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Balanced Counseling Strategy Plus (BCS +) in family planning consultations

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BALANCED COUNSELING STRATEGY PLUS (BCS+) IN FAMILY PLANNING CONSULTATIONS

Charity Ndwiga

5 March 2020

Population Council, Kenya

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Outline

- What is BCS+
- Why BCS+
- What is different about BCS+
- How does BCS+ work
- Implementing the BCS+ in Kenya

History of Balanced Counseling Strategy

- **1990s:** Developed and tested BCS as a practical, interactive, client-friendly strategy for improving FP counseling in Latin America
- **2000s:** BCS expanded to BCS+ to address HIV/STIs in FP for high HIV prevalence settings; piloted in Kenya/South Africa (2004-2007)
- **2011:** Revised BCS+ (2nd edition) to include 2010 WHO Medical Eligibility Criteria (MEC) and cards on cervical cancer screening, postpartum and infant health
- **2015:** Revised BCS+ (3rd edition) to include 2015 WHO MEC; cards on adolescents, male services, post abortion care, and women's support and safety; and updated provider instructions

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What is different in BCS+

- Use of BCS+ simplifies decision-making
- Responds to the client's needs and reproductive intentions in FP counseling sessions
- More reliable than memory and designed to minimize trial and error
- Reduces the amount of recall necessary to perform a task
- The BCS+ toolkit has three main job aids -the algorithm, counseling cards and brochures

Third edition of BCS+ available online

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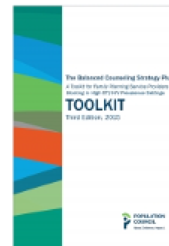
CURRICULA, TOOLKITS, AND GUIDES

The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High HIV/STI Prevalence Settings (Third Edition)

Published 2015



The *Balanced Counseling Strategy Plus (BCS+)* toolkit, developed and tested in Kenya and South Africa, provides the information and materials that healthcare providers need to offer complete, high-quality family planning counseling to clients living in areas with high rates of HIV and STIs. The BCS+ was adapted from the *Balanced Counseling Strategy* (León 1999; León et al. 2003a, b, c; León, Vernon, Martin, and Bruce 2008). The first edition of the *Balanced Counseling Strategy* and *Balanced Counseling Strategy Plus* toolkits are products of the Population Council's FRONTIERS program, supported by the United States Agency for International Development (USAID), Cooperative Agreement HRN-A-00-98-00012-00.

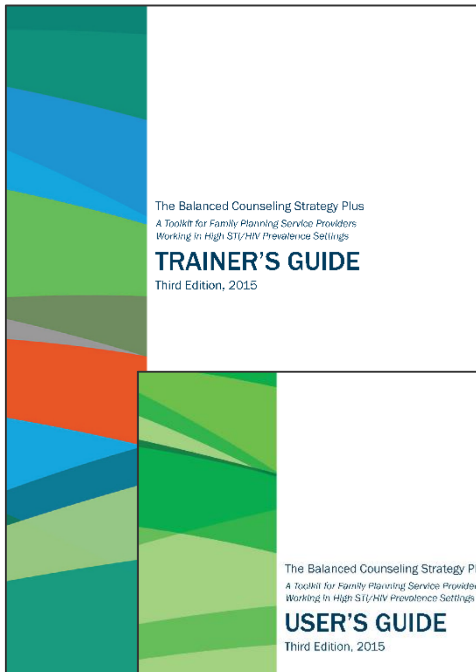
RESEARCH TOPICS COVERED

Family Planning

Integration of HIV and Sexual/Reproductive Health Services

https://www.popcouncil.org/research/the-balanced-counseling-strategy-plus-a-toolkit-for-family-planning-service

BCS+ Toolkit (3rd Ed.)



