

4.2 Progestin Only Contraceptives - DMPA – Revisits

SUBJECTIVE	<p><u>Must include:</u></p> <ol style="list-style-type: none"> 1. Menstrual History update 2. Side effects/problems with DMPA 3. History of danger signs 4. Time interval since last DMPA injection.
OBJECTIVE	<p><u>Must include:</u></p> <ol style="list-style-type: none"> 1. Annual physical exam per Title X guidelines 2. Weight/BMI 3. Blood pressure
LABORATORY	Hgb/Hct prn with heavy bleeding.
ASSESSMENT	Candidate for DMPA injection at 10-15 weeks.
PLAN	<p>Give DMPA as follows:</p> <ol style="list-style-type: none"> 1. May be given 10-15 weeks past last injection 2. Late injection: see flow sheet for DMPA initial and late injection 3. Assess for early weight gain. If patient has an increase of over 5% weight gain from baseline in the first 6 months, consider discussing other contraceptive options. 4. If patient desires to continue DMPA in spite of weight gain, counsel appropriately regarding nutrition and exercise.
PROCEDURE	<p>DMPA injection 150mg/1mL (shake vial vigorously prior to use). Give a deep IM injection in the upper outer quadrant of the buttocks or in the deltoid, using a 21-23 gauge needle. Do NOT massage the area.</p> <p style="text-align: center;">OR</p> <p>DMPA Injection 104mg/0.65mL pre-filled syringe (shake pre-filled syringe vigorously prior to use). Give injection subcutaneously into the anterior thigh or abdomen. Insert needle at a 45 degree angle, using a 26 gauge x 3/8 inch needle. Do NOT massage the area.</p>
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Reinforce DMPA education including danger signs if client desires pregnancy, plan to discontinue injection 6-12 months before desired conception. 2. Advise patient that fertility (ovulation) may not return for up to 2 years, but that half the women will be fertile within 10 months of their last injection. 3. Advise as to discontinuation of method and use of other/backup method. 4. Provide information regarding sexually transmitted infections (STIs) including counseling that DMPA offers no protection against STIs 5. Remind patient that all women need adequate calcium intake. Recommend calcium supplementation (700 to 1300 mg daily) and 600 IU of vitamin D. 6. Advise patient to RTC if she experiences heavy vaginal bleeding, symptoms of pregnancy, or other series side effects.
PHYSICIAN CONSULT	See U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 - Category 3.