

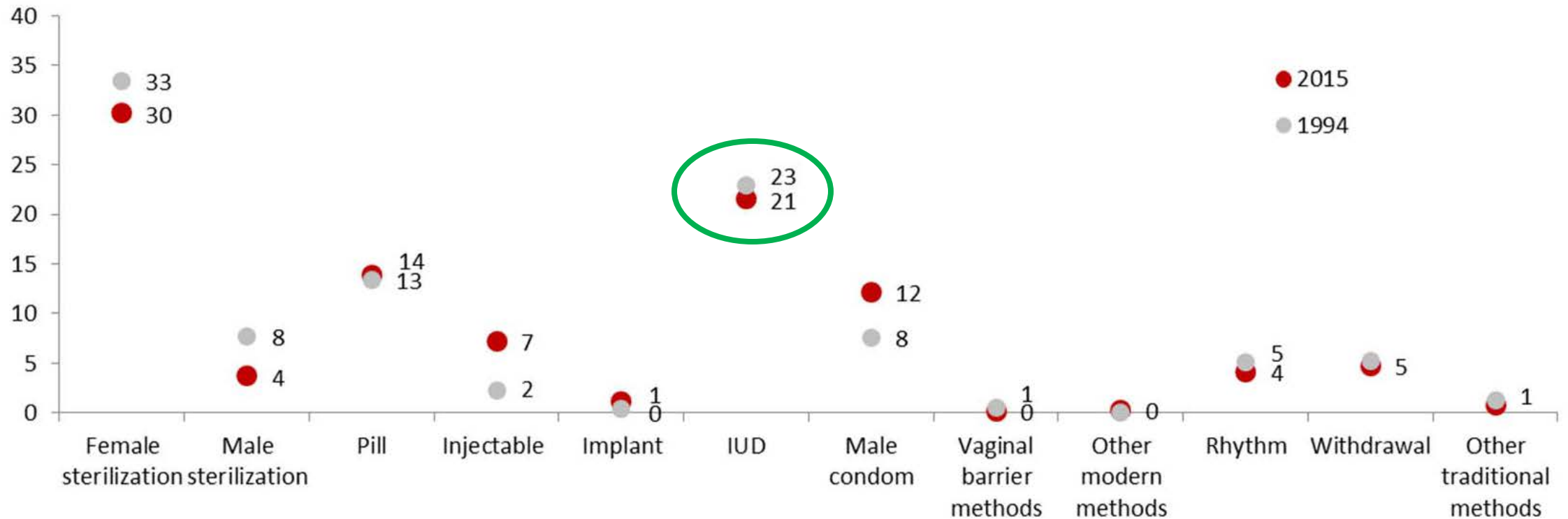
# Global Experiences with Intrauterine Contraception: Copper T, PPIUD, and the IUS

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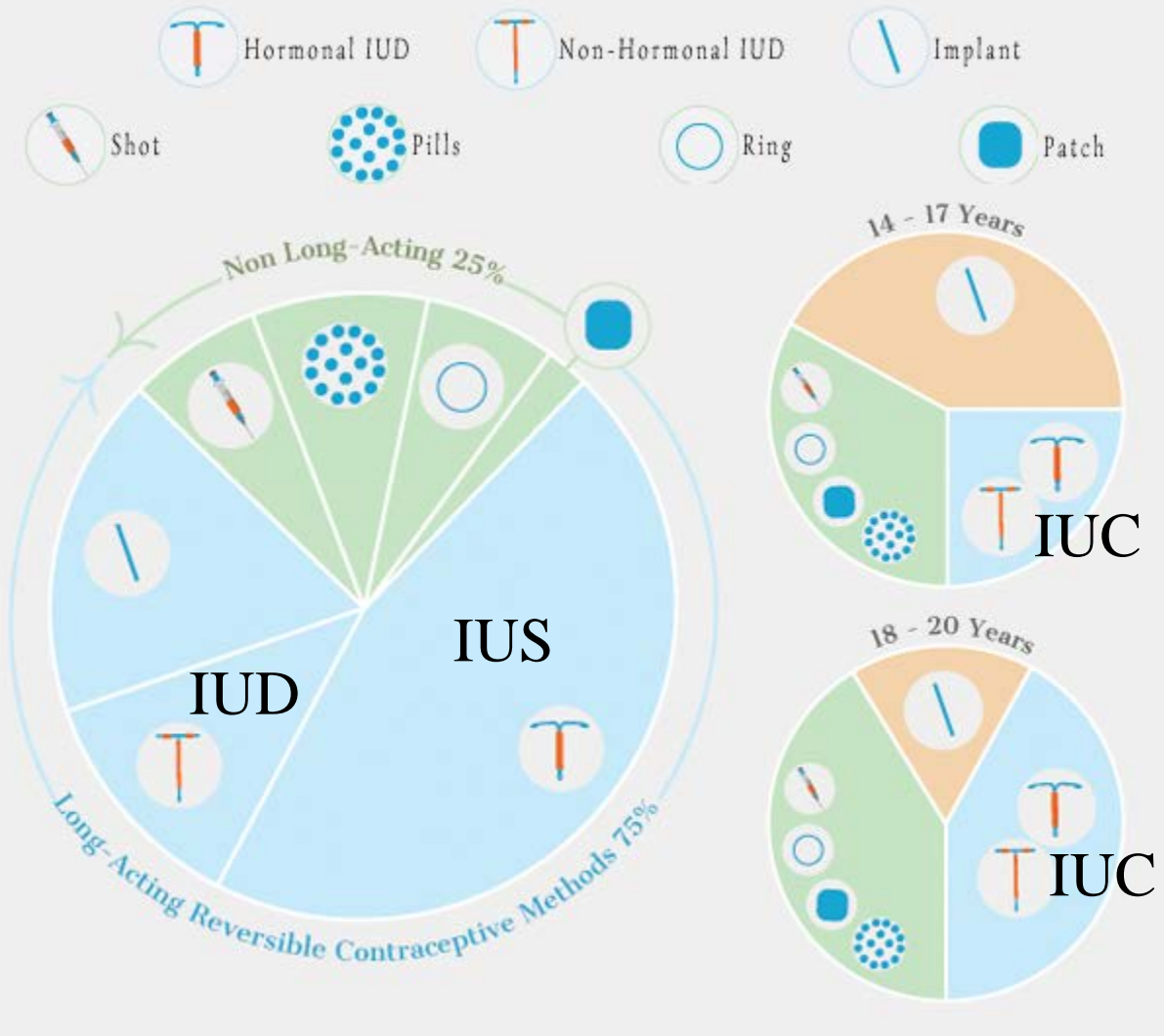


