



## 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 is 97 percent to 99 percent effective when used correctly.

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 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 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
  - \* Breast tenderness, acne, bloating, headache
  - \* Menstrual cycle disturbances
  - \* 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
- You may not be eligible for DMPA use if you:
- \* Have abnormal or unexplained bleeding from your vagina that has not been checked by a medical provider.
  - \* Have been taking *aminoglutethimide*, a drug for Cushing's syndrome.
  - \* Have a history of breast cancer, heart disease, stroke or blood clots.
  - \* Have current liver disease.
  - \* Think you may be pregnant.
  - \* Have an allergy to DMPA

**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 written 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 STDs (sexually transmitted diseases) 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 if not breastfeeding
  - c. If exclusively breastfeeding at the sixth postpartum week
  - d. Your provider may provide DMPA anytime in the cycle when known you are not pregnant. Use a backup method for seven days.
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 14 weeks for another injection. Mark your calendar for your next shot to be sure you are on time.
5. Be sure to use a backup method if you are late for injection.
6. It is important to exercise and take in adequate amounts of calcium/vitamin D while using DMPA.

### Late for an injection:

1. If you are more than one week late for your injection, use a backup method of contraception. Visit your clinic right away for your injection. You will need to continue using a backup method until you get your injection and for a week after that injection. Many clinicians will give you a pregnancy test to make sure you are not pregnant.
2. If you realize that you have missed your injection or are late for it, use another contraceptive or do not have intercourse. Return as soon as possible for your shot. Contact your clinic for possible emergency contraception.
3. If you have already had intercourse without being protected by a contraceptive, come to the clinic or call your clinician immediately to discuss options, including emergency contraception.

### DMPA and your Periods

1. DMPA tends to make a woman's periods less regular, and spotting between periods is fairly 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 14 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. 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