The Balanced Counseling Strategy Plus

A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings

USER'S GUIDE

Third Edition, 2015

ALGORITHM

Algorithm for Using the Balanced Counseling Strategy Plus

THIRD EDITION, 2015

PRE-CHOICE STAGE

METHOD CHOICE STAGE

POST-CHOICE STAGE

SYSTEMATIC SCREENING FOR OTHER SERVICES STAGE

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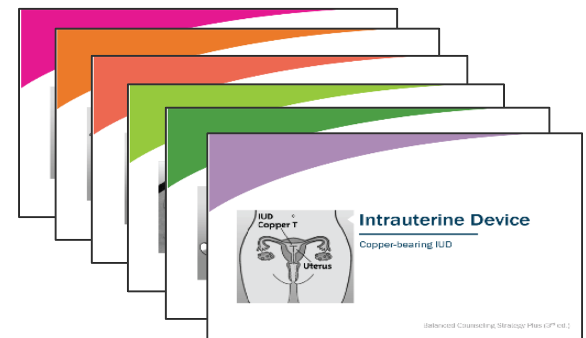
METHOD BROCHURES

COUNSELING CARDS



COUNSELING ALGORITHM

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Algorithm for using BCS+

Steps in using the Algorithm
Pre-Choice Stage (6 steps)
Method-Choice Stage (3 steps)
Post-Choice Stage (3 steps)
Systematic Screening for Other Services (7 Steps)

1. Pre-Choice stage

- Provider creates the conditions that help a client select FP method (Refer algorithm step 1-6)
- NB: If pregnancy cannot be ruled out, the provider skips to steps 13 to 19 to discuss other relevant services the client may need
- Client is given a back-up method, such as condoms, and asked to return when she has her menses

2. Method Choice Stage

- More extensive information offered about the methods that have not been set aside
- This helps the client select a method suited to her/his reproductive needs
- (Refer algorithm step 7-9)

3. Post-Choice Stage

- The provider uses the method brochure to give complete information about the method that client has chosen
- If the client has conditions where the method is not advised or client is not satisfied with the method, the provider returns to the Method Choice Stage
- (Refer algorithm step 10-12)

4. Systematic Screening for Other Services Stage:

- The provider uses information received and targets questions to determine:
  - Additional health services and;
  - Counseling that the client may need
- Using the remaining counseling cards other services offered or referred:
- PNC, screening for CxCa, STI/HTC, intimate partner violence
- Discuss dual protection
- Give return date

COUNSELING CARDS

BCS+ includes 34 counseling cards

- First card asks questions to rule out pregnancy
- 18 method-specific cards
  - Describes use, efficacy, risks of each method
  - Provider lays out all method cards and removes excluded methods as counseling proceeds
- 15 cards on additional topics, services
  - HIV/STI risk assessment
  - Zika
  - Etc.

Counseling cards

Intrauterine Device

Copper-bearing IUD

EFFECTIVENESS

First year of use
Less than 1 pregnancy per 100 women

- Provides long-term protection against pregnancy for 5 - 12 years.
- Is a small, flexible, plastic and copper device placed in the uterus. Most IUDs have 1 or 2 thin strings that hang from the cervix into the vagina.
- It is a safe and effective method for almost all women, including women in the postabortion or postpartum period.
- A trained provider must insert and remove the IUD. This method can be used as emergency contraception.
- Can be inserted immediately after childbirth (within 48 hours) or after 4 weeks postpartum.
- Typically causes slightly longer and heavier bleeding and more cramps or pain during monthly bleeding.
- If a woman has unexplained vaginal bleeding, she should be further evaluated and treated prior to initiating this method.
- Safe for a woman living with HIV/AIDS who is clinically well (WHO Stage 1 or 2 of HIV clinical disease) on antiretroviral (ARV) medicines.
- Not advised for a woman with very high risk of having sexually transmitted infections (STIs), particularly chlamydia or gonorrhea. Evaluate the client for STI risk prior to initiating this method. (See STI and HIV Risk Assessment Card).
- Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client

HIGHLY EFFECTIVE

HIV/STI protection addressed on each method's card

Male Condoms

EFFECTIVENESS

Typical use
Not used consistently — 18 pregnancies per 100 women

- Most condoms are made of thin latex rubber. Some condoms are coated with a lubricant and/or spermicide.
- If the client has had an allergic reaction to latex rubber, they should not use latex condoms. Use polyurethane condoms as a safe and effective alternative for people with a latex allergy.
- Before having sex, place the condom over the erect penis.
- The client must use a new condom for each act of sex.
- Protects against pregnancy and sexually transmitted infections (STIs), including HIV.
- Requires partner's cooperation to use consistently and correctly.

