

PCL/22/01 – Preventing Unintended Pregnancy in the Post-COVID-19 Era.

Unintended pregnancy is common. About 200000 abortions are performed each year in the UK and there is evidence that among the 640000 live births each year, nearly a third of these were not planned when they were conceived. General Practitioners provide most of the contraceptive care in the UK, however due to the COVID-19 pandemic, their ability to do so has been limited, both by the need to prioritise other kinds of care and because of short-staffing.

Sexual and Reproductive Health (SRH) Services can provide simple short-acting forms of contraception like pills, patches, and rings, but they also need to provide long-acting reversible methods, such as the implant ('the rod'), the injection ('the jag') and intrauterine methods ('the coil'). SRH services have experienced funding cuts across the UK (particularly in England) and so they are less able to help patients who would also usually access their GP for contraception.

An important development in 2021 was the approval for the progestogen-only pill to be provided by community pharmacies without the need to see a doctor or nurse prescriber. However, the impact of this innovation has not been assessed.

Male contraception methods have been long in development but there are not yet any reversible hormonal contraceptive options. There are ongoing studies looking at possible new methods that are testing efficacy in couples and new drugs are being developed ready for clinical testing in humans.

During this lectureship, I will:

- 1) carry out a study examining new ways of accessing contraception for patients at high risk of unintended pregnancy
- 2) assess the impact of the progestogen-only pill being provided at pharmacies
- 3) work on further clinical trials of new reversible male contraception methods.

I will also gain skills that will allow me to develop into a research leader in the field of SRH.