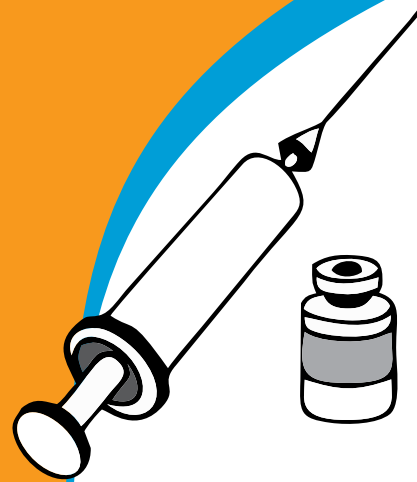


Frequently Asked Questions

about

DMPA: Depot Medroxy Progesterone Acetate



United Nations Population Fund – India

Frequently asked questions 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 health providers and managers on injectable contraceptives (DMPA). The questions contained in this document have been compiled on the basis of questions or concerns raised by providers from different states, during field level interactions or orientation programs.

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.

Frequently Asked Questions about DMPA: Depot Medroxy Progesterone Acetate

Q1. How does DMPA work?

DMPA contains a progestin like the natural hormone progesterone in a woman's body called medroxyprogesterone acetate (DMPA). After administration of injection, the hormone is then released slowly into the bloodstream. It works primarily by preventing the ovulation.

Q2. What are failure rates of DMPA use?

DMPA is 99.7% effective and has a failure rate of 0.3% when the drug is used correctly.¹

Q3. Do women need to strictly follow the scheduled date?

- There is a grace period of 2 weeks before and 4 weeks after the scheduled date of DMPA injection.
- While scheduling a repeat dose, provider and client should agree on a date, which is approximately 3 months (or 13 weeks) later.
- While receiving DMPA, a woman should be told that she should try to come back in time, but she should come back, no matter how late she is.
- Even if a woman is late by a few days (maximum of 4 weeks), or early by a few days (maximum 2 weeks early), the repeat dose of DMPA can be given.

Q4. What are the side effects of DMPA?

Most common side effects are the following:

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

- i. Changes in menstrual bleeding patterns including, with DMPA²:
There are menstrual changes for majority of women³: For most women, her monthly periods become very light or are the form of spotting or irregular bleeding. With increasing duration of use, amenorrhoea is common, occurring in more than half the users of DMPA within a year and in about two-thirds within two years. Monthly periods resume when a woman stops getting injections.
- ii. Delay in return of fertility
- iii. Other changes: Some women may also report the following:
 - Weight gain
 - Headaches
 - Dizziness
 - Abdominal discomfort
 - Mood changes
 - Less sex drive

¹Government of India. Reference Manual for Injectable Contraceptive (DMPA). Ministry of Health and Family Welfare, March 2016. Referred to as: "GOI Reference manual, DMPA" in the rest of document. page 10

²FP Global Handbook, 2018 pg 67

³World Health Organization, Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge for Health Project. Family Planning: A Global Handbook for Providers (2018 update). Baltimore and Geneva: CCP and WHO, 2018. Referred to as: "FP Global Handbook, 2018" in the rest of document.

Q5. How long does it take to become pregnant after discontinuing DMPA?

Women who discontinue DMPA have to wait for an average of 4-6 months longer to become pregnant than women who have used other methods. A woman should not be worried if she has not become pregnant by 12 months after stopping use of DMPA.⁴

The length of time a woman has used DMPA makes no difference to how quickly she becomes pregnant once she stops having injections. In a large study in Thailand, almost 70% of former DMPA users conceived within the first 12 months following discontinuation of DMPA, and 92% conceived within 24 months.⁵

However, although DMPA does not make women infertile, there are 5-8% women who have primary or secondary infertility due to unrelated reasons. Hence if a woman wishes to conceive and doesn't become pregnant one year after stopping DMPA, providers need to rule out the reason of infertility, and check whether ovulation has started.

Q6. If a woman wants to get pregnant 2 years after starting DMPA, when should she stop DMPA injections in order to get pregnant in time?

The timing of return of fertility after DMPA use may vary from woman to woman. On an average, it takes 10 months to get pregnant after getting last injection⁶. If a woman wishes to get pregnant after 2 years from the date of starting DMPA, she can stop using further injections after receiving 5 injections.

