

Appendix B: Case Studies and Answer Keys

Use the case studies to determine whether participants are able to apply what they have learned. Note that the first case is appropriate for trainees from an HIV treatment and care background while the second case is appropriate for trainees from an FP background. Photocopy and distribute the FP/HIV case study description and questions (Handout #4 and Handout #5) to each small group and conduct the case study activity as instructed in the session plan. For additional guidance on how to use case studies see *Using Case Studies* in the [Facilitators' Materials](#) section of the TRP website.

FP for Clients with HIV

Case Study 1 – for use by trainees with an HIV treatment and care background

Description

Mary is a 35-year old woman who has been using COCs successfully for several years after giving birth to her fourth child; she previously used COCs to space all of her children. She has no problems taking COCs on time every day. She and her husband have discussed whether they want any more children and are leaning toward no more but are uncertain about committing to a permanent method.

Mary tested positive for HIV two years ago but resisted starting ARV therapy because she was afraid that others would find out that she has HIV. She has been feeling tired, having more frequent respiratory illnesses, has been diagnosed with TB, and needs to start taking medication. The provider who informed her of the positive TB test referred her to the HIV care and treatment center where you work.

Question: What are the issues/concerns that you should address with Mary in this case?

FP for Clients with HIV

Case Study 1—Answer Key**Knowledge and Skills Objectives Addressed by FP/HIV Case Study 1**

5. Describe the contraceptive options available to women and couples with HIV, including issues related to:
 - a. factors that affect FP method choice and other sexual and reproductive health decisions for clients with HIV
 - b. medical eligibility for hormonal methods and specific concerns related to interactions with specific ARV drugs, rifampicin or rifabutin
 - e. dual method use and the protection it provides against both unintended pregnancy and sexually transmitted infections (STIs)
6. Demonstrate how to use the *Contraceptive Method Considerations for Clients with HIV Including Those on ART: Provider Reference Tool* to consider HIV-related medical eligibility issues.
7. Describe the components and content of counseling sessions for clients with HIV including those on ARV therapy.

Answers to Case Study 1

- Ensure she understands why she was referred to the care and treatment center.
- Assess what she knows about TB and how it is treated and why compliance is important.
- Inform client that drugs used to treat TB (rifampicin and rifabutin) can interact with other drugs and reduce their effectiveness—including the COCs that she is currently using to prevent pregnancy.
- Tell client that if she wishes to avoid getting pregnant, she will need to use another method of contraception or abstain while she is being treated for TB.
- Counsel the client about starting ARV therapy for HIV and explain that it will improve her ability to fight infections (note that TB treatment should be initiated before adding ART).
- Counsel that certain ARV drugs can also affect the effectiveness of COCs (not as much as TB drugs; but can still contribute to reducing COC's effectiveness) and discuss methods that have less or no interaction with either TB drugs or ARVs.
- Help her to consider methods that might be more appropriate for the client's life stage (e.g., long-acting or permanent if she desires no more children) and provide a referral as appropriate.

*FP for Clients with HIV***Case Study 2 – for use by trainees with FP background****Description**

Binta is a 23-year-old woman who had a baby six months ago. She was diagnosed with HIV during pregnancy when she first came to the antenatal clinic. She started taking ARVs when she entered the PMTCT program, has continued ARV therapy since then and is feeling well. Her husband also has HIV; he had other sex partners in the past but told her he stopped after he learned that the baby was on the way.

Binta would like to wait a few years before deciding if she wants another child. She has been relying on LAM and knows that she needs to decide on another method now that her baby is six-months old but has limited experience with other contraceptive methods. Other providers have encouraged condom use but her husband does not like them. Her older sister is using a copper IUD and is very happy with it. Binta thinks she might want an IUD but wonders if an IUD will make her HIV worse.

