

SECTION 2.5
DMPA (DEPO PROVERA®) CONTRACEPTIVE INJECTION

Depot medroxyprogesterone acetate (DMPA), marketed as Depo Provera®, is a highly effective progestin only method.

I. Subjective Data

- A. Refrain from providing in the following conditions
 - 1. Undiagnosed abnormal vaginal/uterine bleeding;
 - 2. Known or suspected pregnancy;
 - 3. Known or suspected carcinoma of the breast;
 - 4. Active thrombophlebitis
 - 5. Allergy to Depo Provera.

- B. Exercise caution in the following situations and carefully monitor for adverse effects. Women in this category must be provided with information regarding the way in which these conditions may add to a health risk for her. This discussion must be documented. (Based on Center for Disease Control (CDC) U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 (USMEC) MMWR Early Release 2010; 59 May 28, 2010). The following are listed as category 3, conditions for which the theoretical or proven risks usually outweigh the advantages of the using the method, in the USMEC 2010.
 - 1. Cardiovascular conditions such as hypertension (160/100) with or without vascular disease; vascular disease; current and history of ischemic heart disease; or cerebrovascular accident (stroke); Systemic lupus erythematosus (SLE) with positive or unknown antiphospholipid antibodies or severe thrombocytopenia;
 - 2. Multiple risk factors for arterial cardiovascular disease such as older age, smoking, diabetes and hypertension;
 - 3. Rheumatoid arthritis on immunosuppressive therapy (fracture risk);
 - 4. Client develops migraine headaches with neurological symptoms while on DMPA;
 - 5. Diabetes with nephropathy, retinopathy, and neuropathy or other vascular disease or diabetes of > 20 years duration;
 - 6. Severe cirrhosis of the liver (decompensated); benign hepatocellular adenoma; malignant liver tumor;
 - 7. History of breast cancer without recurrence for 5 years.

II. Initial Objective Data

- A. Physical exam as per Section 1.4 - Health Care Services of the Nursing Manual.
- B. Laboratory tests per Section 1.4 - Health Care Services of the Nursing Manual.

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III. Assessment and Plan

A. Client Education/Informed Consent

1. Client will sign the Depo Provera/DMPA Consent/Information Sheet
2. Client will be informed that DMPA offers no protection against sexually transmitted infections, including HIV.
3. Client will be counseled about the likelihood of irregular spotting for up to the first nine months, and of the likelihood of amenorrhea after the first year.
4. Client will be counseled that if she is planning a pregnancy within the next year, DMPA might not be the right option for her. She should discontinue use of DMPA approximately 12 months before she plans to conceive.
5. If she wishes to discontinue the use of this method for any reason, she should not get her reinjection at 12 weeks. She will have to wait for any side effects to wear off. If she does not wish to become pregnant, she must start a new method before the next shot would be due.
6. Staff will review with the client, at the time the client signs the consent, the “Black Box” warning regarding loss of bone mineral density. Client will also be given information from the studies showing reversal of the bone loss. Client will be given information regarding calcium and vitamin D recommendations and weight-bearing exercise, and this will be documented in the chart. After two years of continuous use, the risks and benefits of remaining on this method vs. changing to a different method will be discussed. This will be documented in the chart.
7. Aminoglutethimide can decrease the effectiveness of DMPA. The drug is usually used to suppress adrenal function in selected cases of Cushing’s disease (Contraceptive Technology 20th Edition, page 213).
8. **The use of hormonal contraceptives, including combined hormonal contraceptives, progestin-only pills, DMPA, and implants, is safe for women at high risk for HIV infection or infected with HIV (US MEC category 1), and all women who use contraceptive methods other than condoms should be counseled regarding the use of condoms and the risk of sexually transmitted infections. (USMEC 2010) and (Update to CDC’s US Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Hormonal Contraception Among Women at High Risk for HIV Infection or Infected with HIV. MMWR June 22, 2012/ 61(24);449-452)**
9. **Some studies suggest that women using progestin-only injectable contraception might be at increased risk for HIV acquisition; other studies do not show this association. CDC reviewed all available evidence and agreed that the data were not sufficiently conclusive to change current guidance. However, because of the inconclusive nature of the body of evidence on possible increased risk for HIV acquisition, women using progestin only injectable contraception should be strongly advised to also always use condoms and take other HIV preventive measures. (Update to CDC’s US Medical Eligibility Criteria for contraceptive Use, 2010: Revised Recommendations for the Use of Hormonal Contraception Among Women**

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**at High Risk for HIV Infection or Infected with HIV. MMWR June 22, 2012/
61(24);449-452)**