Q7. Can DMPA be given to nulliparous women (women who have no child)?

Yes, DMPA can be given to nulliparous / newly married women who wish to delay the birth of first child for few years. However, they should be properly counselled about delay in return of fertility.

They should be informed that about 6-7% married women in India have primary infertility⁷ (i.e. they are married for more than 2 years, have never used contraceptives, but are unable to conceive). If they or their husbands have a pre-existing condition linked to primary infertility, and they use DMPA, then they may not be able to conceive because of that condition after discontinuation of DMPA.

Q8. Does DMPA make women infertile?

No. DMPA is a reversible contraceptive method and does not make women infertile. However, there may be a delay of 7-10 months from date of last injection (average 4-6 months after the 3 months effect of last injection is over)⁸.

Q9. Can DMPA be given to women in the immediate postpartum period (who have delivered in the last 48 hours)?

No. DMPA cannot be given up to 6 weeks postpartum in breastfeeding woman. This is because medroxyprogesterone acetate and its metabolites are excreted in breast milk and infant's liver is not able to digest them. As per MEC criteria use in first 6 weeks postpartum is category 3 (which means that the theoretical or proven risks usually outweigh the advantages of using the method).

For non-breastfeeding woman, it can be started anytime.⁹

⁴FP Global Handbook, 2015 Pg 94

⁵Reference manual for DMPA, GOI, March 2016 pg 63

⁶FP Global Handbook, 2015. Pg 94

⁷file:///C:/Users/ki/Downloads/Female%20Infertility%20in%20India,%20PAA,%202017.pdf

⁸Reference manual for DMPA, GOI, March 2016 page 11.

⁹FP Global Handbook, 2015 Page 77.

Q10. If the baby is a stillborn, can DMPA be given earlier than 6 weeks after delivery?

For non-breastfeeding women, there is no medical risk if DMPA is started earlier than 6 weeks after delivery. However, any contraception for such women should be based on woman's fertility desires and proper counselling.

Q11. For women who have had a surgical abortion, when can DMPA be started?

DMPA can be given to a woman immediately after surgical abortion. If because of some reason, a woman desiring to start DMPA after abortion, could not get the injection immediately after surgical abortion, it can be given within the next 7 days and there is no need for a back up method.¹⁰

Q12. For women who have had a medical abortion, when can DMPA be started?

Woman who have had medical abortion can start DMPA on the day 3 (with the dose of misoprostol) or within the next 7 days.¹¹

Q13. If a woman who has given birth in the last 6 months and has lactational amenorrhea, wants DMPA, can it be given?

Assess whether the woman is fulfilling all conditions of lactational amenorrhea method.

- If the woman is *fulfilling all conditions* of lactational amenorrhea method (less than 6 months after childbirth, exclusive breastfeeding, menstrual periods have not started), one can be reasonably sure that the *client is not pregnant*. DMPA can be started between 6 weeks to 6 months after delivery¹². However, if there is any doubt, do a pregnancy test. If the test is negative, provide DMPA, and plan a follow-up pregnancy test in 3-4 weeks.
- If the woman is not following all conditions of lactational amenorrhea method (e.g. she has started some top milk or weaning food, but is amenorrhic), pregnancy *cannot be ruled out*. Provide her emergency contraceptives if she has had unprotected intercourse in last 5 days and do a pregnancy test.

Q14. Does use of 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.¹³

Q15. Can women who have completed their families and do not want more children, receive DMPA on a long-term basis?

DMPA is a safe and long acting reversible contraceptive method which can be used as a limiting method as well. Hence, women who wish to limit their families should be offered counselling for all contraceptive methods including DMPA.

Women who have completed their families can choose to use reversible methods for many years.

¹⁰PAFP Technical update, March 2016 Page 9,10,16 (<https://www.ipasdevelopmentfoundation.org/updates/post-abortion-family-planning-technical-update.html>)

¹¹Ministry of Health & Family Welfare. Post-Abortion Family Planning: Technical Update, March 2016.

¹²FP Global Handbook, 2018, p. 440.

¹³FP Global Handbook 2018 p. 95.

Q16. What if the user is late for the next DMPA injection?

