

Contraceptive counselling considerations at study closure

Dr Portia Hunidzarira
UZ-UCSF Collaborative Research
Programme

Harare

Zimbabwe

Introduction

- Contraceptive use amongst Zimbabwean women is 58.5% (ZDHS 2010-2011)
- All our site clinics are in close proximity to health care facilities offering contraceptive services.
- Of the 678 enrolled participants in MTNo20 the majority are on a LARC
- Planning is key as we near close-out in Jun-Aug 2015 and transition to MTN025

Contraception profile of all 3 sites as at 14 October 2014

Contraception method	Participants on the method	Percentage use of method
Implants	261	39.4
Intrauterine device	188	28.4
Depo-Provera	171	25.8
Oral Contraceptive	39	5.9
Sterilization	3	0.5

Outline for contraceptive counselling at study closure

Hold group discussions with participants on study closure

Develop Site-specific contraceptive management plan

Create counselling script and train staff

Conduct counselling and implement plan

Key issues to be discussed at study closure

What have been your contraceptive experiences?

If MTNo25 is to start do they plan to participate?

When do you plan to get pregnant?

When counselling

- Listen carefully to her contraceptive needs
- Answer questions
- Educate her on contraceptive methods and providers available to her after study closure.
- Discuss affordability and feasibility
- Guide her to make an informed choice





Contraceptive management at study closure

wants to change to a LARC

Provide LARC

Refer to public health facility

wants to get pregnant

Remove LARC Advise on a shorter acting method Refer to public health facility

wants to keep method

Resupply contraceptive. If on a LARC do not remove Refer to public health facility

Summary

- A woman's individual needs with regards to contraception will direct the plan of action at study closure and the transition period to MTNo25
- No one solution works for everyone but with good counseling the decision making is made simpler.



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