



# Integration of COACH Principles into Contraceptive Counselling

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# Outline

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# Introduction

❑ HOPE objective: Show whether women will use the ring when given a CHOICE

❑ Key Concepts in HOPE:

- CHOICE
- ADHERENCE
- ACCURATE REPORTING

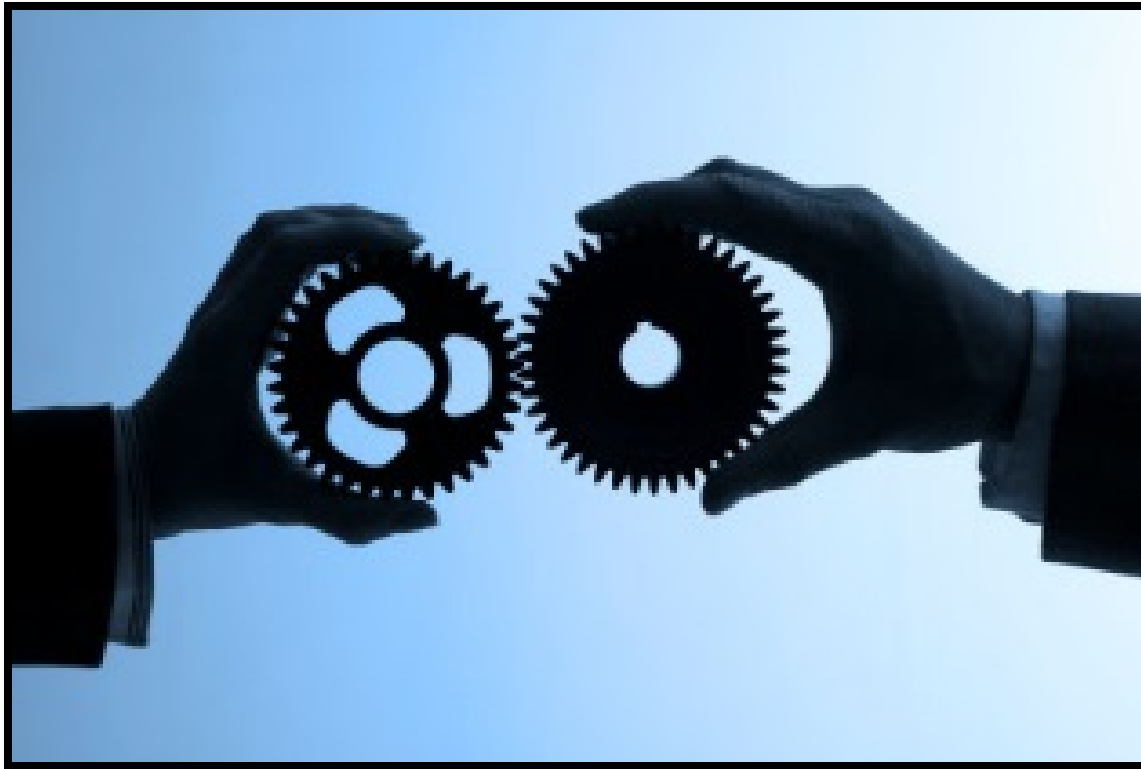


❑ A new approach to counselling in HOPE was developed to reach this goal – “COACH” – **C**ounselling to **O**ptimize **A**dherence, **C**hoice and **H**onest Reporting

# Contraception in HOPE

- ❑ **CAT continually strives to better meet contraceptive needs**
  
- ❑ **CAT goals in HOPE:**
  - **Four methods available at each site.**
  - **Integrate reproductive health plan into counselling.**
  - **75% of women who choose contraception will be on LARC.**
  - **Create capacity/ability to insert/remove LARC on demand.**
  
- ❑ **Effective contraceptive counselling is crucial to meeting needs**
  
- ❑ **Recognised that COACH principles can also be used to improve contraceptive counselling.**