- If a woman is *upto 4 weeks (28 days) late* for a repeat injection of DMPA, she can receive her next injection. No pregnancy testing is required.
- If she is *more than four weeks late* (more than 4 months late from the date of last injection):
 - Rule out pregnancy
 - Give her DMPA (if not pregnant)
 - Give her a backup method for first seven days.

Whether a woman is late for reinjection or not, her next injection of DMPA should be planned for 3 months later.¹⁴

Q17. What if the user is early for the next DMPA injection?

If a user comes up to 2 week earlier, provide the injection to her. Her next injection of DMPA should be planned for 3 months later from the latest injection.¹⁵

Q18. What is the effect of DMPA on bone mineral density?

Bone mineral density is influenced by many factors such as gender, age, race, body mass index, hereditary factors, physical stress on bones related to physical activity and weight-bearing, nutritional factors such as dietary calcium and vitamin D, alcohol consumption, smoking, corticosteroid exposure, sex hormones and physiological conditions such as pregnancy, breastfeeding and menopause. *There is a decrease in bone mineral density of 2-8% during pregnancy and 3-5 % during breastfeeding.*

With use of DMPA injectable contraceptive, bone mineral density decreases by 5-6% in 5 years, with most loss happening in first 2 years. This is believed to be associated with DMPA's interference with the production of the hormone estradiol, which is involved in bone mineral density development.

The use of DMPA is associated with *temporary* decrease in bone mineral density (BMD), which is reversible on discontinuation of DMPA. There is no increase in fractures. Routine bone mineral density monitoring is not recommended in any population using DMPA¹⁶.

Q19. Does DMPA has greater effect on bone mineral density among adolescents or women above 45?

There have been some concerns related to DMPA use among adolescents. A WHO Guideline Development Group evaluated the evidence on DMPA use among adolescents in March 2014, and concluded that among adolescents (menarche to <18 years) and among women >45 years, the advantages of using DMPA generally outweigh the theoretical safety concerns regarding fracture risk (MEC category 2)¹⁷.

Q20. For how many years at a stretch can a woman safely use DMPA?

DMPA is safe and effective reversible method for contraception. DMPA can be used for long time as there is no restriction on the duration of its use¹⁸. Woman who wants to continue using DMPA should be reviewed every two years to assess the benefits and risks.

If client using DMPA develops any conditions that are contraindications of DMPA, then it should be discontinued¹⁹.

¹⁴FP Global Handbook, 2018 p. 96.

¹⁵FP Global Handbook, 2018 p. 96

¹⁶Reference manual DMPA p. 26

¹⁷WHO statement on DMPA, 2015. <http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2015/10/DMPA-statement.pdf>

¹⁸Reference manual for DMPA, MOHFW March 2016 Pg 6

¹⁹MEC wheel GOI, 2015

Q21. Does DMPA increase the risk of getting HIV infections?

For women who are at low risk of HIV infection, DMPA use does not result in increased risk of HIV infection.

Recent research has shown that among women who are already at higher risk of HIV infection, DMPA use might be associated with slightly higher chances of becoming infected if she is exposed to HIV. However, the findings are not conclusive and DMPA may or may not be responsible for increasing a woman's risk of HIV.

Last year, WHO changed the medical eligibility criteria for the progestin-only injectables from category 1 to 2. Category 2 means that it is a condition where the advantages of using the method generally outweigh the theoretical or proven risks.

Hence women and couples at high risk of HIV acquisition should be informed about and have access to HIV preventive measures, including male and female condoms irrespective of the family planning method they choose.²⁰

Q22. If a woman is switching from oral pills to DMPA, can she switch mid-cycle or should she wait till start of her next period?

If a woman is switching from oral pills to DMPA in the mid-cycle, she can start using DMPA immediately, there is no need to wait for her next monthly bleeding.²¹

Q23. If a woman is switching from IUD to DMPA, and she comes in the middle of her cycle (e.g. on day 15) for IUD removal, can DMPA be given on the same day?

- If a woman wishes to switch from IUD to DMPA during the first 7 days of her menstrual periods, then the DMPA can be started on the same day.
- If a woman using IUD comes after the first 7 days of her menstrual period and she has not had sex since her last menstruation: DMPA can be started, IUD can be removed and she should use a backup method (e.g. condoms) for the next 7 days.²²
- If a woman using IUD comes after the first 7 days of her menstrual period and she has had sex since her last menstruation: DMPA can be started, but IUD should be kept in place for the next 7 days since the protection of DMPA will start over the next 7 days.