Question Set A

During counseling, Binta wants to learn more about the IUD and asks the following:

1. Can IUD use make HIV worse?
2. Will an IUD cause problems with my ARVs?

Question Set B

After counseling about possible methods, Binta decided that she wanted to try an IUD. The provider used the eligibility checklist to determine whether Binta is medically eligible to use an IUD. Based on the checklist, the provider determined with reasonable certainty that Binta is not pregnant, appears to be clinically well and, based on medical history questions, appears to be a good candidate for an IUD. The provider proceeded to conduct a pelvic exam and observed a purulent cervical discharge.

1. Is Binta medically eligible for an IUD; if not, why not?
2. What, if anything, needs to happen before an IUD can be inserted?
3. In addition to treating the cervical infection, what other advice should the provider give to Binta?

FP for Clients with HIV

Case Study 2—Answer Key**Knowledge and Skills Objectives Addressed by FP/HIV Case Study 2**

5. Describe the contraceptive options available to women and couples with HIV, including issues related to:
 - a. factors that affect FP method choice and other sexual and reproductive health decisions for clients with HIV
 - c. medical eligibility for non-hormonal methods and specific concerns related to HIV transmission to an uninfected partner or superinfection
 - d. breastfeeding recommendations for women with HIV who choose the lactational amenorrhea method (LAM)
 - e. dual method use and the protection it provides against both unintended pregnancy and sexually transmitted infections (STIs)
6. Demonstrate how to use the *Contraceptive Method Considerations for Clients with HIV Including Those on ART: Provider Reference Tool* to consider HIV-related medical eligibility issues.
7. Describe the components and content of counseling sessions for clients with HIV including those on ARV therapy.
10. Describe additional topics that may be appropriate to raise in counseling sessions for clients with HIV (e.g., disclosing HIV status, STI treatment, social and legal concerns).

Answers to Question Set A**1. Can a woman with HIV use an IUD?**

- The copper IUD is a safe, highly effective, long-acting option for women with HIV who meet the medical eligibility criteria for IUD use.
- IUD use by women with HIV does not increase the risk of HIV transmission to a partner; or in the case of Binta's husband, a superinfection (since he already has HIV).

2. Will an IUD cause problems with Binta's ARVs?

- Copper IUDs have no interaction with ARV drugs.

Answers to Question Set B**1. Is Binta medically eligible for an IUD; if not, why not?**

No; Binta is not currently eligible to have a copper IUD inserted. The provider used the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD* (found in the IUD module handouts) to decide whether Binta had any conditions or characteristics that prevented the safe use of IUDs. Although Binta's responses to the questions indicated that she is eligible for an IUD, the pelvic exam revealed a cervical infection which is a MEC Category 4 for IUD initiation.

2. What, if anything, needs to happen before Binta can have an IUD inserted?

Before Binta can have an IUD inserted she must:

- *Start antibiotic treatment:* Take oral antibiotics to cure the cervical infection.
- *Use an effective method of FP in the interim:* Since she no longer meets the criteria for using LAM, to avoid becoming pregnant, she must use another method of FP until the infection clears and she can have an IUD inserted. The provider should also offer emergency contraceptive pills (ECPs) in case Binta has problems using the interim FP method consistently and correctly.

3. In addition to treating the cervical infection, what other advice should the provider give to Binta?

- *Explain that her husband must also take oral antibiotics:* Advise her to bring her partner for treatment or provide a referral letter for him. If her partner is not treated, Binta will become re-infected.
- *Use condoms during antibiotic treatment and after IUD insertion (dual method use):* Binta must avoid becoming infected/re-infected with another STI so that she can have the IUD inserted as soon as the current infection clears. Since the provider is aware that Binta's husband is opposed to using condoms, the provider should offer to counsel the couple and/or discuss possible condom negotiation strategies with Binta.
- *Continue breastfeeding:* For the health of her infant, Binta should continue breastfeeding, until the baby is 12–24 months, adding appropriate complementary foods as the infant grows.
- *Continue ARV therapy:* For her own health and to minimize the risk of HIV transmission to her baby through breast milk, she should continue compliant use of ARVs.

Note: The recommendations provided in the Answer Key comply with the guidance in *Family Planning: A Global Handbook for Providers (2018 update)*. If national guidelines are available and provide guidance on these topics, participants should follow the recommendations in the national guidelines.