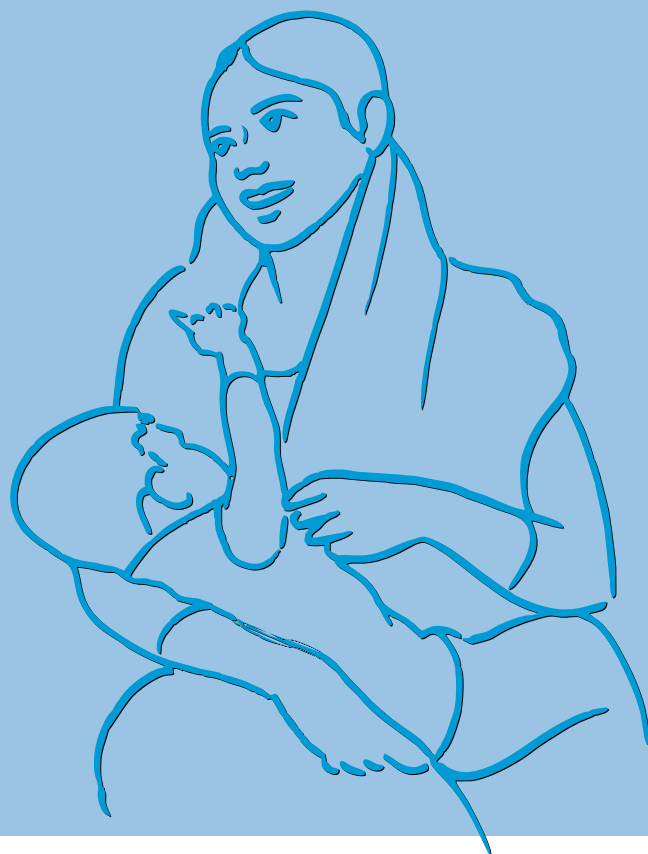


# Frequently Asked Questions by ASHAs

*about*

**DMPA: Depot Medroxy Progesterone Acetate**



United Nations Population Fund – India

## **Frequently Asked Questions by ASHAs about DMPA: Depot Medroxy Progesterone Acetate**

Government of India introduced three new contraceptives in its public health system in 2016. UNFPA India has been assisting the Government of India in roll out of new contraceptives, including injectable contraceptives, and in ensuring high quality services. This publication has been developed to address the questions frequently asked by ASHAs or similar level front line health worker or volunteer on injectable contraceptives (DMPA). The purpose of this FAQ is to help ASHA/community worker to provide correct information with regards to DMPA/Injectable Contraceptive and enable women to make informed choice. The questions contained in this document have been compiled on the basis of questions or concerns raised by ASHAs from different states during field level interactions.

The responses are based on technical guidance documents of Government of India, World Health Organization and other expert agencies. All reasonable precautions have been taken by United Nations Population Fund to verify the information contained in this publication. However, the responsibility for the interpretation and use of the material lies with the reader. In no event shall UNFPA be liable for damages arising from its use.

**UNFPA India**

November 2018

# Frequently Asked Questions by ASHAs about *DMPA: Depot Medroxy Progesterone Acetate*

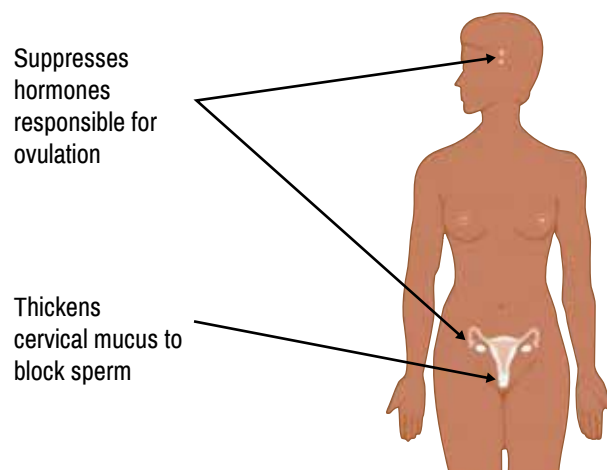
## Q1. What is Antara (DMPA) injection?

Injectable contraceptive or DMPA or Antara, as it is known in India, is a reversible contraception method. Any women of 15-45 years of age can use this. It is available free of cost in government run health centre and hospital.



## Q2. How do injectables work?

Injectables work by preventing the release of the egg in the woman. If the man's sperm has no egg to meet, the woman cannot get pregnant.



## Q3. What are failure rates of Antara (DMPA) use?

DMPA has a failure rate of 0.3% when the drug is used correctly. It means it can fail in about 3 out of 1000 women.