Q24. Can an ANM or a nurse give DMPA to a woman?

As per MOHFW guidelines, ANM or a staff nurse can give DMPA to a woman provided that they have obtained required training and skills. 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 nurse²³

Q25. Can ASHAs give DMPA?

No, ASHAs cannot give DMPA. However, she can counsel women on DMPA, remind user for timely administration of subsequent injection and provide them advice if they have any questions related to DMPA use.

²⁰FP Global Hand book, 2018 p. 92

²¹FP Global Handbook, 2018 p. 76

²²FP Global Handbook, 2018 p. 172

²³Reference Manual on DMPA, GOI, 2016. P. 37

Q26. How do we stock DMPA? What is the ideal temperature for storage of DMPA?

As per MOHFW guidelines, DMPA needs to be stocked in dry, dust free place, away from sunlight, in room temperature between 15-30 degree Celsius.²⁴

Q27. Can DMPA stored in refrigerator?

No, DMPA should not be kept in refrigerator.²⁵

Q28. Can DMPA be used by hypertensive women?

The use of DMPA in hypertensive women depends on whether the BP is adequately controlled or not.

- Among the hypertensive woman whose BP is <160/100 and adequately controlled, DMPA can be used.²⁶
- If there is a *history of hypertension*, where blood pressure CANNOT be evaluated (including hypertension in pregnancy), DMPA can be given, however, it is MEC category 2.
- If the systolic blood pressure is above 160 or diastolic BP is above 110 mmHg, then DMPA should not be given (MEC category 3)²⁷.

Q29. Can DMPA be used by women with diabetes?

DMPA can be used by woman with diabetes whether they are insulin dependent or non-insulin dependent. If diabetes is not complicated and woman is having diabetes for less than 20 years, they can use DMPA.²⁸

Q30. What is the effect of DMPA on anaemic women?

DMPA has non contraceptive benefits as well. DMPA hormone causes thinning of endometrium which leads to amenorrhoea, or less frequent menstrual bleeding or reduction in amount of blood loss. These menstrual changes generally help to prevent iron deficiency anaemia.²⁹

Q31. Is DMPA safe for women having sickle cell anaemia?

Among women who have sickle cell anaemia, DMPA may reduce the frequency of sickle cell crises³⁰ and related pain. Hence it is a good contraceptive choice for women with sickle cell anaemia.

Q32. Who is required to give consent (husband, family or self) for getting DMPA?

Like any other contraceptive, it is a woman decision to use a contraceptive method. No family member is required to give consent if a woman wishes to use DMPA.

²⁴Reference Manual on DMPA, GOI, 2016. P. 39

²⁵Reference Manual on DMPA, GOI, 2016. P. 39

²⁶MEC Wheel, GOI, 2015

²⁷World Health Organization, 2015. Medical eligibility criteria for contraceptive use -- 5th ed.

²⁸MEC wheel, GOI, 2015

²⁹FP Global Handbook, 2018 p. 68

³⁰FP Global Handbook, 2018, p. 68

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 test³¹

Q34. What is the need for a Medical Eligibility Criteria (MEC) wheel or a checklist for eligibility screening?

Like all contraceptives, DMPA should be given after proper screening to assess whether a woman is eligible for receiving DMPA. MEC wheel is a tool developed by World Health Organization, that helps to assess eligibility of a woman for various contraceptive methods and in the context of specific health conditions and characteristics.³¹

As an alternative, a checklist can be used to assess the eligibility and to rule out contraindications.

Q35. How does DMPA compare with Combined oral contraceptives (oral pills)?

Because DMPA do not contain estrogen, it can be used in breastfeeding women after 6 weeks of delivery and by women who cannot use methods with estrogen.

