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Contraception for Adolescents During the Coronavirus Disease 2019 Pandemic

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Abstract

Our recent publication, Providing Contraception for Young People During a Pandemic is Essential Healthcare, was written in response to the sudden shift towards low-contact or no-contact medicine in the wake of the COVID-19 pandemic.¹ Ensuring access to contraception is essential as every 6 months of lockdown can result in 47 million women losing access to contraception, resulting in an additional 7 million of unintended pregnancies.² We welcome the letters submitted by Alouini/Venslauskaitė and Uzoigwe/Ali as they exemplify common misperceptions within the medical community about contraception. The question of whether a physical exam is required prior to a contraception prescription, the safety of emergency contraception, and abstinence counseling are addressed below.

Physical Examination Requirements

There is no reason to conduct a physical examination prior to the initiation of almost all hormonal contraception—the exception being a bimanual examination prior to an intrauterine device insertion to determine the position of the uterus. According to the Centers for Disease Control breast examination “does not contribute substantially to safe and effective use of the contraceptive method.”³ Worldwide, most countries do not require a prescription to obtain oral contraceptives.

Alouini and Venslauskaitė suggested that a breast examination is necessary to exclude breast cancer; however, contraindications to combined hormonal contraception only exist to those with active or recently treated breast cancer. To screen for that possibility, the question

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“Have you ever been told you have breast cancer or an undiagnosed breast lump?” is a part of our protocol screening questions.¹

Furthermore, it is important to note that there has not been any causal link between hormonal intrauterine contraception and increased breast cancer risks, as stated by the authors.⁴

Emergency Contraception Safety

The most common forms of emergency contraception include levonorgestrel (or Plan B) and ulipristal acetate (Ella[®]) and are available in most countries over-the-counter or via pharmacist or clinician prescription. Because of their favorable safety profile medical experts have concluded that there are no situations where the risks of taking EC outweigh the benefits of pregnancy prevention. Many organizations, including the World Health Organization, have reaffirmed the importance of access to emergency contraception during this pandemic.⁵ The concern for hepatitis as the result of ulipristal acetate stems from daily use for the treatment of fibroids and is not relevant when considering its use as emergency contraception.⁶

Abstinence as Contraception

This article was not written to undermine the value of abstinence as a personal choice; it was written to guide the provision of prescription contraceptives by healthcare professionals. Providing contraceptive counseling to young people at risk of unintended pregnancy is recommended by the World Health Organization, Centers for Disease Control, and multiple medical organizations and does not increase unsafe behavior. We believe that the current pandemic may exacerbate the challenges young people face in accessing medical care. Discussing and ensuring access to contraception encourages healthy decisions when sexual activity occurs and equips adolescents and young adults to make those decisions with knowledge of all their options.

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