## Q4. How often do women have to take the injection?

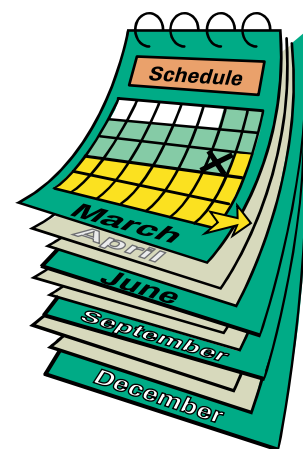
The injection has to be taken every 3 months.

### Q5. Why do some women like using injectables?

- Injectables are safe and work well to prevent pregnancy.
- During the three months, there is nothing more a woman has to do or remember.
- It is private – others will not know that a woman is using injectables.
- Monthly bleeding become very light and often stop after a year of use. Monthly bleeding resumes when a woman stops getting injections.
- Injectables can be used even when a woman is breastfeeding, starting at 6 weeks after the baby is born.

### Q6. Do women need to strictly follow the scheduled date?

- While receiving the dose of DMPA, women should be told to come approximately 3 months later. However, women can get late due to various reasons.
  - Even if the woman goes a few days late (maximum of 28 days late), her next injection can be given.
  - Similarly, even if she goes a few days early, the injection can be given upto a maximum of 14 days earlier than the scheduled date.
  - While in the field, if you meet a woman who is late for her DMPA dose, you should inform her that she should try to go back to the clinic, no matter how late she is.
- Injection every 3 months or 13 weeks
  - Can be up to 2 weeks early or 4 weeks late



### Q7. What are the side effects of Antara (DMPA)?

A woman who receives an Antara injection can have the following side effects:

- i. Changes in menstrual bleeding patterns including, with DMPA<sup>1</sup>:  
There are menstrual changes for almost all women. For most women, the monthly bleedings becomes very light or is the form of spotting, or irregular bleeding. In about half the women, periods stop after a year of use. Monthly bleeding resumes when a woman stops getting injections.
- ii. Delay in return of fertility: On stopping DMPA use, women do not immediately become pregnant, it may take 4-6 months longer for them to become pregnant.

<sup>1</sup> FP Global Handbook, 2018 pg 67

iii. Other changes: Some women may also report the following:

- Weight gain
- Headaches
- Dizziness
- Abdominal bloating and discomfort
- Mood changes
- Less sex drive

**Q8. How long does it take to become pregnant after discontinuing Antara (DMPA)?**

Woman who discontinue DMPA have to wait for an average 4-6 months longer to become pregnant than woman who have used other methods. A woman should not be worried if she has not become pregnant after 12 months after stopping use of DMPA.<sup>2</sup>

Almost 70% women conceive within the first 12 months following discontinuation of DMPA, and 92% conceived within 24 months.<sup>3</sup>

**Q9. Can all women use Antara (DMPA)? Are there any health conditions in which women should not use it?**

In following conditions DMPA, cannot be used –

- During pregnancy – any women with confirm pregnancy till she delivers or pregnancy is terminated
- Up to 6 weeks (42 days) of last delivery
- If a women has some serious health condition, for example, when her BP is very high, or in diabetic women who have diabetes for last many years.

Before a woman receives her DMPA injection, a doctor will examine her for all those conditions where this injection should not be given before advising Antara injection.

**Q10. Can women who have completed their families and do not want more children, receive Antara (DMPA) on a long-term basis?**

Yes, DMPA is safe and can be used also by women who want a long term method. Women need to be counselled on all available contraceptive methods, including DMPA. Women should be helped to choose the method they want.

**Q11. If a woman wants to get pregnant 2 years after starting Antara (DMPA), when should she stop DMPA injections in order to get pregnant in time?**

If a woman wants to get pregnant then she should discontinue the Antara (DMPA) after 5-6 doses and it will take 4-10 month to get her fertility back.

<sup>2</sup> FP Global Handbook, 2015 Pg 94

<sup>3</sup> Reference manual for DMPA, MOHFW March 2016 pg 63

**Q12. Can Antara (DMPA) be given to delay the first childbirth among women who are newly married?**

Yes, Antara (DMPA) can be given to nulliparous / newly married woman who wants to delay first child birth for few years. This is more comfortable for newly married women as Antara (DMPA) injection has to be given once in 3 months.

**Q13. For how long can a woman safely use Antara (DMPA)?**

It can be used as long as women or client want to use and want to avoid pregnancy. There is no restriction on the duration of its use.

**Q14. Does Antara (DMPA) make women infertile?**

No. Antara (DMPA) is reversible contraceptive method and it never makes any woman infertile. The average time of return of fertility is 10 months.