	DMPA	OCP
Women who are breast feeding their babies	Can be given after 6 weeks of delivery	Can be given after 6 months of delivery
On anti-tubercular drugs (Rifampicin)	Can be given (MEC 1)	Cannot be given (MEC 3)
Epilepsy	Can be given (MEC 1)	Cannot be given (MEC 3)
Woman who is smoker and >35 yrs of age	Can be given (MEC 1)	Cannot be given (MEC 3)
Hypertensive woman if her BP is <160/100	Can be given (MEC 2)	Cannot be given (MEC 3)
Migraine with aura/ valvular heart disease	Can be given (MEC 2)	Cannot be given (MEC 4)
History of DVT /PE (deep vein thrombosis/ pulmonary embolism)	Can be given (MEC 2)	Cannot be given (MEC 3/4)

Q36. In our set up, only 50% return for a second dose. Does it mean that DMPA is not a successful method in our area?

The continuation rates of DMPA vary from study to study. One review has found 12-month continuation rates ranging from 28% to 57%³². Some studies have shown that women tend to have start-stop-restart pattern of DMPA use. This suggests that even though a woman has discontinued DMPA at one time, it remains on her list of choices that can be offered to her at future time.

Proper counselling of women and provision of services closer to her house lead to higher continuation rates. For women who have not returned for second dose, reminders can be given on her phone if she has consented to it.

³¹FP Global Handbook, 2018 p. 71

³²Nelson A. https://www.medscape.com/viewarticle/732231_8

Q37. Can illiterate women use DMPA?

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

Q38. What treatment should be given if a woman complains of amenorrhea after DMPA?

- If a woman complains of amenorrhea³³, reassure the client that this is a common side effect and is not harmful. Blood is not building up inside her, and that it does not mean that woman has become infertile. Reassure her that menstruation will be resumed after discontinuation of DMPA.
- No medical treatment is necessary and there is no need to induce withdrawal bleeding. If she is concerned, offer her pregnancy test. If amenorrhea is still unacceptable, discontinue the method and help her choose another method.
- Women need to be counselled about menstrual changes before giving first dose of DMPA.

Q39. What treatment should be given if a woman using DMPA complains of irregular light periods?

- If a client complains of irregular light periods, there is a need to reassure her that irregular bleeding is not harmful and it usually reduces or stops after first few months of use.
- For short term relief, she can be prescribed:
 - Ibuprofen 400 mg, 3 times a day for 5 days, or
 - Mefenamic acid or Tranexamic acid, 3 times a day for 5 days.³⁴
- If next injection is due, give it. If client does not want to continue the method, discontinue and help her choose another method.

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

Q40. What treatment should be given if a woman using DMPA complains of heavy bleeding?

If the bleeding is longer than 8 days or twice as heavy as her usual menstrual periods, then manage as follows:

- Reassure the client.
- Give NSAID/ Mefenamic/ Tranexamic acid 500 mg 3 times a day for 5 days.
- If there is no response with NSAID, give 50 mcg of Ethinyl Estradiol daily for 21 days or refer for further management.
- In addition, give iron tablets to prevent anaemia.

Q41. Why is it advised not to do hot fomentation or massage after DMPA injection?

In DMPA, the hormone is released very slowly over the next three months. Massage or fomentation may increase blood circulation, hence it may hasten the absorption of DMPA, due to which its effect may go away before 3 months³⁵.

³³FP Global Handbook, 2018 pg 89

³⁴FP Global Handbook, 2018, pg 89

³⁵Reference Manual on DMPA, GOI, 2016. P. 21

Q42. Is it okay to take DMPA injection on one's own?

- No, a woman cannot take a DMPA injection on her own. DMPA should only be taken on advice of a doctor or nurse, and is administered by a doctor or nurse.
- It is not an over-the-counter product, and pre and post counselling and informed choice is an integral part of its usage.

Q43. If a breastfeeding woman uses DMPA, does it affect quantity and quality of breast milk?

Injectable contraceptives can be started anytime after 6 weeks (42 days) of delivery. DMPA is safe for both the mother and the baby, and does not affect the quality and quantity of milk production, nor does it affect the duration of breastfeeding.³⁶ It is a good choice for a breastfeeding mothers.

Q44. What will happen if a woman become pregnant while using DMPA or accidentally start DMPA when she is already pregnant?

Evidence shows that DMPA neither causes birth defects nor does it harm the foetus if a woman becomes pregnant while using DMPA or accidentally starts DMPA when she is already pregnant. Studies done on infants who were exposed to DMPA in utero showed no increase in birth defects. These infants were followed until they were teenagers and the research found that their long-term physical and intellectual development was normal. It is worth noting that before DMPA was recognized as a contraceptive it was used in pregnant women to prevent miscarriage.³⁷

Q45. Can DMPA be given to women at risk of Sexually Transmitted Infections (STIs)?

