

**GLOBAL DOCTORS FOR CHOICE/Brazil**

**Rede Médica pelo Direito de Decidir**

**Official Statement: For the Maintenance of Family Planning Programs in  
Brazil during the COVID-19 Pandemic**

**April 9, 2020**

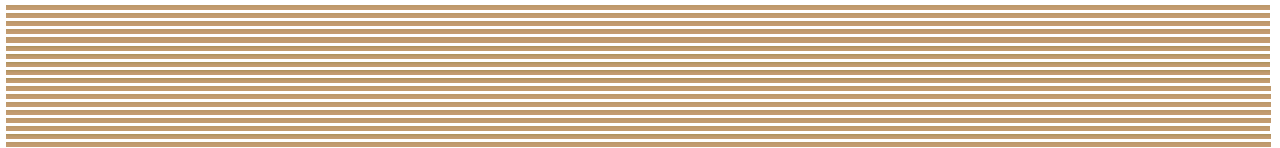
The Global Doctors for Choice/Brazil (Rede Médica pelo Direito de Decidir) is connected to an international network of articulated doctors in more than 25 countries around the world. They are committed to defending human rights and providing high-quality evidence-based health care services. By defending evidence-based public policies and medical practices, we have made efforts to protect and expand access to ample reproductive health care for women and girls.

We would like to express our deep concern about the possibility of partial or temporary deactivation of family planning services in Brazil due to the COVID-19 pandemic.

Because we do not know yet the potential risks and deleterious effects of this new infection during the pregnancy-postpartum period—scientific studies published so far have investigated only small samples of pregnant women in the third trimester of pregnancy—we recommend that health authorities maintain family planning programs working in the Brazilian Unified Health System (SUS)

Guaranteed access to modern contraception methods, particularly those with high effectiveness, to Brazilian women and adolescents is crucial during the COVID-19 pandemic, considering the possible serious consequences of infection by Sars-COV-2 for mothers and fetuses.

We recommend that managers and gynecologists and obstetricians advise Brazilian women and organize their programs to guarantee women's reproductive rights in the following terms:



1) This moment of COVID-19 outbreak is not the most appropriate for planning a pregnancy because of the lack of studies ensuring this infection is safe for pregnant women and fetuses<sup>1</sup>.

2) The use of highly effective long-acting reversible contraceptives (LARCs), such as intrauterine devices (IUDs) and etonogestrel implants should be encouraged<sup>2</sup>.

3) The extended use of LARCs (5 years for etonogestrel implant; 7 years for the levonorgestrel-releasing intrauterine system; 12 years for copper intrauterine device) should be encouraged in order to avoid appointments to remove/change devices during the pandemic<sup>2</sup>.

4) The guidelines for quick start (on any day of a woman's period) of contraceptive methods should be observed by gynecologists and obstetricians<sup>3</sup>.

5) Family planning services and gynecologists and obstetricians should organize their work processes to prevent their patients from visiting them or crowding in the clinics looking for contraceptive methods:

I. clinical history and advice can be performed remotely according to the recommendations of the ORDINANCE NO. 467, AS OF 20 MARCH 2020, by the Ministry of Health<sup>4</sup>;

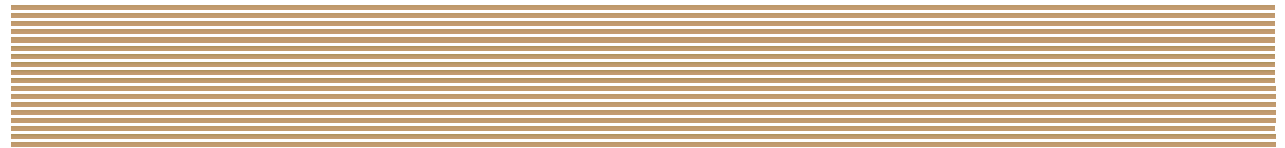
II. Appointments for clinical examination and insertion of implants and devices should be scheduled to avoid crowds;

III. Unnecessary complementary tests (such as ultrasound to check IUD positioning, pregnancy tests when clinical history can exclude this possibility) should be avoided;

IV. Health care education should be encourage to enable women to check the IUD wires on their own or to be conducted remotely by telehealth<sup>5</sup>;

V. Educational materials on birth control methods in a clear and accessible language should be provided to patients to facilitate advice via telehealth.

6) We recommend that ANVISA (Brazilian Health Regulatory Agency) and the Ministry of Health extend the renewal term for prescription of contraceptive methods already in use for one year and six months (currently the term is one year) in order to avoid barriers to access and dispensing methods in Brazilian drugstores.



7) We recommend that ANVISA and the Ministry of Health remove the requirement of medical prescription to dispense hormonal emergency contraception in drugstores, since it has no contraindication and low incidence of side effects<sup>6</sup>.

8) The use of copper intrauterine device (IUD TCu) as emergency contraception (up to five days or 120 hours after unprotected sexual intercourse) should be encouraged<sup>6</sup>.

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