# The IUD is the most commonly used reversible method in the world.



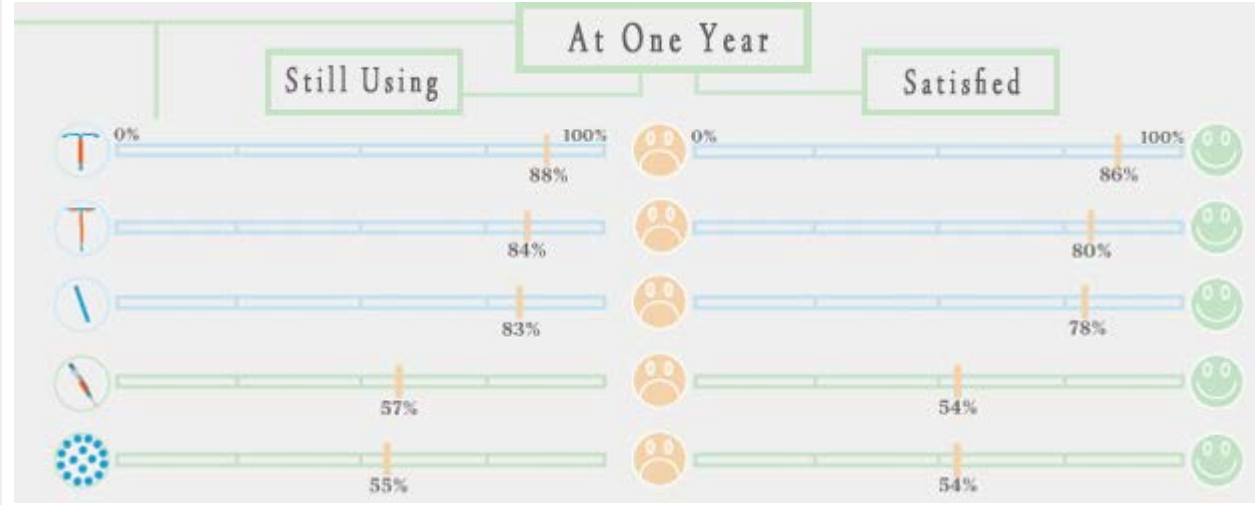
Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). Trends in Contraceptive Use Worldwide 2015 (ST/ESA/SER.A/349).

<http://www.un.org/en/development/desa/population/publications/pdf/family/trendsContraceptiveUse2015Report.pdf>



# The CHOICE project

When women and girls have voluntary access to the IUD and IUS, they are popular choices and have high rates of satisfaction and continuation.

