



NORTH DAKOTA DEPARTMENT OF HEALTH Family Planning Program

INFORMATION FOR DEPOT MEDROXYPROGESTERONE ACETATE (DMPA)

DMPA is a progestin contraceptive injected intramuscularly (within a muscle) or subcutaneously (beneath the skin) every 11 to 13 weeks. This method is 94-96% effective at preventing pregnancy in typical users and is 99% effective when used perfectly.

Women who use the DMPA injection may have the following:

BENEFITS:

- * Less risk of endometrial/ovarian cancer
- * Light or no menses (period), less anemia
- * Fewer menstrual cramps
- * Reduced risk of pelvic inflammatory disease and tubal pregnancy
- * Thirteen weeks of protection from one injection
- * Possible improvement of endometriosis
- * Fewer seizures for those with seizure disorders
- * Minimal drug interactions
- * No estrogen effects
- * Possible reduction in ovarian and endometrial cancer
- * May be used by breastfeeding mothers
- * Less pain with endometriosis

RISKS/SIDE EFFECTS (You may experience the following while using DMPA):

- * Possible increase in depression or mood changes
- * Return to fertility may be delayed
- * Menstrual cycle disturbances
- * Hot flashes, decreased sex drive or vaginal dryness
- * Cardiovascular event risk may be increased with prior history of cardiovascular disease
- * Change in appetite, weight gain or loss
- * Hair loss or increased hair growth
- * Side effects not immediately reversible
- * Decreased bone density
- * Rare allergic reaction
- * Dizziness, weakness or fatigue

Women who use DMPA Contraceptive Injection may lose significant bone mineral density. This bone loss is greater the longer DMPA is used, and the bone density may not completely return to normal after DMPA is stopped.

It is unknown if use of DMPA during the teens or early 20s, a time when bone density is increasing, will reduce peak bone mass and increase the risk of thinning bones that could result in bones breaking in later life.

DMPA should be used longer than two years only if other birth control methods are inadequate or unacceptable.

ALTERNATIVES: You have received information about other methods of birth control that are available. For situations of suspected contraceptive failure, emergency contraception is available and offers a second chance to avoid unintended pregnancy.

INSTRUCTIONS: You have received information about DMPA and how it works. This injection does not protect you against STIs ~~STDs~~ (sexually transmitted infections) or HIV.

DECISION TO STOP USING: You may stop using DMPA at any time. A woman is most likely to become pregnant if she or her partner does not use a method of birth control.

QUESTIONS: You may ask questions about DMPA at any time and may contact the clinic with further questions.

INSTRUCTIONS FOR USING DMPA

1. There are four ways to start using DMPA:
 - a. The first injection during the first five days of a normal menstrual period
 - b. Within the first five days postpartum
 - c. Your provider may provide DMPA anytime in the cycle when known you are not pregnant.
2. You may need to use a backup method of birth control for one week after your first injection. Your provider will instruct you if a backup method is necessary.
3. Because of the rare possibility of an allergic reaction, some providers ask that women remain in the clinic for 20 minutes after having their DMPA injections.
4. Return to the clinic every 11 to 13 weeks for another injection. Mark your calendar for your next shot to be sure you are on time. Talk with your provider if you can't receive your injection within this time frame.
5. It is important to exercise and take in adequate amounts of calcium/vitamin D while using DMPA.
6. If you administer DMPA yourself, refer to the instructions for proper administration and storage.

Late for an injection:

1. If you are more than one week late for your injection, talk to your provider and visit your clinic as soon as possible. You may need to use a backup method until you get your injection and/or receive emergency contraception.

DMPA and your Periods

1. DMPA tends to make a woman's periods less regular and spotting between periods is common. Some women stop having periods completely. This is not harmful, and many women like not having periods.
2. If your pattern of bleeding is annoying, contact your clinician.
3. When you discontinue taking DMPA, it may be a number of months before your periods return to normal.

Discontinuing DMPA

1. If you discontinue DMPA and do not want to become pregnant, start using a new contraceptive less than 13 weeks from your last shot.
2. DMPA injections may keep you from getting pregnant for more than 14 weeks after your last shot. The average delay in fertility is 10 months from the last injection, however it may persist up to 18 months. DMPA does not decrease your fertility

See your health-care provider if you develop any of the following symptoms:

- * Repeated, very painful headaches
- * Heavy bleeding
- * Depression
- * Severe, lower abdominal pain (maybe a sign of pregnancy)
- * Pus, prolonged pain or bleeding at injection site

How to self-administer DMPA-SQ:

1. Wash your hands.
2. Remove the pre-filled syringe from box and shake for 1 minute.
3. Hold the syringe with the needle pointing up and tap the syringe to shake air bubbles to the top.
4. Gently push plunger of syringe until air bubbles come out (keep the cap on the needle).
5. Choose injection site (either abdomen or top of the thigh) and wipe it with an alcohol pad.
6. Take the cap off needle and hold the syringe in your dominant hand.
7. Grab the skin around the injection site with your non-dominant hand and insert the needle all the way at 45-degree angle.
8. Press the plunger of the syringe all the way and keep needle in place while counting to 5.
9. Remove the needle and dispose of it into a sharp's container.
10. Apply pressure to the injection site, but don't rub.
11. If all the medication is not injected, reinject the remaining medication at the site previously wiped with the alcohol pad.