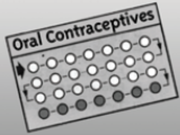
LESS EFFECTIVE

METHOD BROCHURES

Method-specific brochures

- BCS+ has brochures on 18 methods
- Given to client to take home

Method brochures (excerpt)



The Pill

Combined Oral Contraceptives

EFFECTIVENESS

Typical use in first year
Some missed pills:
9 pregnancies per 100 women

GENERAL INFORMATION

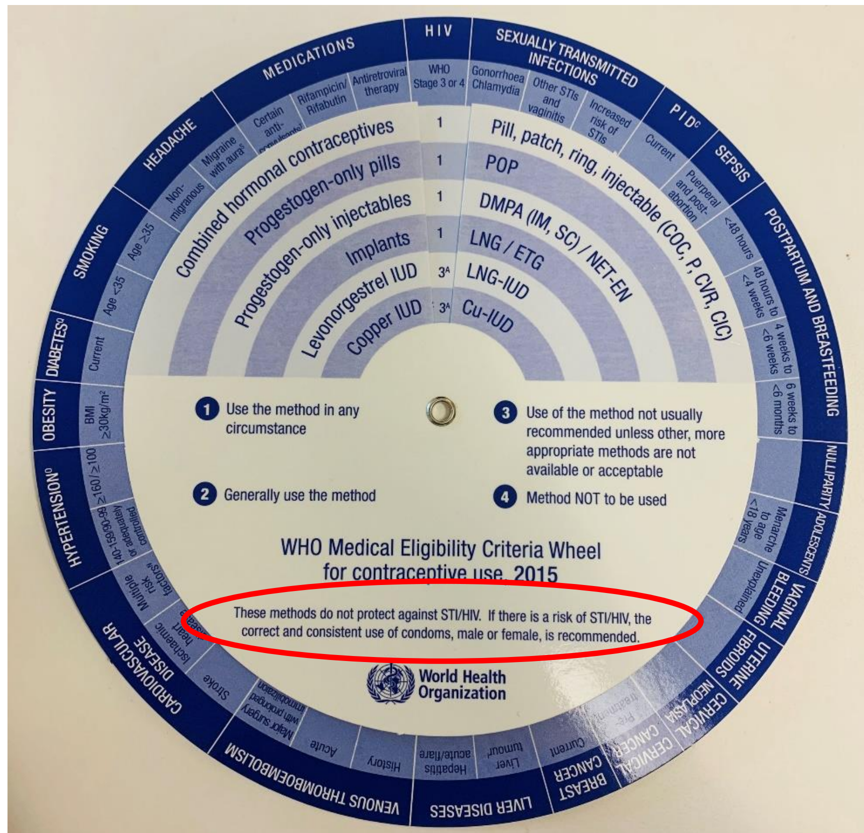
- Requires that you take 1 pill every day.
- May cause irregular bleeding during the first few months of use.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- There are many different brands and regimens of combined oral contraceptives. Discuss available and most appropriate method with provider.
- Does **not** protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS

- You take 1 pill every day. The pill is most effective when you take the pill at the same time every day.
- The pill contains small amounts of the hormones estrogen and progestin.
- These hormones make the mucus around the cervix thick. This stops sperm from meeting an egg.
- They also prevent the release of eggs from the ovaries (ovulation).

HIV/STI protection addressed on each method brochure

World Health Organization Medical Eligibility Criteria ("MEC") wheel



A	If condition develops while using method, can continue using it during treatment.
B	If very high likelihood of exposure to gonorrhoea or chlamydia =3.
C	If past pelvic inflammatory disease (PID) all methods =1, including IUDs.
D	If <3 wks, not breastfeeding & no other VTE risk factors =3.
E	If not breastfeeding =1.
F	If 3 to <6 wks, not breastfeeding & no other VTE risk factors =2, with other VTE risk factors =3.
G	If ≥6 wks & not breastfeeding =1.
H	If uterine cavity distorted preventing insertion =4.
I	Refers to hepatocellular adenoma (benign) or carcinoma/ hepatoma (malignant).
J	If adenoma CIC =3, if carcinoma/hepatoma CIC =3/4.
K	CIC =3.
L	If established on anticoagulation therapy =2.
M	If condition developed while on this method, consider switching to non-hormonal method.
N	Risk factors: older age, smoking, diabetes, hypertension, obesity & known dyslipidaemias.
O	If cannot measure blood pressure & no known history of hypertension, can use all methods. Either systolic or diastolic blood pressure may be elevated.
P	If age <18 yrs & obese DMPA/NET-EN =2.
Q	For insulin-dependent & non-insulin-dependent. If complicated or >20 yrs duration, COC/P/CVR, CIC =3/4; DMPA, NET-EN =3.
R	If <15 cigarettes/day CIC =2. If ≥15 cigarettes/day COC/P/CVR =4.
S	Aura is focal neurological symptoms, such as flickering lights. If no aura & age <35 COC/P/CVR, CIC =2, POP =1. If no aura & age ≥35 COC/P/CVR, CIC =3, POP =1.
T	Barbituates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate & lamotrigine.
U	If barbituates, carbamazepine, oxcarbazepine, phenytoin, primidone or topiramate CIC =2.
V	If lamotrigine =1.
W	DMPA =1, NET-EN =2.
X	CICs =2.
Y	If antiretroviral therapy with EFV, NVP, ATV/r, LPV/r, DRV/r, RTV: COC/P/CVR, CIC, POP, NET-ET, Implants =2; DMPA =1. For all NRTIs, ETR, RPV, RAL each method =1. See jacket for full names of medications.
Z	If WHO Stage 3 or 4 (severe or advanced HIV clinical disease) IUD =3.

