

Information on Depot Medroxyprogesterone Acetate (Depo Provera)

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

Women who use DMPA therapy may have the following:

BENEFITS

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| ❖ Decreased risk of endometrial/ovarian cancer development | ❖ Infrequent dosing and the option for self-administration | ❖ Possible improvement of endometriosis |
| ❖ Light or no menses (period), | ❖ Fewer menstrual cramps and relief from menstruation-related symptoms like PMS/PMDD and migraines. | ❖ Fewer seizures for those with seizure disorders |
| ❖ Decreased risk for anemia | | ❖ Minimal drug interactions |
| | | ❖ Reduced risk of pelvic inflammatory disease and tubal pregnancy |

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

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

Current research suggests that bone loss is substantially reversible upon discontinuation and that use should not be restricted in adults, in adolescents the risk may outweigh the possible safety concerns regarding bone mineral density. Talk with your provider to determine if you have other risks for bone loss and to ensure DMPA is a safe method for you.

Women who use DMPA Contraceptive Injections may lose significant bone mineral density. This bone loss is great the longer DMPA is used, and the bone density may not completely return to normal after DMPA is stopped. It is unknown if the use of DMPA during the teens or early 20s, when bone density is increasing, will reduce peak bone mass and increase the risk of thinning bones which could result in bones breaking in later life. DMPA should be used for longer than two years if other birth control methods are inadequate or unacceptable.

ALTERNATIVES

You have received information about other methods of birth control that are available. Emergency contraception is available for situations of suspected contraceptive failure 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 or HIV.

DECISION TO STOP USING INJECTABLE CONTRACEPTION

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 contact the clinic with further questions.

Instructions for using DMPA

Your provider may provide DMPA anytime in the cycle when known you are not pregnant.

Use a backup method of birth control for 7 days after your first injection, if you are not within the first 7 days of the menstrual cycle.

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.

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.

Regular exercise, including weight-bearing exercises, adequate calcium and vitamin D intake, and smoking cessation is encouraged while using DMPA.

If you administer DMPA yourself, refer to the instructions for proper administration and storage.

Late for an injection:

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

DMPA and menstrual changes:

- Unpredictable bleeding and spotting during the first months of use is common. After the first few injections, you may have no period at all. This is not harmful and often viewed as an advantage of using DMPA.
- If your pattern of bleeding is bothersome, contact your medical provider.
- When you discontinue taking DMPA, it may take several months for your periods to return to normal.

Discontinuing DMPA:

If you discontinue DMPA and do not want to become pregnant, use a new contraceptive less than 13 weeks from your last shot.

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 permanently decrease your fertility.

See your healthcare 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