



Impact of COVID-19 on postpartum LARC use in a tertiary-hospital in Bangladesh

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Objective

The objective of this research was to investigate how the Coronavirus disease 2019 (COVID-19) pandemic affected the use of Long-Acting Reversible Contraception (LARC) in a tertiary care hospital in Bangladesh.

Design

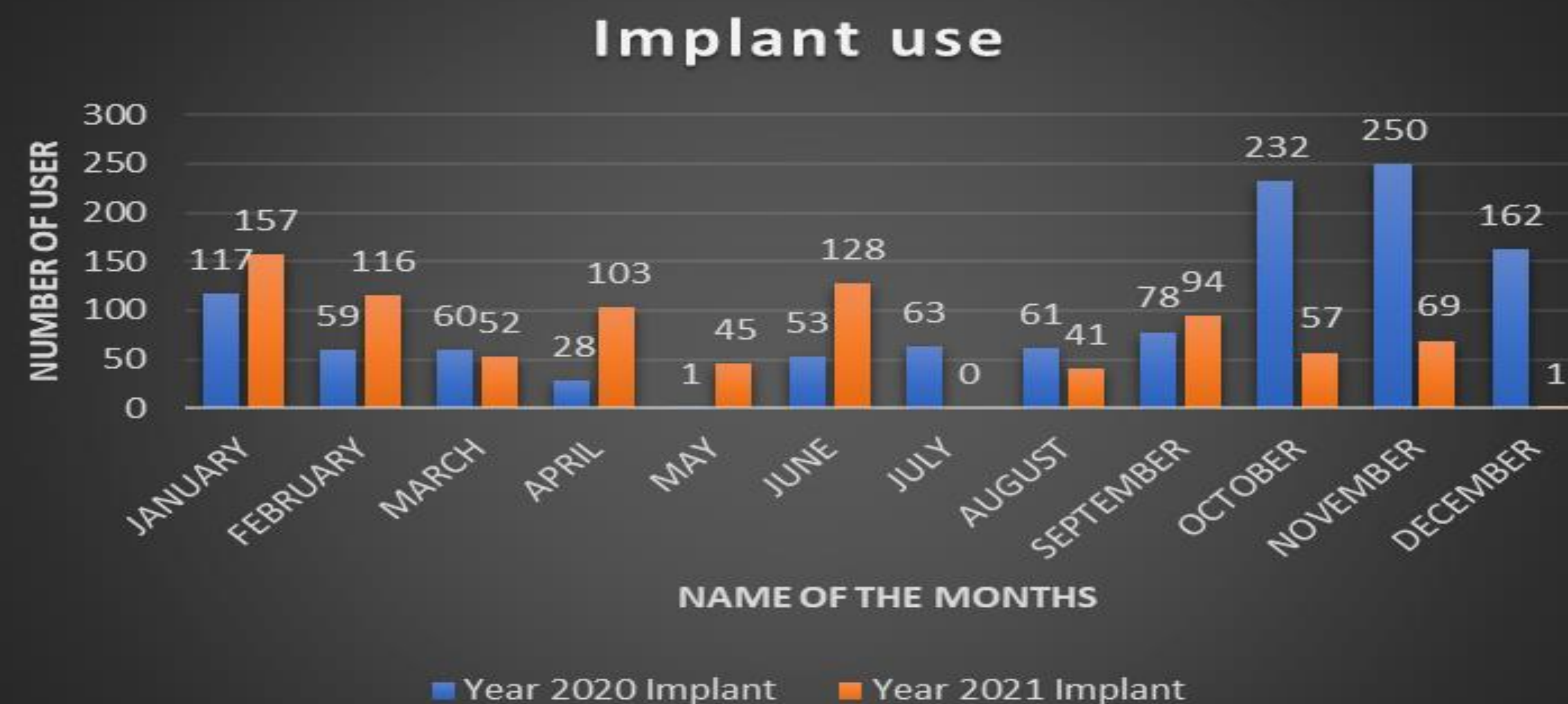
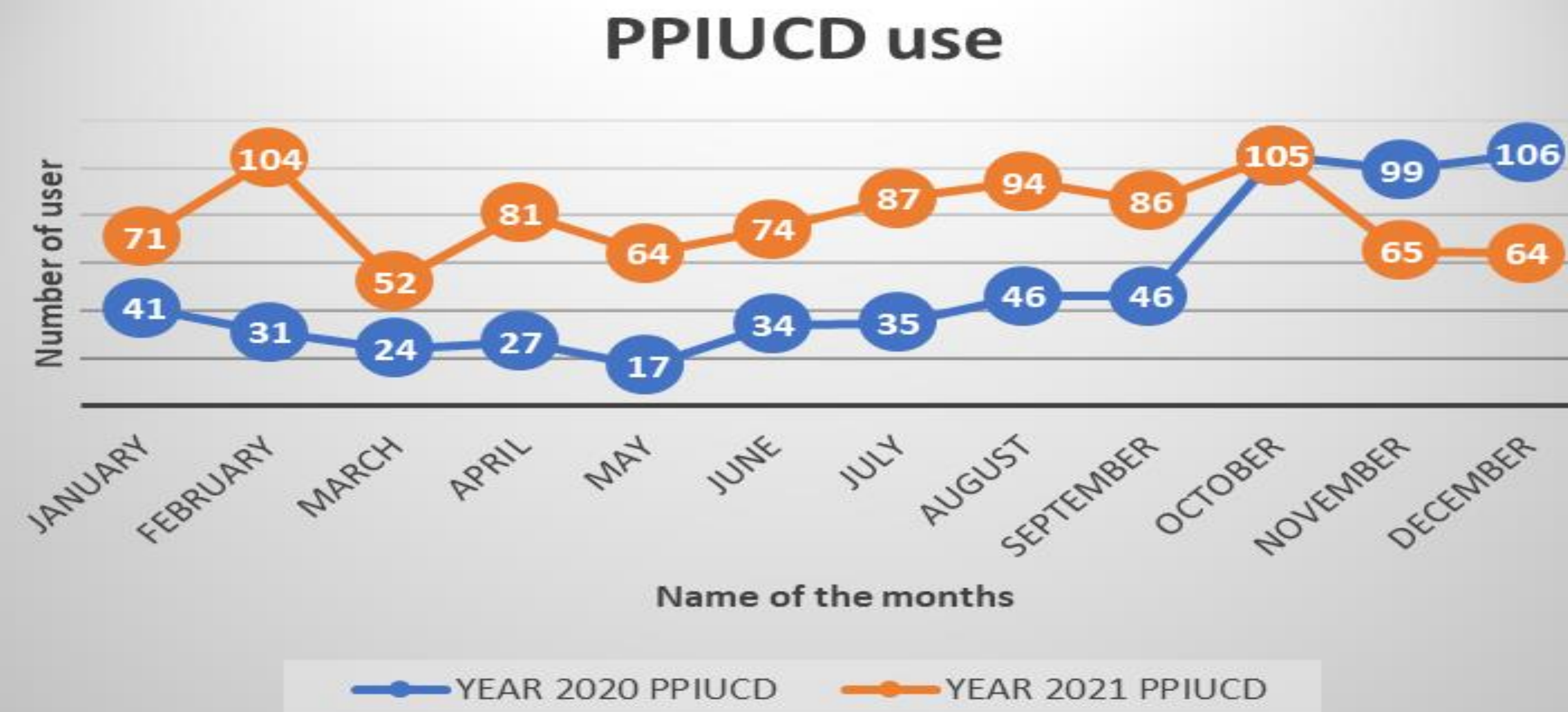
In order to determine the differences in LARC usage percentages between 2020 and 2021, a retrospective cross-sectional analytical study was conducted at Sir Salimullah Medical College Mitford Hospital which is a tertiary care-level hospital in Bangladesh.

