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

MRC Action Plan
### Site Specific Action Plans

#### Zambia Action Plan

**CONTRACEPTION ACTION TEAM, PLAN OF ACTION.**

**LUSAKA KAMWALA SITE.**

<table>
<thead>
<tr>
<th>challenges</th>
<th>Goal</th>
<th>intervention</th>
<th>resources</th>
<th>timeline</th>
<th>organisation</th>
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| 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. | - 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          | - 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

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

- Most sites have started community education regarding contraceptive options

Bernadette Madlala, eThekwini, 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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