

4.1 DEPO PROVERA (DMPA)

TITLE	DESCRIPTION
DEFINITION:	<p>Depo Provera (DMPA) suppresses ovulation by inhibiting the LH and FSH surge, thickening cervical mucus which blocks sperm entry into the female upper reproductive tract, slows tubal and endometrial mobility, and causes thinning of the endometrium. Progestin-only methods are available as pills, injections, implants and IUCs. Many women prefer the convenience of an injectable progestin-only method. A woman who experiences unacceptable estrogen-related side effects or who has contraindications to estrogen-containing contraceptive methods may be able to use progestin-only birth control methods successfully. Progestin-only methods may be preferred to combination hormonal methods for women with:</p> <ol style="list-style-type: none"> a. Chloasma. b. Hypertension. c. VTE. d. Severe headaches. e. Chronic asymptomatic hepatic disease. f. Breastfeeding. g. Tobacco use. <p>DMPA offers many non-contraceptive health benefits, including reducing the intensity of dysmenorrhea, treating severe anemia in women with excessive menstrual blood loss, and reducing the pain of endometriosis.</p>
SUBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. LMP. <p>Should Include:</p> <ol style="list-style-type: none"> 1. Comprehensive medical, family, social, sexual, reproductive life plan and contraceptive history (initial, or updated as indicated).
OBJECTIVE:	<p>Should Include:</p> <ol style="list-style-type: none"> 1. For initial assessment: height, weight including BMI and BP. 2. For revisit: weight and BP. 3. Periodic physical assessment, as indicated.
LABORATORY:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Sensitive pregnancy test. 2. STI screening. 3. Pap smear (per current guidelines). 4. Other lab work as needed per history information.
ASSESSMENT:	Candidate for Contraceptive Injection.
PLAN:	<ol style="list-style-type: none"> 1. Provide written information specific to DMPA including use, effectiveness, benefits, and side effects. 2. DMPA can be given at any time if it is reasonably certain that the client is not pregnant. 3. <u>Options for starting DMPA:</u>

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	<ol style="list-style-type: none"> a. If given within first 5-7 days of menses, no additional contraceptive protection is needed. If DMPA is started >5-7 days since menses, client needs to abstain from intercourse or use additional contraceptive protection for the next 7 days. b. Immediate postpartum – DMPA can be given. c. If ≥ 21 days postpartum – breast or non-breastfeeding clients will need back-up or abstinence for 7 days. d. Post-abortion (spontaneous or induced) – additional contraceptive protection is needed for 7 days unless given at the time of a surgical abortion. e. If switching method, consider continuing her previous method for 7 days after DMPA injection or abstain from intercourse for 7 days. f. Switching from IUD – if client had intercourse and has IUD, may consider: <ol style="list-style-type: none"> i) Advise client to retain the IUD for at least 7 days after DMPA was initiated and return for IUD removal. ii) Advise client to abstain from intercourse or use barrier contraception for 7 days before removing the IUD and switching to new method. iii) If client cannot return for IUD removal and has not abstained from intercourse or used barrier method 5 days. Advise to use EC (with the exception of ulipristal acetate) at the time of IUD removal (see Progestin Only Contraceptives: Emergency Contraceptive Pills). <ol style="list-style-type: none"> 4. Special considerations if early or late for DMPA: <ol style="list-style-type: none"> a. Repeat DMPA injection can be given early anytime as warranted. b. Repeat DMPA injection can be given up to 2 weeks late (15 weeks from the last injection date) without requiring additional contraceptive protection. c. If injection is > 15 weeks from the last injection, r/o pregnancy before re-injection, offer emergency contraception (except ulipristal acetate) if they have had unprotected intercourse in the last 5 days, repeat DMPA, and recommend back-up method for an additional 7 days. 5. Document client verbalizes understanding of all information. 6. Return to clinic for 3-month injection, PRN if problems, or as designated by the clinician.
EDUCATION:	<ol style="list-style-type: none"> 1. Provide information regarding sexually transmitted infections (STIs), including counseling that DMPA offers no protection against STIs. 2. Educate clients on daily exercise as well as daily intake of 700-1300 mg calcium carbonate plus 600 IU vitamin D. 3. Advise client baseline fertility may be delayed upon discontinuation – average is 10 months after last injection. 4. If client experiences BTB, advise Ibuprofen 800 mg TID for 5 days or provide one cycle of monophasic combined hormonal oral contraceptive. 5. Advise client to incorporate weight bearing and muscle strengthening exercises at least 3 times per week (preferably 20 minutes daily). 6. Discuss the potential issues of weight changes associated with DMPA. In studies, women who gain >5% of their baseline weight at 6 months of DMPA use are likely to continue gaining weight with continued use of DMPA. When you see a client who is very heavy or has gained enough weight to disturb her you have a teachable moment. Be prepared for that teachable moment with

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	simple messages to share regarding weight loss. Continuation of DMPA for a woman with a BMI ≥ 30 is a category 2.
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>
REFERRAL TO MEDICAL PROVIDER:	Clients evaluated as category 3 for initial and/or continued use according to the current U.S. Medical Eligibility Criteria for Contraceptive Use.
REFERENCES:	<ol style="list-style-type: none"> 1. <i>Centers for Disease Control and Prevention U.S. Medical Eligibility Criteria for Contraceptive use, 2016, Vol. 65/No. 4, July 29, 2016.</i> 2. <i>Providing Quality Family Planning Services, Vol. 63, No. 4, April 25, 2014.</i> 3. <i>Hatcher RA, et al (2018). Contraceptive Technology, 21st Ed. New York, NY: Ayer Company Publishers, Inc. pp 195-226.</i> 4. <i>Zieman M, Hatcher RA, Cwiak C, et al. Managing Contraception for Your Pocket 2015-2016.</i> 5. <i>Yen-Chi L.LE, PhD, Mahbubur RAHMAN, MBBS, PhD, MPH, Abbey B. BERENSON MD Early Weight Gain Predicting Later Weight Gain Among Depot Medroxyprogesterone Acetate Users. Obstet Gynecol. 2009 Aug; 114(2 Pt):279-284.</i>