



# Uptake of IUCDs in ASPIRE

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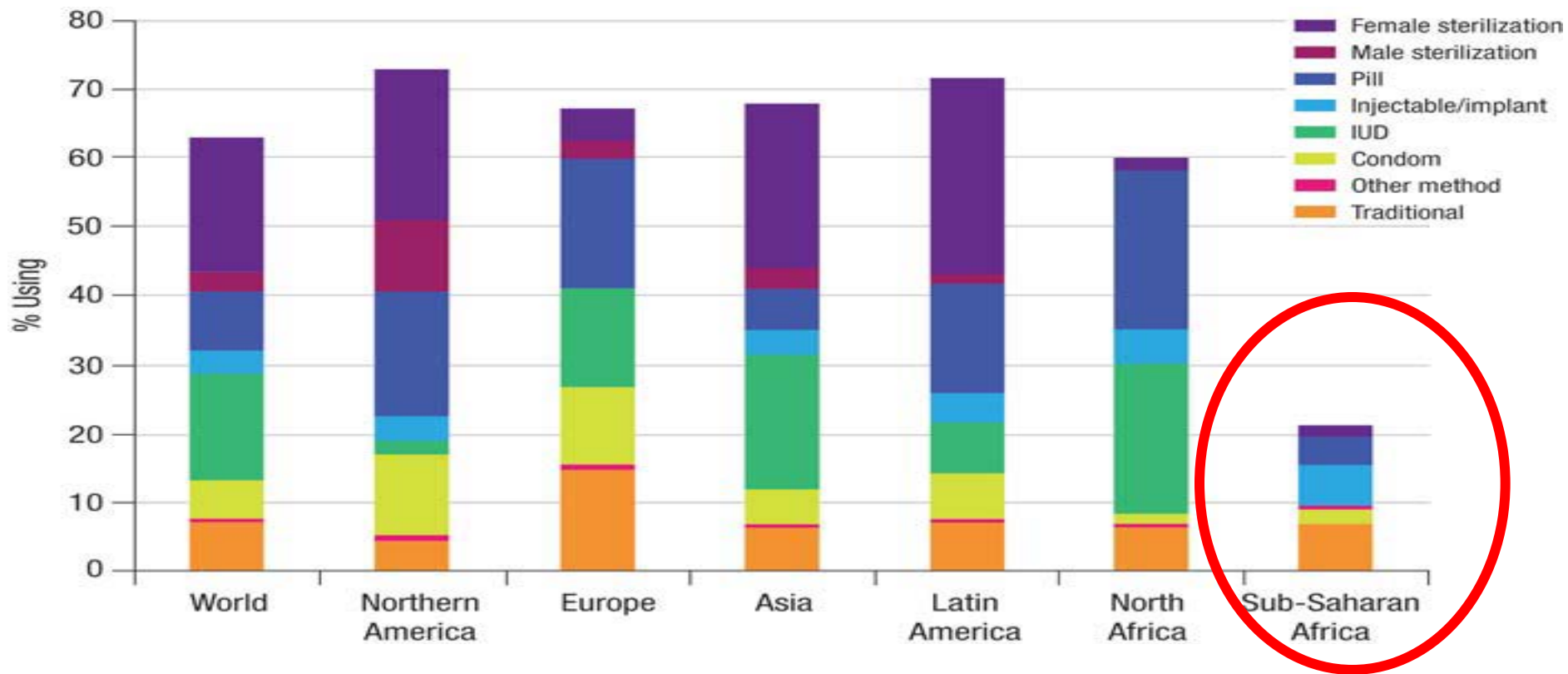
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# Introduction

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- In 2015, the worldwide contraceptive prevalence was estimated to be 64%.
- This represents close to 768 million women on contraceptives.
- Large regional differences in use of the various types of contraception exist .

