



Health
Canada

Santé
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FIRST NATIONS
AND INUIT HEALTH
BRANCH ONTARIO REGION

DEPO-PROVERA
Flow sheet

Addressograph

Name: _____

DOB: _____

Band#: _____

File #: _____

Date: _____

NP/MD order date _____

Baseline BP _____ WT _____

DATE	DOSE	NEXT DOSE	BP	WT	RBS	hCG * if needed	CHN/NP SIGNATURE

FIRST NATIONS AND INUIT HEALTH BRANCH ONTARIO REGION

Depo Provera Information (Depo-Medroxyprogesterone acetate)

➤ **Mechanism of Action**

The sustained level of Medroxyprogesterone acetate suppresses ovulation in the majority of women. It also renders cervical mucus impenetrable to sperm and induces a thin endometrium (atrophy), which is unsuitable for implantation.

Contraindications/Poor candidates	
Absolute	Relative
<ol style="list-style-type: none"> 1. Known or suspected pregnancy 2. Current diagnosis of breast cancer 	<ol style="list-style-type: none"> 1. Unexplained vaginal bleeding (before investigation) 2. History of ischemic heart disease or stroke 3. Severe cirrhosis, active viral hepatitis, and liver tumors
Advantages	Disadvantages/Side Effects
<ol style="list-style-type: none"> 1. No day-to-day user participation required beyond attending for repeat injections every three months. 2. May be used in women with contraindications to the combined oral contraceptive pill (such as thromboembolic disease and myocardial disease) 3. May be used in women over 35 who smoke, during breastfeeding, and when the combined pill is discontinued before major surgery 4. No estrogen-related side effects 5. Scanty menses or amenorrhea with reduction in the occurrence of anemia and dysmenorrhea. 6. Reduced risk of endometrial cancer and ovarian cancer. 7. Reduced risk of pelvic inflammatory disease and ectopic pregnancy. 	<ol style="list-style-type: none"> 1. Intermenstrual bleeding /menstrual cycle disturbance 2. Potential weight gain. 3. Headaches 4. Alterations in mood 5. Decreased bone density-In general, current DMPA users have decreased bone mineral density compared with non-users; this decrease is usually within one standard deviation of normal values. Limited evidence shows decreased bone mineral density over time among adolescent DMPA users. No studies have examined whether DMPA use among adolescents affects peak bone mass levels. Older DMPA users have decreased bone mineral density compared with non-users. However, evidence found that women gained bone mass following discontinuation of DMPA prior to menopause. Further, among postmenopausal women, there was no difference in bone mineral density between former DMPA users and never users.

8. A reduction in symptoms associated with endometriosis, premenstrual syndrome and chronic pelvic pain.	The majority of the bone loss is recovered when the DMPA is discontinued, and there has been no increase in the rate of clinical fractures.
9. Reduced frequency of seizures in those with epilepsy.	BMD testing is not recommended routinely. Patients with other significant risk factors for osteoporosis may be considered for BMD testing. Patients should be counselled about “bone health”, including calcium and vitamin D intake, weight bearing exercise, decreasing alcohol and caffeine intake, and quitting smoking.

➤ **Dosage**

150 mg of Depo-Provera is given intramuscularly every 12 weeks.

➤ **Administration (Initial injection)**

★ Do human chorionic gonadotropin (hCG) test to r/o **pregnancy**

The first dose of Depo-Provera should be administered during the first five days of onset of a normal menstrual cycle, in order to avoid inadvertent administration during pregnancy.

When administered at that time Contraceptive effectiveness is achieved within 24 hours.

When given later in cycle, it may not be effective for the first 3 to 4 weeks after the injection. Another, non-hormonal, method of contraception should be used during this period

It may also be given immediately post-partum or following pregnancy termination.

➤ **Efficacy**

Depo-Provera is a highly effective form of contraception, with a Pearl Index of 0.3 (failure rate for 100 women using the method for one year).

➤ **Follow-up:** Every 12-13 weeks for their next injection.

➤ **Delayed Injection:** **If it has been less than 13 weeks** since the last injection, the injection can be given immediately.

★ **If it has been more** than 13 weeks since the last injection, confirm that she is not pregnant (do a pregnancy test) if the pregnancy test is negative, administer the DMPA injection. **Back-up contraception should be used for the next two weeks.**

★ **If the pregnancy test is negative and she has been sexually active in the week prior to her appointment, give the DMPA. However, another pregnancy test should be repeated two weeks later to rule out pregnancy. There are no teratogenic effects if the injection is given inadvertently during pregnancy. There is no need to wait for a woman's next menstrual cycle to give the repeat injection.**

References: <http://sexualityandu.ca/health-care-professionals/contraceptive-methods/injection-depo-provera>

Rx Vigilance