# How can we incorporate COACH into contraception counselling?



# Characteristics of an effective counsellor

- Compassionate**
- Good listener**
- Empathetic**
- Encouraging**
- Non-judgemental**
- Discrete**
- Authentic**
- Knowledgeable**
- Able to establish rapport**



# The role of the counsellor

- ❑ The counsellors role in COACH is the same as the counsellors role during contraception counselling
  - Provide accurate and unbiased information.
  - Highlight respect for the participant's choice.
  - Engage the participant in order for her to promote ownership of the method.
  - Explore her challenges
  - Plan and strategize



# A contraceptive counselling session

**What might an actual contraceptive counselling session be like with COACH incorporated?**



# Helping you choose....

- Greeting and introductions**
- Outline the purpose of the session**
- Not every woman wants to use contraception. In our sessions, we will.....**
  - **Share information on reproductive health and family planning**
  - **Discuss your needs and choice regarding contraception.**
  - **Help you decide on the best reproductive health plan for you**
  - **Help you adjust your plan in the event that your needs change or to help you address any challenges.**

# Open conversation

## **I WILL**

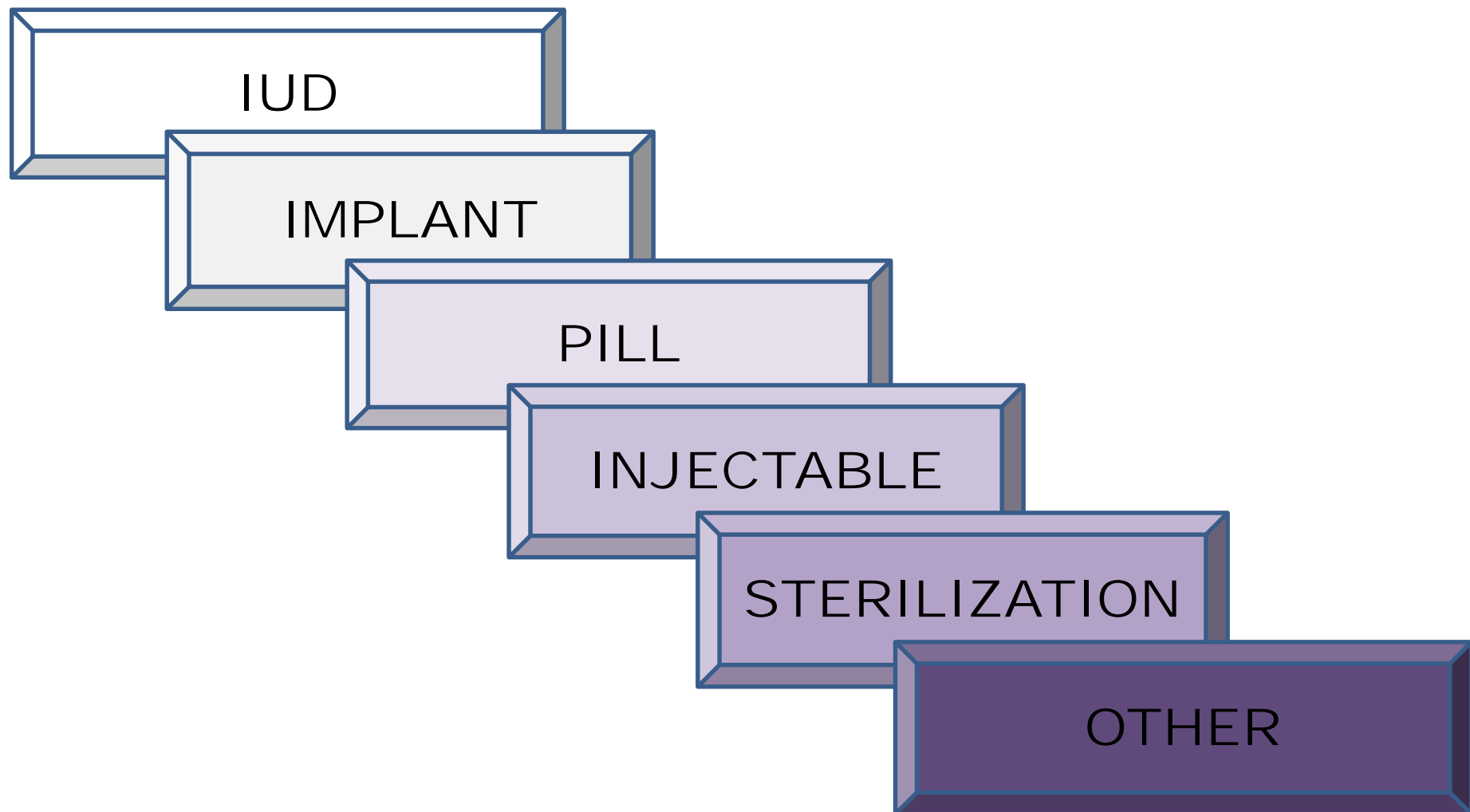
- Listen to your fears, beliefs, experiences and expectations
- Help you overcome challenges
- Help you achieve your reproductive health goals



