

Contraceptive Action Team: An Update

Katie Bunge, MD MPH
MTN Regional Meeting
October 3, 2012





Contraceptive Choice

- MTN trials often have contraceptive requirements to enroll
- MTN recognizes the importance of offering contraceptive choice for participants
- MTN Contraceptive Initiative developed, May 2012



Initiative's Goal

- Assist sites to expand the methods mix offered to participants
 - Four methods offered at each site
 - No single method comprising >50% of the mix



Contraceptive Action Team

- Comprised of 2 representatives per African MTN Site
 - Medical Officers, Nurses, Study Coordinators

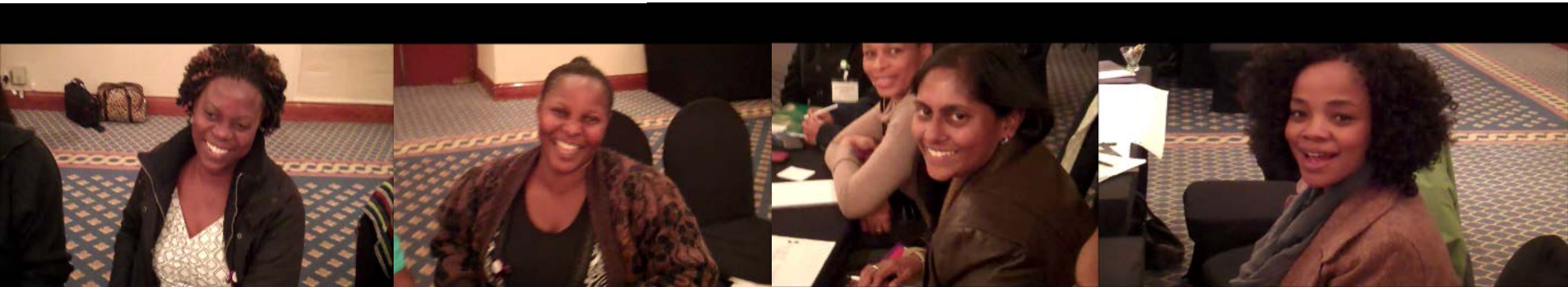
- MTN Core facilitators
 - Singh, Chappell, Bunge

- Overseen by Contraceptive Action Steering Committee
 - Nakabiito, Makanani, Chirenje, Rees, Cates, Black, Piper, Watts, Baeten, Hillier

CAT Meeting- June 7-8

□ Meeting Objectives

- Discuss MTN goal of expanding methods mix at sites
- Assess site willingness to pursue stated goal
- Understand current practices of contraceptive counseling and provision at sites
- Examine key misconceptions about methods
- Identify barriers and challenges to expanding the mix
- Begin a discussion about possible interventions





The Facts- June 2012

- Oral contraceptive pills
 - Available at all sites
 - Which COC to order is determined by site (biggest supply, designated as first line)
- Injectables
 - All site offered at least one injectable
 - 7/16 sites offered two injectables
 - Which injectable to use is determined by the participant
- Implants
 - 2/7 non-SA sites offered implant insertion at site
 - The others had referral systems in place