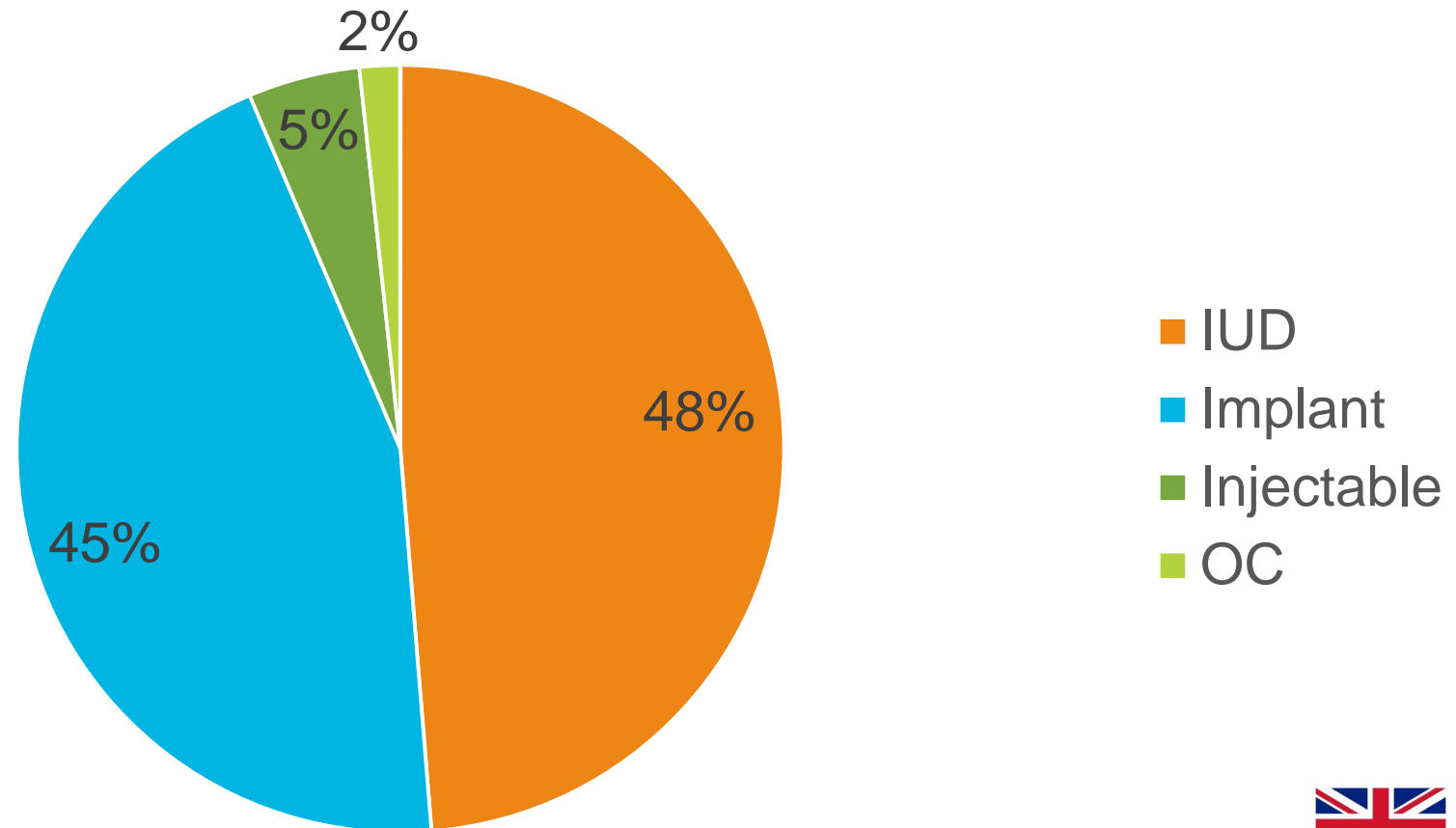




## Can the CHOICE study apply to sub-Saharan Africa?

- Public Sector mobile outreach in Tanzania
- Free services
- Highly competent, dedicated providers
- Special opportunity for LARCs in facilities that do not usually have them

# PSI Public Sector Mobile Outreach in Tanzania, 2017 (n=93,054)



# Key Elements of Successful IUD Programming



Provider confidence and motivation  
Equipment and consumables  
Satisfied users, well-informed demand

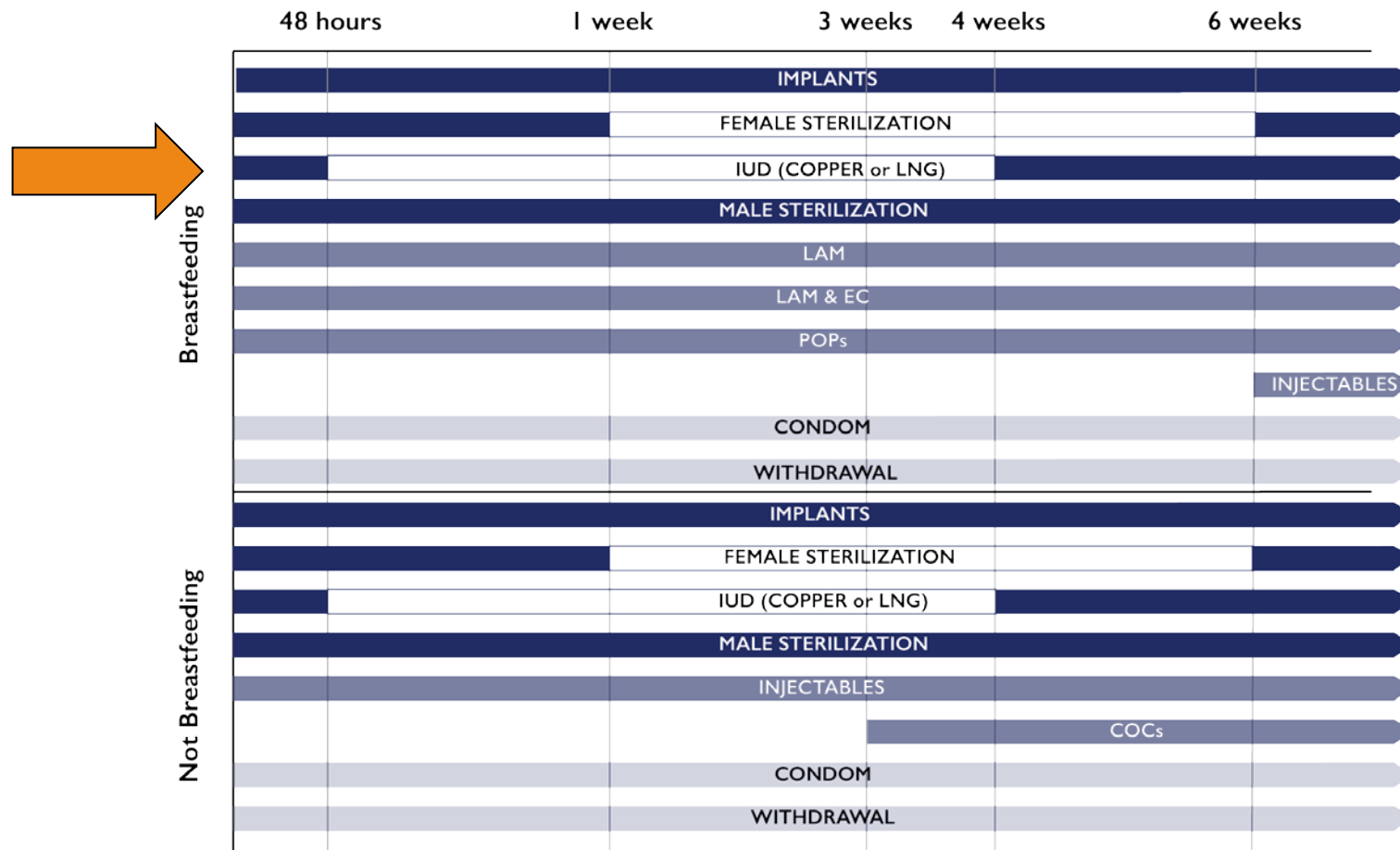
# IUDs aren't just for educated, urban women

