

**Ottawa County Department of Public Health
Family Planning Program**

**PROGESTIN- ONLY CONTRACEPTIVE INJECTION
PATIENT INFORMATION**

If you are thinking about starting progestin-only injections (such as Depo Provera or DMPA), there is information you should consider before you decide if it is right for you. Please read all this information as well as the FDA-approved information from the injection manufacturer that comes with your injection. We are here to help answer any questions you have – please ask!

DMPA contains just the hormone progestin (no estrogen) . It prevents pregnancy mainly by keeping eggs from being released by the ovaries. DMPA also prevents pregnancy by thickening and decreasing mucus at the cervix which prevents sperm from entering. For every 100 women who use progestin-only injections, 6 will become pregnant the first year with typical use and less than one with perfect use. Perfect use includes staying on the recommended schedule for your next injection:

- Every 11 to 13 weeks as a deep intramuscular injection of 150 milligrams (mg) or
- Every 12 to 14 weeks as a subcutaneous injection of 104 milligrams (mg).

Instructions are included in the event you miss an injection within the recommended schedule and then what should be done. Emergency contraception (EC) is available if it is recommended and you want to use it. EC is available over the counter without a prescription if you are 15 or older or you can also call our Family Planning program for it. The sooner you take EC within 5 days from unprotected intercourse the more effective it is at preventing pregnancy.

Progestin-only injections like DMPA do not protect against sexually transmitted infections (STIs), including HIV/AIDS. Using condoms consistently with the injection can lower your risk for STIs.

Besides preventing pregnancy, progestin-only injections have other health benefits, such as:

- Less menstrual bleeding (usually)
- Less anemia
- Less pain with endometriosis
- More protection from ovarian cancer
- More protection from pelvic inflammatory disease (PID)
- More protection from seizures in women with seizure disorders
- More protection from acute sickle cell crises
- Less menstrual cramping
- Less pain with ovulation
- More protection from a tubal pregnancy
- More protection from uterine cancer

Minor side effects to progestin-only injections may include:

- Pain at the injection site
- Headache
- Hair loss or growth
- Breast tenderness
- Skin rash or pigment changes
- Possible delay in return of fertility
- Menstrual cycle changes (spotting, prolonged)
- Change in moods, sex drive
- Weight changes
- Nausea
- Decrease in HDL levels (“good” cholesterol)

Serious side effects are possible with progestin-only injection use but are rare and yet, in some cases, may cause death. Overall, however, using hormonal contraception is safer for you than a

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pregnancy would be. The serious side effects include:

- Allergic reaction to ingredients in the injection
- Blood clot (most commonly forms in a leg) that can travel to the lungs
- Stroke
- Heart attack
- Liver tumors
- Decrease in bone density

Please note: use of DMPA may cause temporary but reversible bone loss. Some groups may be at more risk for a fracture. The effects of long-term use of DMPA in adolescence is not clear. Women with a body mass index ≤ 16 are at greatest risk for osteoporosis. Other risks include smoking, physical immobility, anorexia nervosa, renal disease, cystic fibrosis, previous estrogen deficiency, hyperthyroidism, malabsorption, chronic corticosteroid use and use of other immunosuppressive agents, or strong family history of osteoporotic fractures. Please inform us if you have any of these health concerns.

Your risk for a serious side effect increases with certain health conditions. Therefore, you may not be able to use the progestin-only injection if you have had, now have, or develop in the future:

- Breast cancer
- Liver problems: severe cirrhosis, tumors
- Lupus with positive (or unknown) antiphospholipid antibodies
- Unexplained vaginal bleeding (before starting the injections)
- Ischemic heart disease (angina, heart attack)
- Stroke
- Migraine with aura is that getting worse after starting the injection
- Rheumatoid arthritis and on immunosuppressive therapy (bone density concerns)
- Diabetes with vascular changes to your kidneys, eyes, or extremities
- Diabetes or other vascular disease for the past 20 years or more

Please call the Family Planning program if your health condition or medications have changed since you were last seen to check if it is safe to continue with the progestin-only injection.

Seek immediate medical care if any of the following occurs:

- Sharp or crushing chest pain or you are coughing blood
- Shortness of breath
- Unusual swelling or pain in your legs or arms
- Sudden severe headaches
- Changes in the frequency, severity, or associated symptoms of your headache
- Eye problems such as loss of vision
- Severe pain in the stomach or abdomen
- Yellowing of the skin or eyes
- Severe depression
- Unusually heavy bleeding from the vagina
- New lump in your breast
- Pus, prolonged pain or bleeding at the injection site

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PROGESTIN- ONLY CONTRACEPTIVE INJECTIONS: INSTRUCTIONS

To start using progestin-only injections (such as DMPA):

- 1) The DMPA intramuscular injection typically is given in the upper arm or buttock; sometimes that depends on your size.
- 2) The DMPA subcutaneous injection is given in the abdomen or thigh (Ottawa County does not currently carry this kind).
- 3) If you are starting DMPA on days 1-7 of your cycle, no abstinence or back up method is needed.
- 4) If you are starting DMPA later than 7 days after the first day of your last menstrual period (LMP), use abstinence or a back- up method for 7 days.
- 5) If you have had unprotected intercourse within the last 5 days, emergency contraception is recommended. If you start DMPA today, use abstinence or a back-up method for 7 days, and check a urine pregnancy test in 2-3 weeks if no menses by then or if you have signs or symptoms of pregnancy.
- 6) If you have had unprotected intercourse since your LMP, you may also hold on the DMPA until your next menses starts; use abstinence or a back- up method like condoms in the meantime. Check a urine pregnancy test if your menses does not happen when you were expecting it.

To continue with progestin only injections:

- 1) Return for a repeat injection in 11-13 weeks if DMPA intramuscular is given or in 12-14 weeks if DMPA subcutaneous is given. It is important to remain on the recommended schedule for the method to be as effective as possible.
- 2) It is possible to have menstrual changes with DMPA including irregular menstrual bleeding, spotting or unscheduled bleeding, prolonged bleeding, diminished and/or no bleeding. Over time, most women stop all bleeding and spotting. The absence of bleeding with DMPA use is a significant health benefit; it does not mean that you are menopausal or have long term infertility
- 3) It is possible to have weight changes or other side effects including headache, mood swings, or hair changes. These problems are often not due to DMPA specifically, but you should be evaluated if they bother you. Please call if you have concerns.
- 4) All women need adequate calcium intake. If your daily diet provides less than adequate amounts (1000 mg adult women; 1300 mg adolescent women), we recommend adding a daily calcium supplement.

If you miss a recommended dose of the progestin only injection:

- 1) Call to schedule an appointment. Use abstinence or a back-up method like condoms until you come in for another injection plus 7 days after the injection.
- 2) If you have had unprotected intercourse within the last 5 days, emergency contraception is available.

If you are planning a pregnancy:

- 1) Plan to change your method 6-18 months prior to attempting pregnancy. Fertility (ovulation) may not return for up to 2 years, but half of women will ovulate within 10 months of their last injection. However, you could become pregnant right away, so use another method until you want to become pregnant.