



# EARLY IMPACT OF THE COVID-19 PANDEMIC ON CONTRACEPTIVE SERVICES IN SOUTH CAROLINA & ALABAMA

The COVID-19 pandemic has significantly affected access to and the delivery of health care services, including contraceptive services. Despite the need for adequate and timely pandemic response, maintaining the safe and effective delivery of contraceptive services remains essential. This issue brief highlights findings from interviews conducted with **45** staff and providers at Federally Qualified Health Centers (FQHCs) and Health Department clinics, in South Carolina and Alabama, to assess the impact of the COVID-19 pandemic on contraceptive services in their clinics. *The brief focuses on the following indicators: Overall Patient Volume, Contraceptive Care Patient Volume, Contraceptive Service Provision, Staffing Capacity, Medical Supplies, and Perceptions of Long-Term Impact.*



## DECREASE IN OVERALL PATIENT VOLUME

Some clinics had **reduced clinic hours**, and most clinics had **decreased patient volume**. Concerns about persistent low patient volume were noted as a negative long-term impact of COVID-19 on the provision of contraceptive services.

However, telehealth was seen as an **opportunity** to provide contraceptive care services.

Reasons for the decrease in patient volume included: clinics **cancelling appointments**, temporary clinic **closures**, and patient **no-shows**.  
*“It was greater than 75% of cancellations or no-shows.”*

*“The face-to-face volume has decreased and the telemedicine visits have increased.”*



## DECREASE IN CONTRACEPTIVE CARE PATIENT VOLUME

Similar to overall patient volume, almost all clinics reported decreases in the volume of patients scheduling contraceptive visits. Reported decreases were primarily due to **lower new patient intake** and **cancellation** and **no-shows** among existing patients.

*“We’re not seeing as many patients as we normally see because most patients are afraid to come out.”*

Contraceptive care was considered “essential” at many clinics and all services continued to be provided. However, some clinics **closed** or **reduced clinic hours** and available **appointments**.

*“Pretty much every single day of the week...contraceptives were available to be given or inserted.”*

## IMPACTED CONTRACEPTIVE SERVICE PROVISION

### CONTRACEPTIVE COUNSELING

There were **fewer opportunities** for contraceptive counseling due to lower patient volume, lower appointment availability, and staffing changes.

*“...We’re having decreased patients that we can query as far as what – contraceptive plans they have, or if they don’t have any, talk to them about what we can offer to them.”*

Due to COVID-19 reassignments and other workflow changes like enhanced cleaning procedures, some clinics reported a **decrease in availability of contraceptive appointments**.

### CONTRACEPTIVE METHODS

Provision of intrauterine devices (IUDs) & implants was significantly reduced as patients avoided clinics during the pandemic.

*“As far as birth control counseling, the only thing it [COVID-19] has affected more than anything else would be the LARCs because people are hesitating to come in.”*



Short-term contraceptive methods were largely unaffected – these were provided on-site or prescribed via telehealth.

Contraceptive methods continued to be provided and while the provision of IUDs & implants was reduced overall, some patients **were switching to longer-acting methods**.

## LIMITED STAFFING CAPACITY

Staffing capacity at some clinics was affected during the initial months of the pandemic – resulting in reassignments or furloughed workers.

***"We have had challenges with staffing... having to maybe change some staffing duties and responsibilities in order to provide services to patients."***

Many clinics cited reassignments to COVID-19 response as a factor that reduced staffing capacity.

***"Our regular clinic nurses are having to take on these other duties and roles to help meet the COVID effort."***

Other factors impacting staffing capacity were remote work, social distancing, or increased childcare responsibilities.

***"We've lost a good bit of staff either with furlough and some staff that just had to leave just because of childcare."***

## CHALLENGES STOCKING MEDICAL SUPPLIES

Many clinics relied heavily on stockpiles in the early months of the pandemic, citing that new supplies were hard to source and stock.



Some clinics experienced challenges in obtaining medical supplies, especially personal protection equipment (PPE) such as gloves, face masks, and sanitizing supplies.

***"We're exclusively all KN95, which is the generic knockoff, and even with those, we're paying sometimes triple, quadruple the price of what they were before COVID."***

Challenges were primarily due to supply chain limitations and increased cost of supplies.



***"Luckily, we already had a decent inventory on a lot of things, not an abundance but a decent inventory to carry it through because even as I was ordering, everything was out of stock."***

## LOOKING AHEAD: PERCEPTIONS OF LONG-TERM IMPACT

### CONTRACEPTIVE SERVICE PROVISION

***"I think everybody's just scared right now. They're saying they'll just wait...But in the process of waiting, they may have unplanned pregnancies and different things...like increasing the STIs."***

Factors that may have long-term impact on the provision of contraceptive services include: PPE shortages, financial barriers, limited clinic appointments, and the continuation of the pandemic.

***"I foresee us potentially having supply shortages with personal protective equipment. That may be a limiting factor."***

Looking to the future, some respondents did not anticipate challenges in providing contraceptive services.

***"I don't see it having a long-term effect down the road because we're back to business as usual..."***

### PATIENT VOLUME

Concerns about persistent low patient volume were noted as a negative long-term impact of COVID-19 on contraceptive service provision. However, telehealth was seen as an opportunity for continuing to provide contraceptive care services.

***"I believe we need to continue to be able to offer telehealth services for contraceptive care."***

A number of respondents expressed confidence that after the pandemic, patient volume, for both overall and contraceptive care, will continue to rebound and rise.

***"Honestly, I think that as the months go on or as the days go on...our patient load will increase."***

### STAFFING CAPACITY

Most respondents did not anticipate a future impact on staffing capacity, although a few individuals expressed concern for job security and the resulting ability to provide care to patients.

### MEDICAL SUPPLIES

Some respondents noted a concern that supply shortages could weaken their clinics' ability to provide contraceptive services.

***"The less we have, the less we can do for our patients. If we don't have resources, again getting back to the bottom line is less patients, it's a vicious cycle."***