- B. Administering the injection of DMPA
1. Client may be given her injection:
 - a. Within the first five days of a regular menses;
 - b. Anytime if she has been consistently using a highly effective method of birth control;
 - c. Within 5 days post-abortion or post-partum;
 - d. Anytime during the cycle if she has abstained from vaginal intercourse for two weeks and has a negative pregnancy test. (A back up method is required for 7 days);
 - e. Anytime during the cycle or if client returns late for reinjection (more than 4 weeks since scheduled return visit at 13 weeks since last DMPA injection) and the pregnancy test is negative; if client has had unprotected intercourse in the last 5 days, offer emergency contraception (EC). Advise client that the negative pregnancy test is not conclusive. If the client desires DMPA now, give DMPA now. Client to use back up method for 7 days. Consider pregnancy test in 2-3 weeks after DMPA injection. If DMPA is not administered because of concern client may be pregnant, have her use a barrier method or abstain from vaginal intercourse for 14 days and return for a repeat pregnancy test and DMPA injection. (Zieman M, Hatcher RA et. Al. A Pocket Guide to Managing Contraception. Tiger, Georgia: Bridging the Gap Foundation, 2010)
 2. Rarely, an anaphylactic or anaphylactoid reaction may occur immediately following DMPA injection. Manage as per agency's Medical Emergencies protocol. Some clinics encourage women to remain in the vicinity of the clinic for 20 minutes after an injection. (Contraceptive Technology, 20th Revised Edition, p. 225). To prevent severe allergic reactions, ask women if they have experienced significant itching or redness at the site of previous DMPA injections and do not repeat DMPA if allergic reaction is suspected.
 3. Consideration may be given to administering DMPA within 24 hours of taking ECP. Client must be counseled that since ECP is not 100% effective, pregnancy cannot be ruled out prior to injection. While there is no clear association with harmful effects, the client should be informed that the manufacturer does not recommend administering DMPA if pregnancy cannot be ruled out. Use condoms for 7 days.
 4. DMPA 150 mg/ml in a deep IM injection. Do not massage site.
 5. DMPA subQ104 Provera in a subcutaneous injection. Do not massage site.

IV. Follow-Up Visits

- A. Interim visits to be scheduled approximately every 12 weeks (range 11 – 13 weeks), and will include history update to detect possible side effects and to document the client's bleeding pattern over the previous 12 weeks.

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- B. A client can receive a re-injection without evaluation for early pregnancy if she reports to the clinic within 13 weeks of the previous injection.
- C. If client is ≤ 4 weeks late for her scheduled return visit at 13 weeks for reinjection, DMPA may be administered and a backup method should be used for 7 days. This does not mean that the regular DMPA interval can be extended by 4 weeks. (A Pocket Guide to Managing Contraception, 2010).
- D. See B. 1. E. above.
- E. Potential problems
 - 1. If any of the following occur, the client should be seen and evaluated at the earliest opportunity:
 - a. Very heavy, prolonged vaginal bleeding, or bleeding that lasts longer than 14 days;
 - b. Concern about possible pregnancy.
 - 2. Management of post-injection side effects:
 - a. Very heavy vaginal bleeding, or bleeding that lasts longer than 14 days:
 - (1) Any low dose combination birth control pill for one or more cycles, if no contraindications
 - (2) Ibuprofen 800 mg po tid for 3 days
 - (3) Premarin 0.625 mg or 1.25 mg or 2.5 mg po qd for 20 days, if no contraindications to estrogen exist. Repeat if necessary.
 - b. Excessive weight gain - review diet and exercise.
- C. Annual visit and Pap test screening, if indicated, as outlined in Section 1.4 - Health Care Services of the Nursing Manual.
- D. Use of Non-Licensed Personnel to Administer DMPA re-injections

Since non-licensed personnel do not have the authority to administer injections, their ability to perform this activity is dependent on delegation from either a physician or a registered nurse.

 - 1. Physician Delegation: All supervision is the responsibility of the physician. **The Colorado Medical Board (CMB) Rule 800 states in section IV. H. "Except as otherwise provided in these Rules, a physician must be on the premises and readily available to provide adequate personal and responsible direction and supervision" and I. "Where a delegatee is acting pursuant to specific and detailed written protocols and where adequate written emergency protocols are in place, the presence of the delegating physician on the premises may not be necessary. However, a delegating physician must be available to attend to the patient."** Please see the **Colorado Medical Board web site** <http://www.dora.state.co.us/medical/> for **Rule 800 and all Physician delegation requirements.**
 - 2. Registered Nurse Delegation: All supervision is the responsibility of the RN, and delegation must follow the rules set out by the **Colorado Board of Nursing (BON)**. (Reference:

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<http://www.dora.state.co.us/nursing/rules/ChapterXIII.pdf>)

- a. Delegation is always client and delegatee specific, and within a specific time frame, meaning that the RN determines which non-licensed staff can administer DMPA to which specific client.
- b. Non-licensed personnel cannot operate under standing orders. Each injection must be delegated by the RN for a specific client.
- c. The RN responsible must document the delegated procedure in the client record. This can be accomplished by the RN's co-signature of the entry documenting the injection. A policy should be established to define what a RN co-signature on the DMPA entry means.
- d. If the clinic uses non-licensed personnel for this function, and a standard form is used for DMPA re-injection visits, agencies should consider adding a line for the RN to sign stating to whom the visit was delegated.

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The following is a sample of a Depo-Provera Consent Form. This form can be downloaded from the CDPHE Family Planning Program website at:

<http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251618366665>

Depo-Provera Consent • Client Information Sheet

What is Depo-Provera?

Depo-Provera is a kind of birth control given by a shot. I understand that the shot contains only the hormone progestin. The shot keeps a woman from getting pregnant for 12 weeks by stopping the ovaries from producing eggs. Depo-Provera does not protect me from sexually transmitted diseases, including HIV.

How effective is Depo-Provera?

I understand that Depo-Provera is more effective than the pill, as long as I get another shot every 12 weeks. It is very important to get my shots on time. I know that if I want to get pregnant after stopping the shot, the amount of time it takes to get pregnant is different for different women. If I get my shot on the first 5 days of my period, it starts working right away. If I get my shot any other time, I should use a back-up method of birth control for 7 days.

What are some of the side effects of Depo-Provera?

- Irregular bleeding/spotting or no bleeding
- Weight gain
- Headaches
- Allergic Reaction
- Possible delay in getting pregnant after I stop getting the Depo-Provera (up to 18 months)
- Depression
- Loss of bone density

Use of Depo-Provera Contraceptive Injection may cause you to lose calcium stored in the bones. The longer you use Depo-Provera the more calcium you are likely to lose. More recent studies suggest that the calcium may return once you stop using Depo-Provera.

Loss of calcium may cause weak, porous bones (osteoporosis) that could increase the risk that your bones might break, especially after menopause. It is not known whether your risk of developing osteoporosis may be greater if you are a teenager when you start to use Depo-Provera.

For healthy strong bones:

- Get calcium 1000 to 1300 mg a day from food or supplements
- Get vitamin D 400 to 800 IU a day
- Do weight bearing exercise
- Stop smoking
- Decrease alcohol use

If I wish to become pregnant, if I have any side effects that I do not like, or if I wish to discontinue the method for any reason, I have to wait for the effects of the shot to wear off (at least 12 weeks). If I wish to change methods, I must start a new method before the time my next shot is due.

I know to call the clinic if I have:

- Heavy bleeding from the vagina that lasts longer than a normal period;
- Any symptoms of pregnancy or lower abdominal pain;
- Very bad headaches or blurred vision.

Client Signature

Date

Staff Signature

Date

Interpreter's Statement

I have translated the information and advice presented orally to the client who has chosen to use Depo-Provera. I have also read to her the consent form in a language she understands and explained its contents to her. To the best of my knowledge and belief she understands this explanation and voluntarily consents to an injection of Depo-Provera.

Interpreter's Signature

Date

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The following is a sample of a Depo-Provera Evaluation Form. This form can be downloaded from the CDPHE Family Planning Program website at:

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DEPO-PROVERA EVALUATION

Name _____ Today's Date _____

Date last menstrual period started: _____

Describe menstrual pattern on Depo: _____

Date of last Depo injection (shot): _____

Check if you are having any of the following:

- Headaches (different or more severe since starting Depo)
- Dizziness
- Blurry or double vision
- Severe depression
- Heavy bleeding from the vagina
- Weight gain
- Frequent urination, breast tenderness, or other signs of pregnancy

Do you have any questions about Depo-Provera? _____

Have you had any health problems or seen a physician since your last visit? _____

Are you taking any other medication? _____

Any other comments: _____

How many months/years have you been using Depo Provera? _____

Client Signature _____ Date _____

TO BE COMPLETED BY CLINIC STAFF

If client has been receiving Depo Provera for more than 2 continuous years, please document discussion of risk/benefits of continued use:
 discussed not discussed because: _____

Client wishes to:

continue Depo use: Rx. _____ Given: _____ Lot # _____
(Method order) (Location)

discontinue Depo/change to: _____
(New method order)

Wt: _____ B/P: _____ Other: _____

Return to clinic: 12 Wks: _____ or Other Date: _____

Staff Signature _____ Date _____