**Q15. Can Antara (DMPA) be given to women in the immediate postpartum period (who have delivered in the last 48 hours)?**

No. Antara (DMPA) cannot be given up to 6 weeks postpartum in breastfeeding woman. It can only be started at 6 weeks (42 days) after delivery.

For non-breastfeeding woman it can be started even before 42 days, however, any contraception for such women should be based on woman's fertility desires and proper counselling.

**Q16. If a woman is switching from oral pills to Antara (DMPA), can she switch mid-cycle or should she wait till start of her next period?**

She can start using Antara (DMPA) immediately, no need to wait for her next monthly bleeding. Send her to nearest health centre if she wants to switch to Antara (DMPA) from oral pills.

**Q17. Can ASHAs give Antara (DMPA)?**

No. But she can counsel women on Antara (DMPA), remind user for timely administration of subsequent injection and provide them advise if they have any questions related to Antara (DMPA) use.

**Q18. Can staff nurses or ANMs give DMPA?**

As per the guidelines of ministry of health in India, it is recommended that the first dose of DMPA injection to be administered under the guidance of a trained MBBS doctor after proper screening. Subsequent injections may be administered by trained ANM or Staff nurse.<sup>4</sup>

<sup>4</sup> Reference Manual on DMPA, GOI, 2016. P. 37

**Q19. Does use of Antara (DMPA) affect sexual function?**

Generally, no. Most women do not have any changes in their sexual function. However, a few women may have less sex drive.

**Q20. Can anaemic women take Antara (DMPA)?**

Antara (DMPA) has non contraceptive benefits as well. It may help in preventing iron deficiency anaemia. Antara (DMPA) hormone causes less or no bleeding which then helps to prevent iron deficiency anaemia. Hence it is a good method for anaemic women.

**Q21. What examination is needed for a woman who wants Antara (DMPA)?**

A woman who wants to start Antara (DMPA) needs to have check-up by a doctor, that includes asking a few questions about her health, general examination including blood pressure check-up, abdominal examination.

A pelvic (vaginal) examination is generally not necessary.

**Q22. If a woman wants to use DMPA, without informing her husband or family, can she get Antara (DMPA)?**

Like any other contraceptive, it's a woman decision to use a contraceptive method. No family member is required to give consent for use of DMPA.

**Q23. Can illiterate women use Antara (DMPA)?**

Yes. Any woman who is interested in using DMPA can use it, provided she is found to be medically eligible to use it. Before starting DMPA, all women should be given proper counselling regarding DMPA, timing of repeat injection, and side effects.

**Q24. What should I do if I meet a woman in the community who has not returned for second dose or subsequent dose?**

If you meet a woman who has not returned for her second dose, assess the following:

- a. whether she is aware of the need to return for repeat dose,
- b. whether she has any side effects that concern her and whether she wants to discontinue
  - If she wants to discontinue DMPA, inquire whether she wishes to start another contraceptive and ask her to visit a health centre
  - If she wishes to continue DMPA, ask her to go back to the health centre.

**Q25. What should I do if a client using Antara is late for the next DMPA injection?**

- Inform the woman that she should try to go on time for the next injection.
- However, if she is unable to go on the scheduled date as per client card is not possible, she can go **upto 28 days late or 14 days early** from the scheduled date for an injection.

**Q26. What should an ASHA do if a client is more than 28 days late (more than 4 months have passed since the date of last injection)?**

If more than 4 months have passed since the last injection, then advise the woman to start using another contraceptive method (e.g. condoms) and ask her to immediately visit the health centre.

**Q27. If a woman who is breastfeeding her baby, uses DMPA, does it affect quantity and quality of breast milk?**

Injectable contraceptives can be started 6 weeks (42 days) after delivery. DMPA is safe for both the mother and the baby, and does not affect the quality and quantity of milk production. It is a good choice for a breastfeeding mothers.

**Q28. If a woman does not have monthly bleeding while using DMPA, does this mean that she is pregnant or she has achieved menopause?**

No, about half the women using DMPA will not have their monthly periods. This amenorrhea (absence of periods) is not related to pregnancy or menopause.

**Q29. What advice should I give in cases of amenorrhea?**

- Reassure the client that amenorrhea is a common side effect and is not harmful.
- However, if she is not satisfied then you may offer her pregnancy test (by Nishchay kit) to rule out pregnancy.
- If she is still not satisfied, refer her to nearest health centre to consult ANM or Medical Officer.

**Q30. What advice should I give if a woman using DMPA complains of irregular periods or spotting?**

- If a client complains of irregular light periods/spotting, reassure her that spotting or irregular bleeding is not harmful and it usually reduces or stops after first few months of use.
- If she is not satisfied, accompany her to the health centre

It is essential that before initiation of DMPA, a client is provided proper counselling on likely side effects.