# Estimated method-specific contraceptive prevalence by major global region



# The IUCD situation.....

- The world over, the IUCD is the most widely used form of reversible form of contraception with close to 150 million users<sup>1</sup>.
- In Sub-Saharan Africa , where a huge proportion of MTN HIV Prevention Trials are based, the uptake of IUCDs is generally poor (<2%)

<sup>1</sup>Worldwide use of intrauterine devices for contraception.  
<http://www.ncbi.nlm.nih.gov/pubmed/17531612>

# Contraceptive uptake(in percentage) in previous PrEP Studies

	<b>DMPA</b>	<b>COC</b>	<b>IMPLANTS</b>	<b>IUCDs</b>
HPTN 035	22	72	4	<1
VOICE	71	22	5	<1
CAPRISA 04	83	15	0	0
FEM PREP	55	43	<2	<2
PARTNERS * PREP	27	7	5	9

\* Contraception was not a requirement in this study

# The CAT Concept

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- Microbicide trials require participants to be on effective contraception
- The Microbicide Trials Network (MTN) formed the Contraceptive Action Team (CAT) in June 2012 during the initial months of ASPIRE.
- Its goal was to expand the contraceptive options readily available to women participating in ASPIRE.

# The CAT Concept

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- Women were to be counselled about whole range of contraceptive methods including the non-hormonal IUCD
- The aim was to spread the contraceptive mix such that no single method would comprise more than 50% of the mix .

# How CAT achieved high IUCD uptake in ASPIRE

- Planning meeting in June 2012, prior to site activations for ASPIRE study.
- Key barriers to IUCD uptake were identified initially:
  - provider, community, and participant bias
  - lack of IUD insertion training
  - need to acquire insertion devices
- Road map to action plans created.



# CAT Action Plans In ASPIRE

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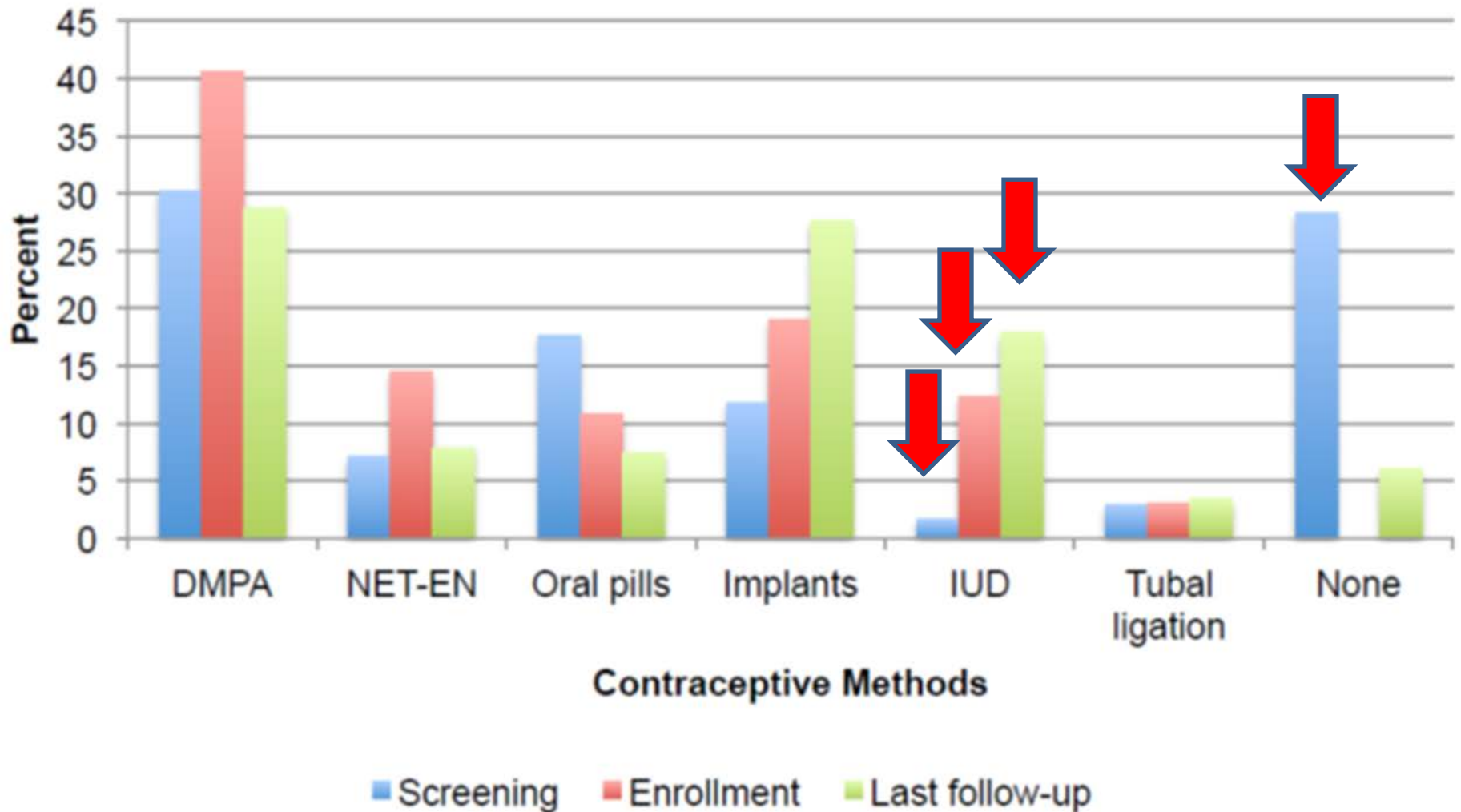
- The huge challenge of provider bias was addressed through didactic and practical training of MOs and RNs.
  - Initial training for each site immediately after the June 2012 meeting; ongoing thereafter