Conditions that are category 1 and 2 for all methods (method can be used)

Reproductive Conditions: Benign breast disease or undiagnosed mass • Benign ovarian tumours, including cysts • Dysmenorrhoea • Endometriosis • History of gestational diabetes • History of high blood pressure during pregnancy • History of pelvic surgery, including caesarean delivery • Irregular, heavy or prolonged menstrual bleeding (explained) • Past ectopic pregnancy • Past pelvic inflammatory disease • Post-abortion (no sepsis) • Postpartum ≥ 6 months

Medical Conditions: Depression • Epilepsy • HIV asymptomatic or mild clinical disease (WHO Stage 1 or 2) • Iron-deficiency anaemia, sickle-cell disease and thalassaemia • Malaria • Mild cirrhosis • Schistosomiasis (bilharzia) • Superficial venous disorders, including varicose veins • Thyroid disorders • Tuberculosis (non-pelvic) • Uncomplicated valvular heart disease • Viral hepatitis (carrier or chronic)

Other: Adolescents • Breast cancer family history • Venous thromboembolism (VTE) family history • High risk for HIV • Surgery without prolonged immobilization • Taking antibiotics (excluding rifampicin/rifabutin)

With few exceptions, all women can safely use emergency contraception, barrier and behavioural methods of contraception, including lactational amenorrhoea method; for the complete list of recommendations, please see the full document.

"Combined" is a combination of ethinyl estradiol & a progestogen.

CIC: combined injectable contraceptive **COC**: combined oral contraceptive pill
Cu-IUD: copper intrauterine device **CVR**: combined contraceptive vaginal ring
DMPA (IM, SC): depot medroxyprogesterone acetate, intramuscular or subcutaneous
ETG: etonogestrel **LNG**: levonorgestrel **LNG-IUD**: levonorgestrel intrauterine device
NET-EN: norethisterone enanthate **P**: combined contraceptive patch
POP: progestogen-only pill

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Adapting BCS+ in Kenya

- Study demonstrated that BCS+ approach significantly improved the quality of integrated FP/HIV services
- MoH and stakeholders adopted BCS+ in 2010 as the standard counseling approach for FP/HIV integration
- Kenya RH/HIV Integration Strategy 2011 increased scope to include PNC, CaCx, HIV care and treatment. 2nd Edition BCS+ responded to this
- MOH and Integra Initiative developed mentorship guidelines for SRH/HIV service integration (used BCS+)
- WHO MEC guidelines 2015, MOH with support from Pop Council and others reviewed and updated and adopted 3rd Edition

Reach of BCS+ Toolkit (3rd Ed.)

- Available in French and Spanish
- Adapted for Zika and published on the Zika Communication Network
- Available on:
  - Population Council website
  - K4Health
  - Health Compass
  - Maternal and Child Survival Program website
- An algorithm-based Interactive Voice Response (IVR) system for FP consultations tested in Kenya
- Used in Ghana, Nigeria, South Africa, Swaziland, India, Myanmar, Tanzania, Mali, Indonesia and elsewhere.

ADVICE project: working towards BCS+ 4th edition

- Revisit algorithm: where and how to assess HIV vulnerability?
- Incorporate biomedical advancements in HIV prevention (treatment as prevention, pre-exposure prophylaxis)

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