Women at risk for STIs can use DMPA. However, it does not protect against STIs. A user of DMPA who may be at risk for STIs should be advised to use condoms correctly and consistently during every sexual intercourse.³⁸

Q46. Should a DMPA user who has amenorrhea be given her next dose of DMPA?

Many women using DMPA will not have monthly bleeding. The amenorrhea experienced with DMPA use is due to the thinning of the endometrium resulting from an increased level of progesterone. When a woman using DMPA comes for her next dose, and reports amenorrhea, counsel her as described in Q. 38. There is no need to withhold or delay the next dose.

Q47. DMPA has just been approved in public sector, is it still in the 'experimental' stage?

- DMPA is not in experimental stage, it was developed in the 1960's.
- It has been approved as a long-acting contraceptive method and is marketed in more than 130 countries.
- To date, over 42 million women have used DMPA, over 100,000 women have used it for more than 10 years, and currently an estimated 13 million women throughout the world rely on DMPA for contraceptive protection.
- Government has taken up in the system after unanimous recommendation by an expert advisory medical panel.³⁹

³⁶FP Global Handbook, 2018 p. 93

³⁷FP Global Handbook, 2018 p. 95

³⁸MEC Wheel, GOI, 2015

³⁹Reference Manual on DMPA, GOI, 2016. p 64

Q48. Does amenorrhoea due to DMPA cause onset of menopause?

DMPA does not affect menopause. The amenorrhea experienced with it only occurs while using DMPA. When a client discontinues using DMPA, normal menstruation will return.⁴⁰

Q49. 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.⁴¹

Q50. What is subcutaneous DMPA?

There is another formulation of DMPA, which is meant only for subcutaneous injection. It comes in a prefilled auto-disabled injection device (Uniject), and has an ultra-thin needle and a plastic reservoir. It contains 104 mg of DMPA, and works for 3 months. With the Uniject system, the user squeezes a flexible reservoir that pushes the fluid through the needle.

Q51. What is the difference between Subcutaneous MPA and Intramuscular MPA?

There is no difference between Subcutaneous MPA and IM-DMPA in terms of composition, mechanism of action, safety, efficacy, benefits and side effects. There is difference in amount of drug, route of administration, site of administration and size of needle.

Q52. Since the dose of Subcutaneous DMPA (DMPA- SC) is less than intramuscular MPA (DMPA-IM), is there any difference in duration of effectiveness between the two types of injection?

No, there is no difference in the duration of effectiveness and both are 3 monthly contraceptive injections.⁴²

Q53. Can Subcutaneous DMPA be administered to those women who cannot be given DMPA-IM and vice-versa?

No, SC-DMPA cannot be administered to those women who are not eligible to take DMPA-IM and vice versa. Contraindications for use of both are the same.⁴³

Q54. What will happen if subcutaneous DMPA is administered intramuscularly?

The needle of Subcutaneous DMPA is smaller (3/8 inches) than that used for intramuscular MPA, so it is not likely to reach the muscle, hence giving Subcutaneous DMPA by IM route is practically not possible. To ensure three months of contraceptive protection, Subcutaneous DMPA must only be administered subcutaneously. If SubQ is given in a muscle, it may not provide protection for full three months.⁴⁴

⁴⁰Reference Manual on DMPA, GOI, 2016. P. 64

⁴¹Reference Manual on DMPA, GOI, 2016. P. 63

⁴²Supplement to Reference Manual for Subcutaneous MPA, GOI, 2016. P. 7

⁴³Supplement to Reference Manual for Subcutaneous MPA, GOI, 2016. P. 7

⁴⁴Supplement to Reference Manual for Subcutaneous MPA, GOI, 2016. P. 8

Q55. Can a woman switch between Intramuscular DMPA and Subcutaneous DMPA?