Comparison of intervention clients with national survey data

	Cambodia		El Salvador		Madagascar	
	Intervention <sup>a</sup> n=16,442	DHS n=360	Intervention <sup>b</sup> n=12,729	RHS n=56	Intervention <sup>c</sup> n=28,821	DHS n=122
Number of living children						
0	0.1%	0.7%	9.1%	0.0%	2.9%	0.0%
1–2	49.7%	48.7%	80.3%	83.8%	34.9%	35.3%
3–4	38.1%	38.9%	9.2%	11.8%	39.3%	44.8%
5+	12.2%	11.7%	1.5%	4.4%	22.8%	19.8%
Education level						
No education	15.6%	11.1%	1.7%	9.2%	7.6%	5.3%
Primary	57.7%	52.4%	39.4%	27.3%	44.3%	27.0%
Secondary or higher	22.0%	36.5%	59.0%	63.5%	48.1%	67.6%
Age group						
20	1.1%	0.4%	21.1%	4.7%	5.5%	3.5%
20–24	17.6%	14.6%	36.0%	15.3%	14.8%	4.9%
25–29	30.6%	26.6%	23.4%	16.0%	28.9%	14.5%
30–34	23.4%	19.3%	12.3%	36.4%	25.6%	6.6%
35–39	16.6%	19.1%	4.7%	16.0%	11.8%	29.9%
40+	10.6%	20.1%	2.5%	11.6%	13.5%	40.5%

Source: Revitalizing long-acting reversible contraceptives in settings with high unmet need: a multicountry experience matching demand creation and service delivery. Blumenthal, Paul D. et al. *Contraception*, Volume 87, Issue 2, 170 – 175.

# Immediate Post-Partum contraception



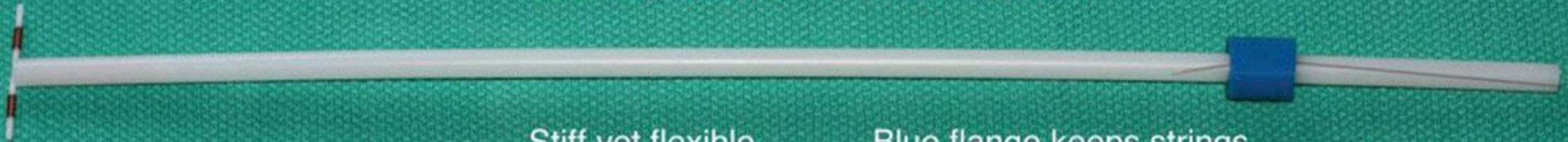
COCs should not be initiated by breastfeeding women until at least 6 months postpartum. In addition, fertility awareness methods, such as Standard Days Method (CycleBeads), require women to chart 4 regular menstrual cycles before beginning this method, so timing varies from one woman to the next.



