Walker (2022) revealed changes in prescribing contraception in English general practices between 2019 and 2020 due to the SARS-CoV-2 pandemic and associated restrictions. Here, it will be examined if this is the case in Scotland as well. This study examines changes in contraception prescribed by general practices in Scotland from January 2016 to January 2023.

One limitation of Walker’s (2022) study is comparing just three months of prescribing data in 2019 and 2020. Here, a much longer timeframe is used, with data from January 2016 to January 2023.

To the best of the author’s knowledge, no retrospective long-term analysis has been conducted to assess the impacts of restrictions due to COVID-19 on access to reproductive healthcare in the UK.

Normalised to Pre-COVID-19 levels = 100%.

|  | LARCs | | | | | Oral | | | Other | | | EC | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Timeframes | All LARC | IUS | IUD | Implant | Injection | All Oral | COCP | POP | All Other | Patch | Ring | All EC | Uli | Levo |
| Lockdown | **28.89%** | 28.02% | 25.38% | 24.32% | 42.69% | **39.37%** | 31.30% | 49.00% | **54.64%** | 56.61% | 41.40% | **37.62%** | 86.54% | 26.54% |
| Peri-Lockdown | **47.31%** | 48.89% | 44.55% | 42.86% | 54.85% | **53.17%** | 43.32% | 64.92% | **72.99%** | 76.03% | 52.58% | **60.87%** | 141.99% | 42.48% |
| Post-Lockdown | **98.08%** | 112.54% | 83.63% | 81.10% | 109.91% | **97.86%** | 75.04% | 125.07% | **156.45%** | 165.09% | 98.43% | **121.11%** | 357.97% | 67.42% |

To the best of the author’s knowledge, no retrospective long-term analysis has been conducted to assess the impacts of restrictions due to COVID-19 on access to reproductive healthcare in the UK.

In Scotland, as in the rest of the UK, the majority of healthcare is supplied free at the point of use by the National Health Service. This dataset does not cover private prescriptions, but this is likely a small proportion of contraceptive prescriptions in Scotland.

Recognition of need to improve quality of contraceptive telehealth [Women’s plan] although face to face remains the preferred option for many women [conundrum]