**Q31. Does DMPA causes anaemia due to changes in bleeding pattern?**

No. Since the bleeding is minimal/no bleeding after three to four months of use, it rarely results in anaemia. In fact, anaemia, which is caused by blood loss or iron deficiency, is actually prevented by DMPA.



**Q32. Does DMPA causes collection of dirty blood in body due to amenorrhoea?**

No, no blood is collected in the uterus when a woman uses DMPA. The lining of uterus is thinned, that's why the menstrual bleeding is reduced or stopped.

**Q33. What check-up is needed for starting DMPA?**

Before providing DMPA, it is important to assess her medical eligibility using an eligibility checklist or MEC wheel. Most of the time, the eligibility can be assessed by asking a set of questions and carrying out a blood pressure measurement.

DMPA can be provided to women without doing unnecessary procedures. Women can begin DMPA:

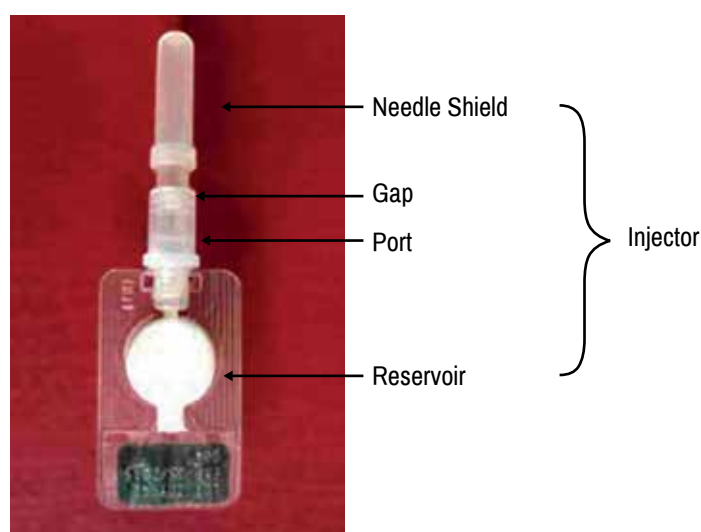
- Without a pelvic examination
- Without breast examination
- Without blood test or any other routine lab tests
- Without a pregnancy test<sup>5</sup>

**Q34. Do clients need to stop using DMPA and have a 'rest' period after several injections?**

There is no need for rest period with DMPA. There is no limit to the number of years DMPA can be continuously used. Among healthy women it can be given until menopause, when contraception is no longer needed.<sup>6</sup>

**Q35. What is the subcutaneous DMPA?**

There is another type of injectable contraceptive DMPA, which is meant to be given below skin but not in muscle. It has a thinner and shorter needle, and the medicine is already filled in the device. Like the intramuscular DMPA (IM DMPA), this too works for 3 months.



<sup>5</sup> FP Global Handbook, 2018 p. 71

<sup>6</sup> Reference Manual on DMPA, GOI, 2016. P. 63

**Q36. Can Subcutaneous MPA be administered to those women who cannot be given IM-DMPA and vice-versa?**

No, SC-DMPA cannot be administered to those women who are not eligible to take MPA-IM and vice versa. Contraindications for use of both are the same.<sup>7</sup>

**Q37. Can a woman switch between Intramuscular MPA and Subcutaneous MPA?**

Yes, because the medicine contained in both types of DMPA (IM and SC DMPA) is identical, it is safe to switch back and forth between these two on a regular dosing schedule (i.e., every three months), if necessary.

**Q38. Does Subcutaneous MPA have a different effect on menstrual changes compared to Intramuscular DMPA?**

No, both MPA-IM and MPA-SC cause similar menstrual changes and effect on bone mineral density as the hormonal level in blood is same.<sup>8</sup>

**Q39. What is the difference between Subcutaneous MPA and Intramuscular MPA?**

There is no difference between Subcutaneous MPA and MPA-IM in terms of medicine contained, how they work, their safety, effectiveness, and side effects. There is difference in amount of drug, route of administration, site of administration and size of needle.

**Q40. How much weight do women gain when they use DMPA?**

Some users of DMPA lose weight or have no significant change in weight. Some users may gain on an average 1-2 kg per year when using DMPA. This weight gain may be related to age, diet or sedentary lifestyle.<sup>9</sup> Asian women in particular do not tend to gain weight while using DMPA.<sup>10</sup>

7 Supplement to Reference Manual for Subcutaneous MPA, GOI, 2016. P. 7

8 Supplement to Reference Manual for Subcutaneous MPA, GOI, 2016. Pg 7.

9 Reference Manual on DMPA, GOI, 2016. P. 61

10 FP Global Handbook, 2018 p. 93





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