# CAT Action Plans In ASPIRE

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- Trained Outreach Workers & CAB to address community bias
  - more background information on IUCDs to be able to address basic questions asked in the community.
  - Participant handouts
  - Peer to peer education

# Contraceptive use at screening, enrollment and the last follow-up visit attended in ASPIRE



# The ASPIRE Experience

- 595 women enrolled in ASPIRE had an IUD inserted during study participation
- 403 (68%) were inserted on site.
- Questions:
  1. Was IUD insertion equally well tolerated when done by nurses vs physicians?
  2. How do our rates of complications compare with published data?

# Characteristics of 556 Women Getting IUCDs in ASPIRE

Characteristics at enrollment	N(%) or Median (IQR)	
Age, years	27	(22, 31)
Currently married	235	(42%)
Number of prior pregnancies	2	(1,3)
<b>Method of contraception at enrollment</b>		
IUD*	269	(48%)
Oral contraceptive pills	56	(10%)
Injectable method	205	(37%)
Implants	30	(5%)

\*IUDs were inserted between screening and enrollment and considered inserted as part of study participation in ASPIRE

# Complications of IUD Insertion

Complications/side effects with the first IUD insertion	Clinical staff performing the IUD insertion								
	Study nurse n=215		Study doctor n=238		All Others* n=103		Total N=556		
	N	(%)	N	(%)	N	(%)	N	(%)	p
<b>IUD expulsion</b>	36	(17%)	23	(10%)	16	(16%)	75	(13%)	0.007
<b>PID with IUD in place</b>	7	(3%)	3	(1%)	4	(4%)	14	(3%)	
<b>Bleeding irregularities</b>	96	(45%)	97	(41%)	53	(51%)	246	(44%)	0.19
<b>Pelvic pain</b>	69	(32%)	30	(13%)	28	(27%)	127	(23%)	0.001
<b>Confirmed Pregnancy</b>	3	(1%)	7	(3%)	0	(0%)	10	(2%)	
<b>Difficult removal</b>	1	(0.5%)	0	(0%)	1	(1%)	2	(0.4%)	
<b>Missing strings</b>	6	(3%)	8	(3%)	4	(4%)	18	(3%)	
<b>Other**</b>	7	(3%)	9	(4%)	4	(4%)	20	(4%)	

\* All others includes those insertions by staff at health facility, staff at private health facility or unknown.\*\*Uterine pain, backache, anaemia , partner feeling the IUD at intercourse, urinary tract infection, nausea and vomiting. P-values generated using Chi-squared test comparing differences across the three groups for the selected complications/side-effect

# Conclusions

- Nearly 1 in 5 women accepted the IUD
- Complications similar between physician and nurses:
  - PID
  - bleeding irregularities
  - missing strings
- Complications different:
  - pelvic pain
  - expulsions
- Additional investigation is required to understand the contributors to IUD expulsion and pelvic pain in this setting in order to reduce its frequency in the future.

# Implication for HOPE

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- Uptake of LARCS including IUDs is feasible
- Additional training may be needed to reduce the incidence of IUD expulsion and to reduce pelvic pain for participants
- IUDs may be used in our region to reduce the unmet need of contraception utilizing nurse practitioners!



**THANK YOU VERY  
MUCH!**

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