Copper T 380A IUD  
with Standard Inserter



Copper T 380A IUD  
with Dedicated PPIUD Inserter



Extra-long "sleeve" to ensure that IUD can reach fundus

Stiff yet flexible "sleeve" can be bent slightly to accommodate shape

Blue flange keeps strings taut and stabilizes IUD orientation until deployment

Extra-long string ensures visibility in cervix after insertion

PPIUD dedicated inserter from Pregna:  
Between 2014-17; over 60,000 units distributed in 13 countries

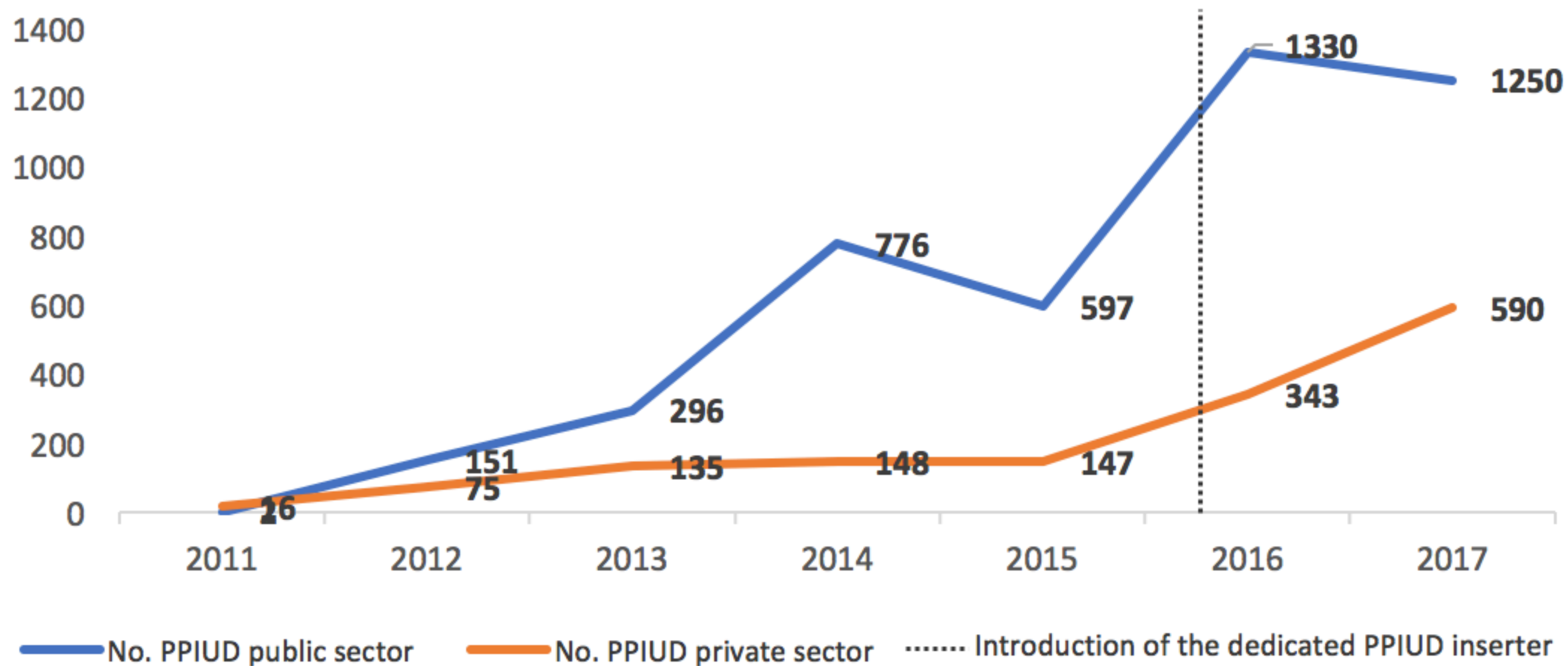
## PPIUD in Mali

*“[Providers] accept this method because of its ease of use. We know this influences service delivery. First people must accept it...when staff are skeptical of a method, it is very hard to make it work. They have much more confidence with the new inserter”*

