in SRH care, 28% of women said they worried more about



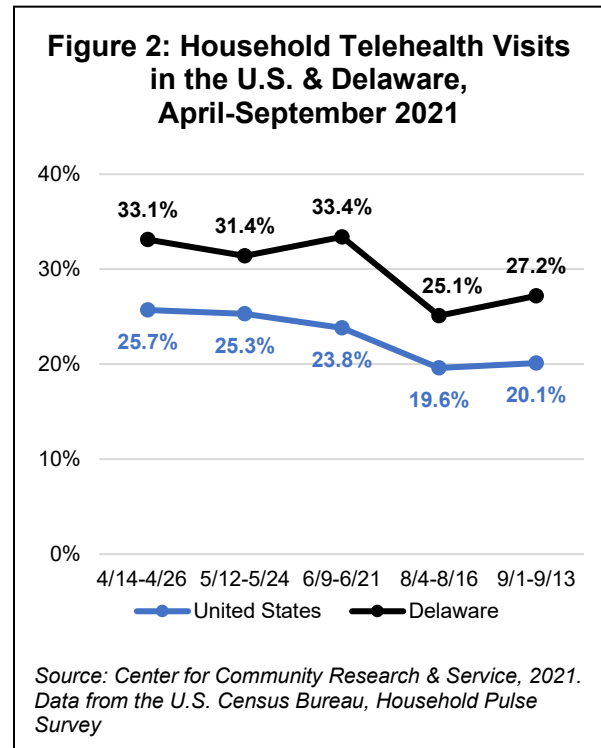
obtaining care than they did before the pandemic, and 27% of women reported increased concerns regarding affording or obtaining contraception.²

telehealth to obtain contraception. One in four women using oral contraceptives reported that, due to the pandemic, they had switched to a telemedicine visit to have their prescription filled.²

Telehealth

As in-person care became more difficult, telehealth appointments and online contraceptive platforms increased in popularity. One third (33%) of adults in Delaware reported having a telehealth visit with any healthcare provider in the previous month during the week of April 14-26, 2021.⁵ While telehealth visits have since declined, households in Delaware have consistently reported more frequent telehealth visits than the U.S., as seen in Figure 2.

Telehealth became particularly popular among reproductive healthcare providers in the early days of the pandemic. Prior to March 2020, just 14% of OBGYNs surveyed were using telehealth; by June 2020, 84% were utilizing telehealth services.⁶ With this expansion of telehealth services, women have been increasingly using



Several forms of contraception, including the pill, patch, and ring, do not require a physical examination for prescription. In addition to telehealth appointments with their regular provider, some women utilize online contraceptive platforms. These platforms enable women to get a prescription for such contraceptives without an in-person visit, as well as offering other SRH services such as urinary tract infection (UTI) treatment and treatment and testing for certain sexually transmitted infections.⁶ Online platforms have increased in popularity throughout 2020 and 2021. In one survey of online contraceptive platforms, most respondents reported an increase in patient volume over 50% during the pandemic.⁵ These platforms are especially popular among younger women, and the majority of patients (71%) are between the ages of 18 and 30.⁶

Telehealth services can be beneficial to many women, as they enable patients to obtain contraception or other medications without scheduling a trip to the doctor. However, some procedures must be performed in-person, and physicians may be unable to accurately diagnose a patient in a virtual setting. Among physicians using telehealth, 9 out of 10 reported challenges with virtual appointments including inability to conduct a physical exam, limited diagnostic ability, technology issues, and lack of training on best practices for telehealth.³ Additionally, online contraception services may not be able to operate in all states due to more restrictive telehealth laws, or provider licensing.⁶ States have varying policies regarding whether insurance companies are required to cover telehealth services, which may be a further barrier for some patients. Delaware is one of 34 states that required insurance companies to cover telehealth pre-pandemic. Five states added additional requirements to cover telehealth since the pandemic's start, and 11 states do not require insurance companies to cover telehealth.⁷

Disruption in Supply Chain

In addition to changes in medical care, the COVID-19 pandemic impacted the worldwide supply chain of many goods, including contraceptives. The United Nations predicted that supply chain disruptions would cause a shortage of contraceptives internationally.⁸

Some forms of contraception, including the IUD and oral contraceptives, are primarily manufactured outside of the United States. Internationally, temporary and permanent factory closures, limited export of key pharmaceutical ingredients, and shipping delays may have had a negative impact on the availability of these methods and other medications.^{9,10}

Changing Preferences

The effects of the pandemic caused many individuals to reconsider either their contraceptive method or their family planning preferences. Concerns about obtaining and affording contraceptives have led to some women considering longer-lasting alternatives. Nationally, over half (53%) of women who reported being concerned about obtaining contraceptives said they were giving greater consideration to methods that can remain effective for months or even years, such as long-acting reversible contraceptives (LARCs) or injections.²

The COVID-19 pandemic has also impacted some individuals' decision to have children. The fertility rate across the U.S. and Delaware dropped in 2020, declining 4% across the state and nationwide.¹¹ Rising unemployment, health concerns, and school or daycare closures are all possible contributing factors to the declining fertility rate.^{12,13,14}

Looking Forward in Delaware

Given the changes brought by the COVID-19 pandemic, the healthcare system will likely look different for years to come. For example, Delaware has taken several steps in the wake of the pandemic to ensure continued access to contraception and other SRH services. Bills have been introduced into the Delaware legislature making it possible for pharmacists to prescribe birth control to eligible women without a prescription from another provider¹⁵ and making the telehealth flexibilities put in place for the pandemic permanent¹⁶, mirroring policies enacted in several other states. These types of legislation have the potential to create more flexibility in obtaining contraceptives and SRH care.