Method

A hospital register-based study was performed by extracting all cases of postpartum intrauterine contraceptive device (PPIUCD) and implant use from January 2020 to December 2021 in order to determine the difference in usage percentages between these two years depicting the situation during and after the initial outbreak of the COVID-19 pandemic.

Result

There were significant disparities in the use of various LARC methods before and after the pandemic. In the year 2020, a total of 611 PPIUCDs and 1164 implants were inserted, with a monthly average of 50.92 and 97, respectively. In comparison, in 2021, 947 PPIUCDs and 863 implants were placed at a rate of 78.92 and 71.91 per month, respectively. It should be noted that there were fewer implants inserted in 2021, but this was due to a shortage of supply of implants in the months of July and December. During the initial strict lockdown period of March to June 2020, postpartum LARC coverage was 40.8 and 56.8 per month for PPIUCD and Implants, respectively, whereas it was 67.75 and 82 per month in 2021. In comparison to the lockdown period in 2020, PPIUCD coverage increased by 66.05% in 2021, and 44.37% more postpartum women received implants.



Conclusion

This study found that the COVID-19 pandemic had a significant impact on postpartum LARC coverage due to pandemic-related restrictions. The population-level impact of these restrictions on unintended pregnancy is unknown. Access to and promotion of LARC methods as a highly efficient and cost-effective intervention during public health emergencies must be a priority for public health policy.

References

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