The Facts- June 2012

□ IUCDs

- No sites offered insertion at site
- All sites had referral systems in place

□ Sterilization

- No sites offered at site
- All sites had referral system in place



The Beliefs

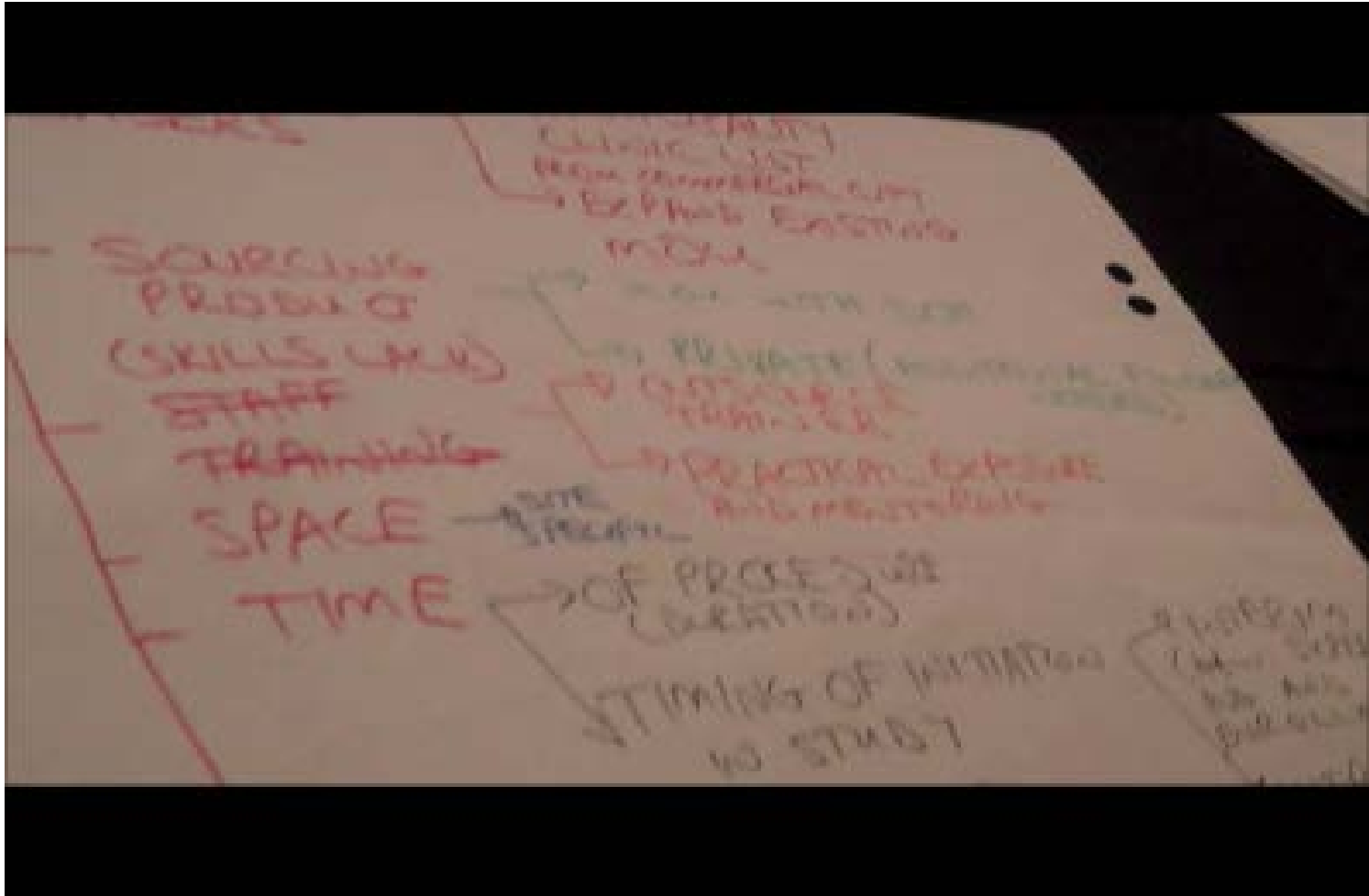
- Ease of contraceptive use influences choice
- Women are familiar and accepting of oral contraceptive pills and injectables but weary and unaccepting of IUCDs
- Offering IUCD and implants at site would diversify uptake
- Participants need clearer messaging regarding DMPA



Major Challenges Identified

- Participant bias against IUCD/ implant
 - Housed in community/ partner bias
 - Unfamiliarity with method
 - Myths and misconceptions
- Provider bias against IUCD/ implant
 - Myths and misconceptions
 - Lack of training in insertion technique
- Identifying IUCD/implant supply
- Logistical challenges of insertion
 - Equipment, time, space
- Sustainability with post trial close out for implant in SA

Site Specific Action Plans



Site Specific Action Plans

Zambia Action Plan

CONTRACEPTION ACTION TEAM, PLAN OF ACTION.