Programs increasing access to long-term contraception may also be beneficial for women looking to obtain contraception during a public health crisis. One such program is Delaware Contraceptive Access Now (DeICAN).¹⁷ DeICAN's goal of increasing access to effective contraception such as LARCs, including immediate postpartum (IPP) LARC, is especially useful during the pandemic. Once in place, LARCs are highly effective and do not require any prescription refills on the part of the woman, leading some experts to point to IPP LARC as a valuable option for women looking to obtain contraception while minimizing outside contact during the pandemic.¹⁸

Policies and programs such as these will be an important resource for women seeking SRH care going forward. Ensuring access to care, while minimizing the need for numerous trips to the doctor or pharmacy, will continue to be valuable in a post-pandemic world.

References

¹Gonzalez, D., Karpman, M., Kenney, G.M. & Zuckerman, S. (2021). Delayed or forgone health care for nonelderly adults during the COVID-19 pandemic. *The Urban Institute*.

<https://www.urban.org/research/publication/delayed-and-forgone-health-care-nonelderly-adults-during-covid-19-pandemic>

²Lindberg, L.D., VandeVusse, A., Mueller, J., & Kirstein, M. (2020). Early impacts of the COVID-19 pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences. *Guttmacher Institute*. <https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>

³Weigel, G., Frederikson, B., Ranji, U., & Salganicoff, A. (2020). *How OBGYNs adapted provision of sexual and reproductive health care during the COVID-19 pandemic*. Kaiser Family Foundation. <https://www.kff.org/womens-health-policy/issue-brief/how-obgyns-adapted-provision-of-sexual-and-reproductive-health-care-during-the-covid-19-pandemic/>

⁴American Society for Reproductive Medicine. (2020). *Patient management and clinical recommendations during the Coronavirus (COVID-19) pandemic*. <https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/covid-19/covidtaskforce.pdf>

⁵United States Census Bureau. (n.d.). *Household Pulse Survey*. https://www.census.gov/data-tools/demo/hhp/#/?measures=EVICTFOR&s_state=0010&periodSelector=28

⁶Frederikson, B., Gomez, I., & Salganicoff, A. (2021). Contraception 2.0: Findings of a national study of online contraception platforms. *Kaiser Family Foundation*. <https://www.kff.org/report-section/contraception-2-0-findings-of-a-national-study-of-online-contraception-platforms-issue-brief/>

⁷Volk, J., Palanker, D., O'Brien, M., & Goe, C.L. (2021). State's actions to expand telemedicine access during COVID-19 and future policy considerations. The Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2021/jun/states-actions-expand-telemedicine-access-covid-19>

⁸Godin, M. (2020). Pandemic causing shortage of contraceptives and will impact women's reproductive health, says U.N. *Time Magazine*. <https://time.com/5828383/covid-19-threatens-womens-sexual-reproductive-health/>

⁹Yap, C. (2020). Pandemic lays bare U.S. reliance on China for drugs. *The Wall Street Journal*. <https://www.wsj.com/articles/how-the-u-s-ceded-control-of-drug-supplies-to-china-11596634936>

¹⁰Goel, V. (2020). As Coronavirus disrupts factories, India curbs export of key drugs. *The New York Times*. <https://www.nytimes.com/2020/03/03/business/coronavirus-india-drugs.html>

¹¹Hamilton, B.E., Martin, J.A., Ostermann, M.J.K. (2021). *Births: provisional data for 2020. National Center for Health Statistics: Vital Statistics Rapid Release, 12*. National Center for Health Statistics. <https://www.cdc.gov/nchs/data/vsrr/vsrr012-508.pdf>

¹²Kearney, M.S. & Levine, P. (2020). Half a million fewer children? The coming COVID baby bust. *Brookings*. <https://www.brookings.edu/research/half-a-million-fewer-children-the-coming-covid-baby-bust/>

¹³Karpman, M., Gonzalez, D., & Kenney, G.M. (2020). Parents are struggling to provide for their families during the pandemic. *The Urban Institute*. https://www.urban.org/sites/default/files/publication/102254/parents-are-struggling-to-provide-for-their-families-during-the-pandemic_2.pdf

¹⁴Pohle, A. (2020). How the Coronavirus has affected family planning. *The Wall Street Journal*. <https://www.wsj.com/articles/how-the-coronavirus-has-affected-family-planning-11593543743>

¹⁵S.B. 105, 151 General Assembly. (Delaware 2021). <https://legis.delaware.gov/BillDetail/58564>

¹⁶H.B. 160, 151 General Assembly. (Delaware 2021). <https://legis.delaware.gov/BillDetail/58579>

¹⁷Choi, Y.S., Rendall, M.S., Boudreaux, & Roby, D.H. (2020). *Summary of the Delaware Contraceptive Access Now Initiative*. <https://popcenter.umd.edu/delcaneval/summary-init>

¹⁸FIGO Contraceptive Planning committee. (2020). The negative impact of COVID-19 on contraception and sexual and reproductive health: Could immediate postpartum LARCs be the solution? *Obstetrics*. <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1002/ijgo.13237>