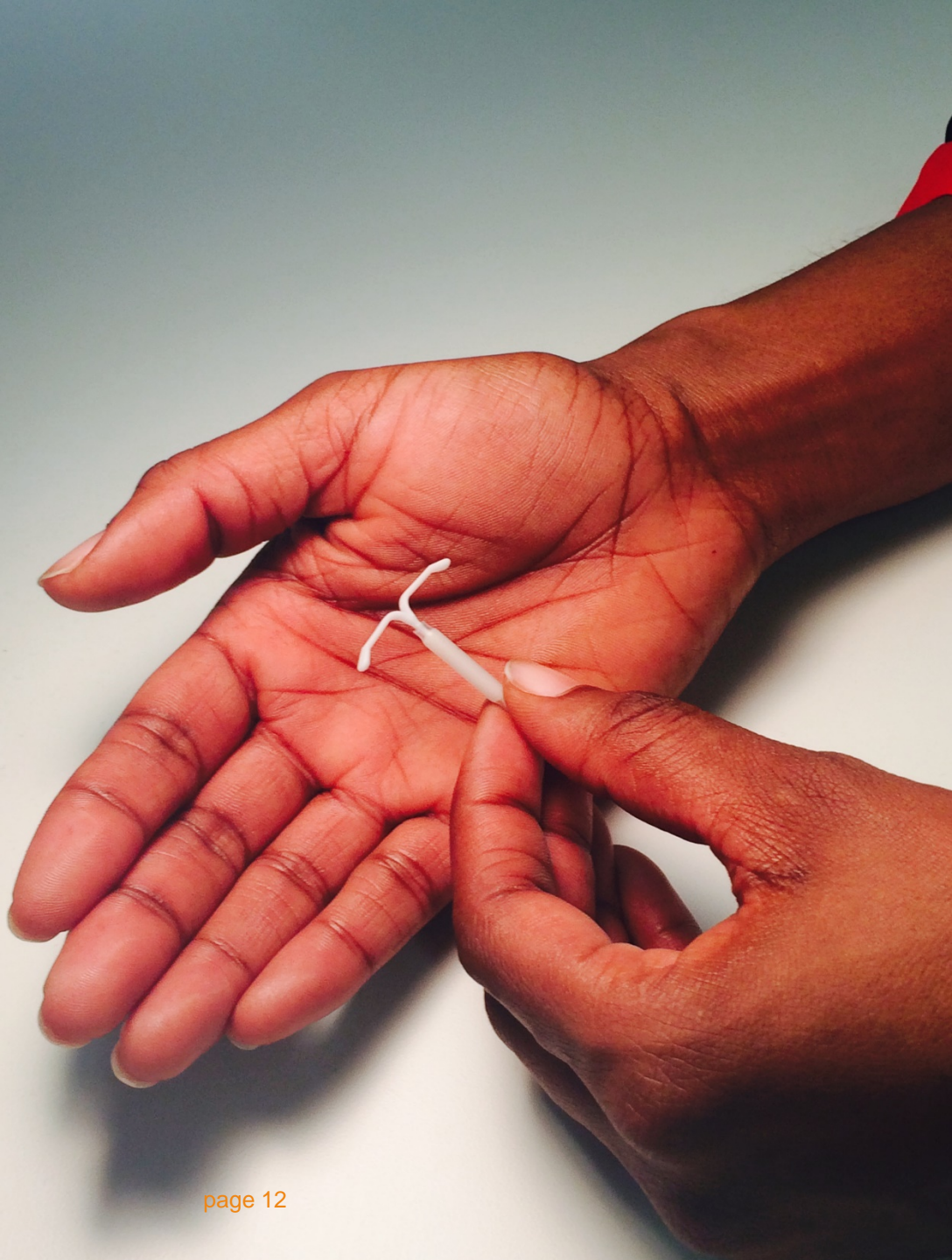
*(Gynecologist, public sector facility, Bamako)*