## **I WILL NOT**

- Judge you
- Push you to use any particular contraceptive method

# What are your contraceptive options?



# Your personal circumstances

- Any children already? Desired number of children?
- Expectations from others?
- Studying or working?
- Daily routine?
- Personal goals, dreams and ambitions?
- Support? (financial/ partner/ family/ other)
- Impact of an unplanned pregnancy on current life?  
Reaction of others e.g. partner, family?



# Your experience with contraception in the past ....

- What methods have you used in the past?
- What helped you use contraception in ASPIRE/in the past?
- What obstacles did you overcome?
- What are your plans for using contraception in HOPE and thereafter?

# Challenges to contraceptive use

**My church does not allow contraception**

**Doesn't it affect my fertility so when I decide to conceive, I won't be able to?**

**My mum says its against our culture.....**

**My partner wants a child**

**My parents will be angry if they find out..**

**I'm worried about side effects like bleeding and weight gain....**



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# Your reproductive health plan....

- What is your plan to achieve the reproductive health path that you have desire? What is your choice?
- What might you do to ensure success of your chosen approach?

**Importance ruler:**

0 1 2 3 4 5 6 7 8 9 10

Not important  
at all

Extremely  
important

**Confidence ruler:**

0 1 2 3 4 5 6 7 8 9 10

Not confident  
at all

Extremely  
confident

Anything else?

# Follow-up study visits

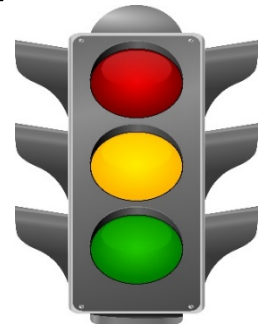
How did things go with your reproductive health plan?

What worked? What didn't?

What obstacles did you encounter? How did you overcome deal with them? Any ongoing obstacles?

What help would you like from me?

Anything happening in the next few weeks or months that might affect your reproductive health plan?





# Case study

- ❑ 33 year old, G1P1 participant.
- ❑ ASPIRE: NET-EN  
Between ASPIRE and HOPE: Did not use effective method  
HOPE Screening visit: Opted for oral contraception.
- ❑ Month 1: Reported that she was planning to conceive in the next 5/12 and had already stopped taking her oral contraception.
- ❑ “Open conversation” used at this point to counsel her adequately.
- ❑ Thanked for her honest reporting and asked to contact the site at the first suspicion of pregnancy.

# Summary

- ❑ **Key concepts in HOPE are adherence, choice and accurate reporting.**
- ❑ **Ongoing goal: To better meet women's contraceptive needs and decreased rate of unintended pregnancies.**
- ❑ **Effective contraceptive counselling is critical to achieve these goals.**
- ❑ **Incorporating COACH principles into contraceptive counselling will enable counsellors to improve this aspect of reproductive health care.**

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