

CONTRACEPTIVE INJECTION – Depot Medroxyprogesterone Acetate (DMPA)

I. DEFINITION:

Periodic administration of Depot Medroxyprogesterone Acetate (DMPA) by a public health nurse.

II. CLINICAL FEATURES:

A. Subjective Information: Inquire concerning:

1. Possible Minor Side Effects:
 - a. Disturbances in menstrual pattern, or heavy bleeding
 - b. Amenorrhea
 - c. Headaches
 - d. Weight Gain
 - e. Residual lump, change of skin color or abscess at the injection site
2. Possible Serious Side Effects:
 - a. Depression
 - b. Headaches
 - c. Continuous Bleeding
 - d. Ocular Changes
3. Any medication taken in addition to DMPA
4. Menstrual pattern history
5. Date of last DMPA injection and calculate number of weeks since last injection
6. Coital history (if more than 15 weeks since last injection).

B. Objective Information

1. Perform blood pressure reading on all clients
2. Obtain client's weight

III. MANAGEMENT PLAN:

A. Laboratory Studies:

1. See PHYSICIAN APPROVED PROTOCOL: PREGNANCY TESTING AND COUNSELING
2. Hematocrit/Hemoglobin Required:
 - a. Client complains of heavy or lengthy menses
 - b. History of low hematocrit/hemoglobin (hematocrit less than 36% or hemoglobin less than 12g/dL)
 - c. Signs and symptoms of iron deficient anemia

B. Medication:

1.

DOSAGE	SITE	FREQUENCY OF INJECTION	NEEDLE SIZE
150 mg	Administered by deep, intra-muscular injection in the gluteal	Every 3 months (11 weeks to 14 weeks 6 days) (Utilize PHOCIS Scheduling for return appointments)	21 – 23 ga, 1 ½” – 2” needle
	OR Deltoid muscle		21 –23 ga, 1” – 1 ½” needle

2. The DMPA should be vigorously shaken just before use to ensure that the dose being administered represents a uniform suspension.
3. Deep IM administration reduces the chances of break through bleeding. DO NOT RUB INJECTION SITE.
4. The client should return for a blood pressure, weight check, and a method specific history every 11 to 12 weeks for continued use of DMPA. **The injection may not be given any earlier than the first day of the 11th week and no later than the sixth day of the 14th week.**
5. The PHN may administer one DMPA injection at the end of 12 months if the client has an annual appointment scheduled. (No more than five injections total may be given without an annual Evaluation and Management Visit , unless a specific verbal or written order is obtained from a healthcare provider with prescriptive authority).
6. May recommend OTC vitamin supplements, including need for 1000 mg of calcium and 600 IU of Vitamin D.

C. Postpartum clients DMPA may be given:

1. Breastfeeding women – anytime postpartum.
2. Within 7 days post abortion.
3. Refer to PHYSICIAN APPROVED PROTOCOL: EARLY START CONTRACEPTIVES if not an established client.

D. For clients receiving **new medical orders** to change from oral contraceptive pills (OCP) to DMPA, the injection may be given at anytime during the OCP cycle. If DMPA is given during active pills, a backup method is not necessary.

1. Special Consideration:
 - a. The Public Health Nurse must ensure that a competent adult other than a client family member is present before any medication is administered.
 - b. This individual should be CPR certified if at all possible.
2. At each visit, monitor weight for progressive significant weight gain and carefully discuss.

E. Problem Management

1. The CDC states that DMPA can be given any time in a menstrual cycle if the woman can be reasonably certain that she is not pregnant.
2. Client presents more than 15 weeks from last injection.
 - a. PHN will obtain a blood pressure, weight check, a method specific history, including menstrual, coital, and alternative method use.
 - 1) Perform and record pregnancy test.
 - 2) Administer DMPA if pregnancy is ruled out.
 - 3) Recommend abstinence or use of barrier method(s) for 7 days
 - 4) Advise to return in 3-4 weeks for pregnancy test to diagnose pregnancy in a timely fashion.
 - 5) Documentation must reflect the client has been counseled on the possibility of pregnancy and the fact that the injection will not terminate a pregnancy.
3. Positive Responses to Assessment Questions
 - a. Elicit further information as to onset, duration, intensity, what increases the problem, what alleviates the problem, etc.
 - b. If it is determined that the problem is related to DMPA use, refer to the advanced practice nurse or physician for further evaluation and management.
4. Disturbances in Menstrual Pattern
 - a. It is normal for clients who are using DMPA to experience changes in their menstrual pattern.
 - 1) Pre-counseling should include a lengthy discussion about this.
 - 2) If the client has concerns on return visits obtain detailed history of bleeding pattern and reassure client.
 - 3) Instruct the client that most clients experience very little or no bleeding after six to nine months on the method.
 - b. If client decides to discontinue the method, advise that there is no way to remove the DMPA.
 - 1) It may take as long as two years for a return to fertility, or as long as 18 weeks for side effects to abate.
 - 2) Make an appointment with the public health advanced practice nurse or physician to obtain an alternate method and offer a barrier method of contraception until appointment.

F. Transfer Clients

1. See the *Family Planning Policy and Procedures Manual: Clinic Services, Transfer*.
2. If the medical records have not been received in 90 days, the client should be scheduled for a complete physical examination. Obtain method continuation order from clinician (APRN or physician). If records are received within 90 days, proceed with management plan as previously outlined.

IV. CLIENT EDUCATION:

A. Counsel clients at each visit regarding side effects including early warning signs of DMPA

1. Instruct client to report all symptoms including:

- a. nervousness
- b. stomach pain/cramps
- c. dizziness
- d. weakness/fatigue
- e. decreased sex drive
- f. hair growth pattern changes
- g. insomnia
- h. acne
- i. swelling/bloating
- j. rash
- k. hot flashes
- l. joint pain
- m. vaginal dryness, irritation or discharge
- n. breast swelling/tenderness.

2. EARLY WARNING SIGNS

- D** – Depression
- E** – Eye changes (vision changes)
- P** – Pain: headache, chest or leg pain
- O** – Overflow periods

3. Verify client knows when to return to clinic for her next injection. Discuss importance of keeping scheduled appointments.

4. Weight gain is common. Instruct client to exercise and monitor eating if overweight and/or concerned about weight gain.

5. Counsel clients that women who use DMPA Contraceptive Injection for longer than two years may lose significant bone mineral density.

- a. Bone loss is greater with increasing duration of use and may not be completely reversible.
- b. It is unknown if use of Depo-Provera during adolescence or early adulthood, a critical period of bone accretion, will reduce peak bone mass and increase the risk of osteoporotic fracture later in life.
- c. Calcium and Vitamin D intake should be adequate.
 - 1) The recommended dietary allowance of calcium is 1000 mg daily for adults in food and/or supplements. The recommended daily allowance of calcium for teenagers is 1300 mg daily.
 - 2) The recommended dietary allowance of Vitamin D is 600 IU.

B. Consultation/Referral:

Consult/refer with APRN or physician regarding clients with DMPA related problems.

C. Follow-up:

Clients with identified problems will be followed as directed by the Family Planning Manual. Determine tracking priority utilizing professional judgment.

REFERENCES:

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