# PPIUD insertions in PSI/Mali supported sites

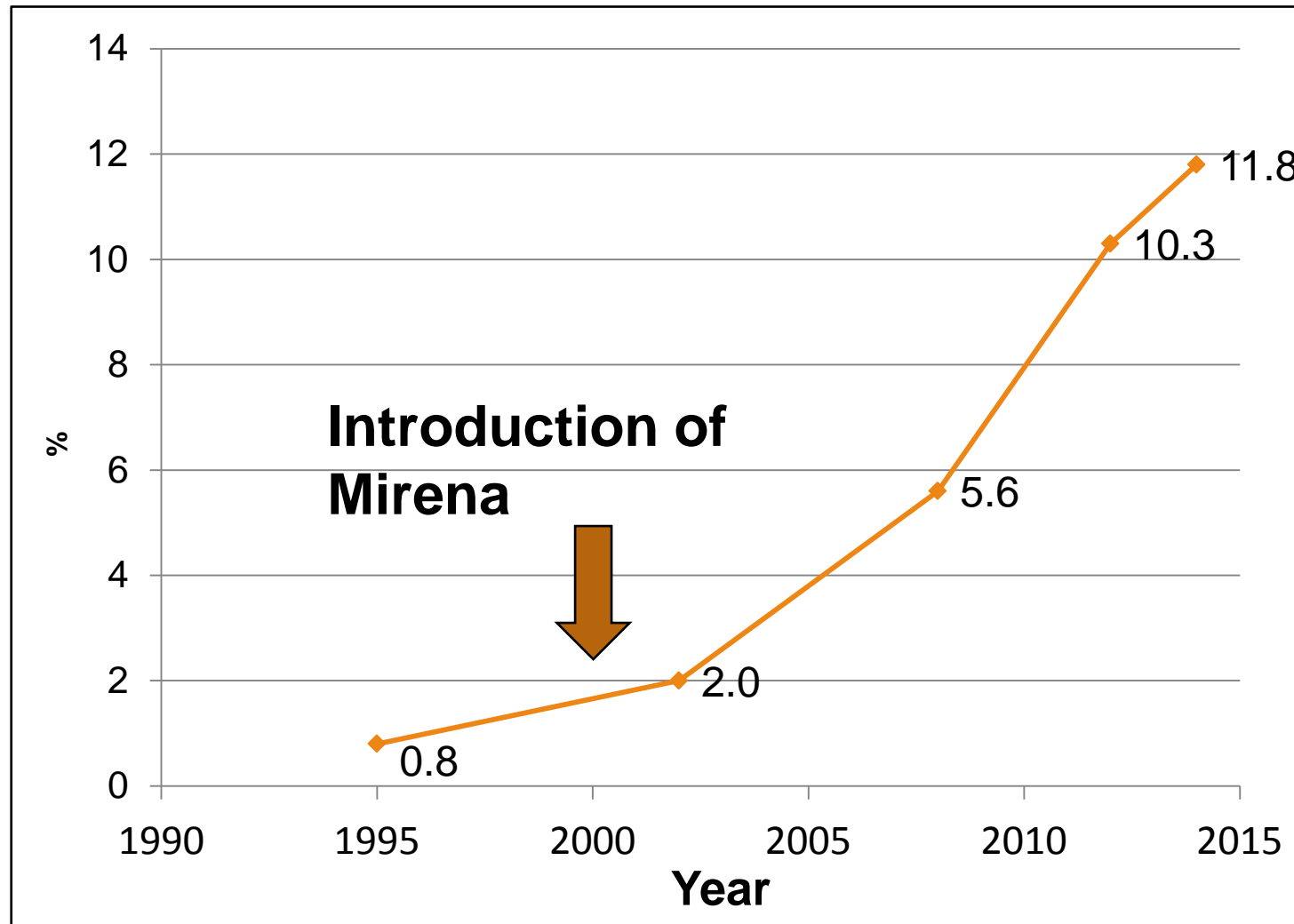


Source: <https://www.psi.org/publication/helping-postpartum-women-in-mali-achieve-their-fertility-intentions-perspectives-from-the-dedicated-ppiud-inserter-pilot-program/>



# The IUS: Not just another IUD

# Percent of U.S. contraceptors using an IUD/IUS



# Potential User Archetypes: Zambia

## The IUD user

- Traditionalist
- Feels connected to her body and periods
- Wants a method that makes her feel the same as she does now



# Potential User Archetypes: Zambia



## The IUS user

- Modern
- Sees periods as a hassle
- Wants a method that improves her lifestyle

# Current PSI/SFH ICA pilots

## Zambia

- 21 public facilities in 2 provinces
- EECO and SARAI



## Nigeria

- 40 private franchise clinics, nationwide
- SIFPO2



## Zimbabwe

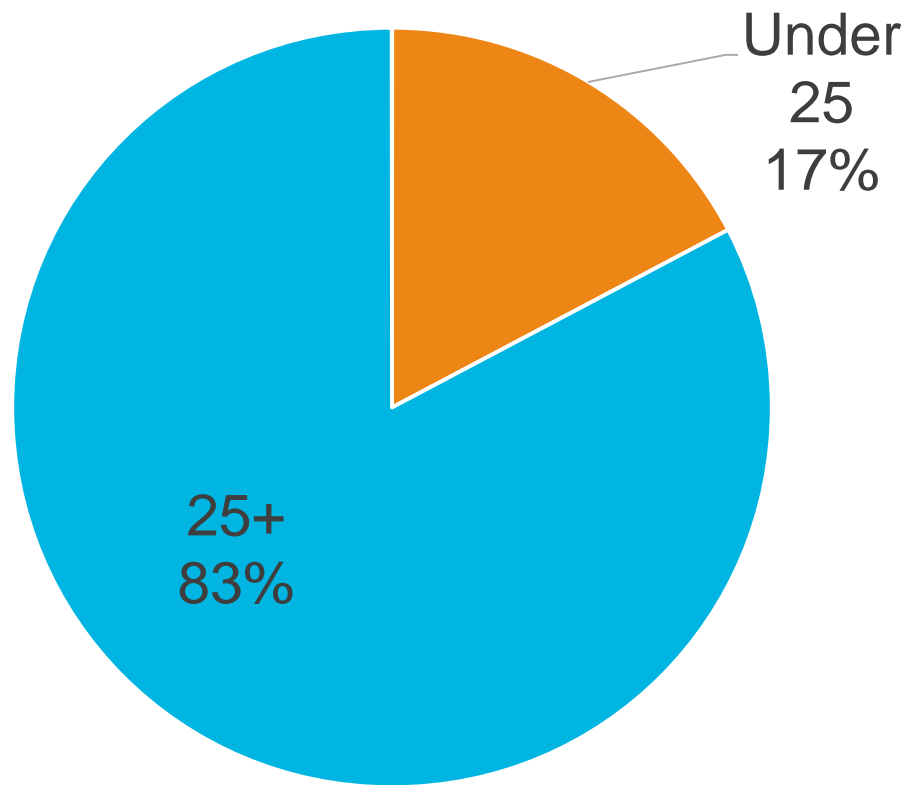
- 6 PSI and franchise clinics, nationwide
- SIFPO2