LUSAKA KAMWALA SITE.

challenges	Goal	intervention	resources	timeline	organisation
1.Ppt influence from partner/family not to use certain methods especially IUCD and Sterilization	-Ppt to have a personal and wider choice of contraception -to increase the uptake of long term contraceptive methods.	<ul style="list-style-type: none"> • Contraceptive messages in male involvement meetings. • Encourage ppt disclosure of study participation to partner. • Encourage couple counselling on issues of contraception . 	Male involvement meetings budget.	Specific time points throughout the study participation.	MTN Lusaka site
No trained study staff in IUCD and Implant insertion	To have on site staff trained in IUCD and Implant insertion	<ul style="list-style-type: none"> • To have 2 nurses and a clinician trained in IUCD and implant insertion 	To be advised in due course	2 week courses.	-Marie Stopes international Zambia -Society for family health



Four Months Later....



Successes

- ❑ Staff education
- ❑ Participant education
- ❑ Community education
- ❑ Implant provider training
- ❑ IUCD provider training

Successes: Staff Education

- All sites have implemented internal contraceptive training

Cape Town's Comprehension Test

IUD Quiz

Your role at site eg counselor/outreach worker:

Is this quiz before or after the educational talk:

Please circle T for True or F for False

1	IUDs are a suitable method of contraception for almost any woman of childbearing age	T	F
2	IUDs should only be used by women who are not planning to have any more children in the next 5 years	T	F
3	IUDs can be used by women who have never had children	T	F
4	An IUD can get lost in your body	T	F
5	IUDs have fewer side effects than hormonal contraception	T	F
6	Most women using the copper IUD will stop getting their periods	T	F
7	Once an IUD is inserted, women will need to go for regular check-ups at the clinic	T	F

Successes: Participant Education

- Nearly half the sites have finalized contraceptive counseling messages for participants



Justine Nsangi, Uganda, discusses contraceptive options with a potential participant

Successes: Participant Education

- Some sites have designed their own educational material

CONTRACEPTION METHODS AVAILABLE AT WRHI

For further info please speak to Clinical or Pharmacy staff

ORAL

Trigestrel or Triphasil (Monthly)

Oralcon or Nordette (Monthly)

HY-AN or Microval (Monthly)

IUCD

Intrauterine contraceptive device
(replace every 5 years)

STERILE R

SMB[®]

CU375

Standard

INTRAUTERINE CONTRACEPTIVE DEVICE

INJECTABLE

Depo-Provera or Petogen
(Every 3 months)

Nur-isterate
(Every 2 months)

CONDOMS

Male

Female

KReddy2012

Successes: Community Training

- Most sites have started community education regarding contraceptive options



Bernadette Madlala, eThekweni, discusses contraception at a VOICE community event

Successes: Implant Provider Training

- Completed in Zimbabwe and Uganda



Zimbabwean providers practice implant insertions.



Successes: IUCD Provider Training

- In June, 2012 no sites offered IUCD at site
- Today
 - 5/16 sites have completed training- both didactic and hands on
 - 7/16 sites have completed didactic IUCD training but still need clinical experience
 - 2/16 sites have IUD training dates scheduled



Behind the Scenes

- Identifying local resources for provider IUCD/implant training and educational methods
 - DOH
 - NGOs



New and Continuing Challenges

- ❑ Achieving proficiency in IUCD insertion once trained
- ❑ Assuring an adequate source of IUCDs
- ❑ Integrating IUCD and implant services into the clinic flow- time and space
- ❑ Continued staff and community education



Next Steps

- Finalize action plans
- Contraceptive Listserv
- Monthly contraceptive reports

Acknowledgements

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