Yes, if necessary, because the active ingredient in the IM and SC formulations is identical, it is safe to switch back and forth between these two formulations on a regular dosing schedule (i.e., every three months). Switching injectable is safe, and it does not decrease effectiveness. If switching is necessary due to shortage of supply, the first injection of the new injectable should be given when the next injection of the old formulation was due. Clients need to be informed and explained about the name of the new injectable, and its injection schedule.⁴⁵

Q56. Does Subcutaneous DMPA have a different effect on menstrual changes and Bone Mineral Density compared to Intramuscular DMPA?

No, both DMPA-IM and DMPA-SC cause similar menstrual changes and effect on bone mineral density as the hormonal level in blood is same.⁴⁶

Q57. Does DMPA lead to increased risk of endometrial or breast cancer?

No, DMPA does not cause cancer. In fact it has been demonstrated that it protects against endometrial and ovarian cancer. A WHO collaborative study of neoplasia and steroid contraceptives found no overall increased risk of breast cancer, no increased risk of invasive cervical cancer and no increased risk of ovarian or liver cancer⁴⁷.

Women with family history of cancer can be prescribed DMPA without any restriction, however women with undiagnosed breast mass should not be given DMPA.

Q58. Does DMPA causes collection of dirty blood in body due to amenorrhoea?

Amenorrhoea caused by DMPA results from thinning of endometrium. As endometrium is thinned out, and there is no shedding of endometrium, there is no collection of blood inside the body.

Q59. 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 an average 1-2 kg per year when using DMPA. This weight gain may be related to age, diet or sedentary lifestyle.⁴⁸ Asian women in particular do not tend to gain weight while using DMPA.⁴⁹

⁴⁵Supplement to Reference Manual for Subcutaneous MPA, GOI, 2016. P. 7

⁴⁶Supplement to Reference Manual for Subcutaneous MPA, GOI, 2016. Pg 7.

⁴⁷Reference Manual on DMPA, GOI, 2016. p 61

⁴⁸Reference Manual on DMPA, GOI, 2016. P. 61

⁴⁹FP Global Handbook, 2018 p. 93

Checklist for Screening Clients Who Want to Initiate DMPA

Assessment of clients for DMPA

To determine if the client is medically eligible to use DMPA, ask questions 1-7. As soon as the client answers YES to any question, stop, and follow the instructions below:

NO	1. Have you ever had a stroke, blood clot in your legs or lungs, or heart attack?	YES
NO	2. Have you ever been told you have breast cancer?	YES
NO	3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	YES
NO	4. Have you ever been told you have diabetes (high sugar in your blood)?	YES
NO	5. Have you ever been told you have high blood pressure?	YES
NO	6. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?	YES
NO	7. Are you currently breastfeeding a baby less than 6 weeks old?	YES

If the client answered **NO** to all of questions 1-7 the client can use DMPA. Proceed to questions 8-12.

If the client answered YES to any of the questions 1-3, she is not a good candidate for DMPA. Counsel about other available methods or refer.

- If the client answered YES to any of questions 4-6, DMPA cannot be initiated without further evaluation. Evaluate or refer as appropriate and give condoms to use in the meantime.
- If the client answered YES to question 7, instruct her to return for DMPA after the baby is six weeks old.

Ask questions 8-12 to be reasonably sure that the client is not pregnant. As soon as the client answers YES to any question, stop, and follow the instructions below:

YES	8. Did your last menstrual period (LMP) start within the past 7 days?	NO
YES	9. Do you have a baby less than 6 months age, are you fully or nearly- fully breastfeeding, and have you had no menstrual period since then?	NO
YES	10. Have you abstained from sexual intercourse since your last menstrual period, abortion, miscarriage or delivery?	NO
YES	11. Have you had a miscarriage or abortion in the last 7 days?	NO
YES	12. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period, abortion, miscarriage or delivery?	NO

If the client answered **YES** to at least one of questions 8-12 and she is free of signs or symptoms of pregnancy, one can be reasonably sure that she is not pregnant. The client can start DMPA now.

- If the client had her LMP within the past 7 days, she can start DMPA immediately. No additional contraceptive protection is needed.
- If the client had her LMP beyond 7 days, she can be given DMPA now but instruct her that she must use condoms or abstain from sex for the next 7 days. Give her condoms to use for the next 7 days.

If the client answered **NO** to all of questions 8-12 pregnancy cannot be ruled out. She must use a pregnancy test or wait until her next menstrual period to be given DMPA. Give her condoms to use in the meantime.



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