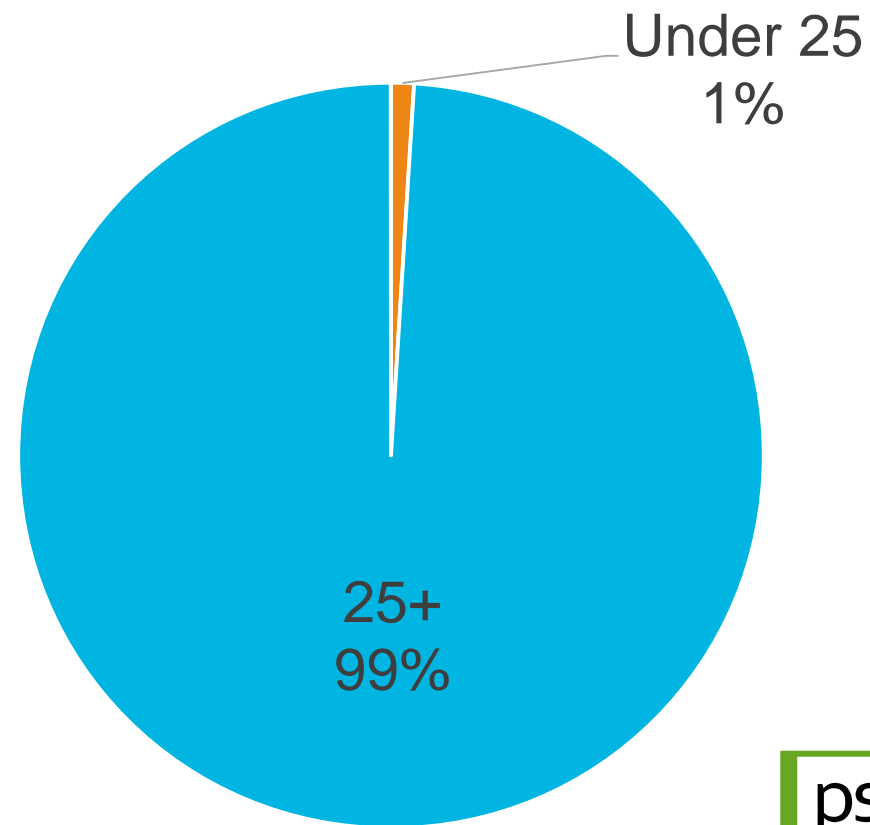


# Nigeria, Zambia and Zimbabwe 2017- March 2018

IUS users by age (n=939)



IUD users (n= 63,115)





# Avibela™

Avec moins de règles,  
*la vie est belle!*

- Mon Contraceptif *moderne*
- Ma *liberté*
- Mes 3 années *de sérénité*
- La *solution* à Mon problème de règles

DEMANDER DES RENSEIGNEMENTS À MON PROBLÈME DE RÈGLES, SI VOUS ÊTES ADMISSIBLE À AVIBELA™



## Madagascar: 1<sup>st</sup> Launch of Avibela®



# New job aid: Bleeding changes are NORMAL

## MESSAGES TO CLIENTS USING CONTRACEPTION

Changes to Menses are **NORMAL**



Many women have misconceptions about changes to menses (periods) that occur with use of hormonal contraception or the copper IUD. Use this simple tool to help your clients understand that changes to their menses when they use a hormonal contraceptive method or the copper IUD are **NORMAL**. Provide your clients with evidence-based

information about method-specific changes that may occur. In addition, in each counseling session, reassure your clients about these changes and discuss the potential benefits of reduced bleeding and amenorrhea. Use the **NORMAL** acronym to address these points with them.

**N**  
**O**  
**R**  
**M**  
**A**  
**L**

**NORMAL** — Changes to your menses are **NORMAL** when you use a contraceptive method. With hormonal methods, menses could become heavier or lighter, occur more frequently or when you don't expect it, or you could have no menses at all. Changes to your menses may also be different over time.<sup>1</sup> With the copper IUD, menses could become longer and heavier, but remain regular; spotting could also occur during the first few months after IUD insertion.

**OPPORTUNITIES** — Lighter or no menses can provide **OPPORTUNITIES** that may benefit your health and personal life.

**RETURN** — Once you stop using a method, your menses will **RETURN** to your usual pattern, and your chances of getting pregnant will **RETURN** to normal.<sup>2</sup>

**METHODS** — Different contraceptive **METHODS** can lead to different bleeding changes. Let your provider know what types of bleeding changes you would find acceptable.

**ABSENCE OF MENSES** — If you are using a hormonal method, absence of menses does not mean that you are pregnant. If you have another symptom of pregnancy or if you missed your menses while using the copper IUD, talk to your health care provider or use a pregnancy test.<sup>3</sup>

**LIMIT** — If changes to your menses **LIMIT** your daily activities, there are simple treatments available. Talk to your provider.<sup>4</sup>

Illustration credit: Period emoji, Plan International UK. <https://plan-uk.org/act-for-girls/break-the-taboo-vote-for-your-favourite-period-emoji>

<sup>1</sup> In addition to these points, provide method-specific information about potential changes to menses both before and after a client selects a hormonal contraceptive method.

<sup>2</sup> If applicable, inform your client that when using injectable contraception (e.g., DMPA), return to fertility will likely be delayed after discontinuing the method. For other methods, return to fertility will be immediate.

<sup>3</sup> If applicable, inform your client that when using oral contraceptive pills, absence of menses can be a sign of pregnancy. Absence of menses during the first month after initiation of the implant or progestin-only injectables may also be a sign of pregnancy (e.g., when the method was initiated as part of the Quick Start, without pregnancy being ruled out with reasonable certainty). Tell your client to return to the clinic if she is unsure of her pregnancy status.

<sup>4</sup> Treatment for heavy/prolonged bleeding due to hormonal methods include a 5-day course of ibuprofen or another NSAID (except aspirin), or a 21-day course of COCs or ethinyl estradiol. Treatment for bleeding associated with the copper IUD includes a 5-day course of tranexamic acid or NSAIDs (except aspirin). In most cases, however, providing supportive counseling and/or reassurance to clients is sufficient.



New job aid for health care providers to counsel clients on **bleeding changes associated with the use of contraception**

Co-developed by FHI 360 and PSI



## Lessons for Scaling Up

- Ensure equipment and supplies are in place
- Match supply and demand from the beginning
- Find IUD/IUS champions at all levels
- IUS: carefully consider product registration, supply chain and costs





Questions?  
Comments?