



## Quick facts about DMPA-SC

- **99 percent effective at preventing unintended pregnancy** when given correctly and on time every three months. Does not protect from HIV and other sexually transmitted infections.
- **Prefilled and ready to inject.**
- **Easy to use**, including by community health workers and women themselves (self-injection).
- **Small and light**, with a **short needle.**
- **Stable at room temperature** (15°C–30°C).
- **Three-year shelf life.**
- Available in more than **30 FP2020 countries**.\*
- Can be purchased at **US\$0.85 per dose** by qualified buyers (including ministries of health in FP2020 countries).

\*FP2020 aims to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world's poorest countries.

## Subcutaneous DMPA key facts:

Answering questions and dispelling common myths about a new type of injectable contraception

### USE

**Can most women use injectable contraception that contains DMPA, whether it is administered into the muscle (intramuscular—DMPA-IM) or under the skin (subcutaneous—DMPA-SC)?**

**YES.** Most women and adolescent girls of reproductive age who want a safe, effective, and reversible method can use injectables containing DMPA.

- For information about women who should not use DMPA injectable products (*for example, women with very high blood pressure or worsening diabetes*), refer to the [World Health Organization's Medical Eligibility Criteria for Contraceptive Use](#).

**Can adolescent girls and women who have never had children use injectable contraception?**

**YES.** Adolescent girls and women can have safe pregnancies and healthy children after using injectable contraception.

- After stopping injectable contraception, women may not get pregnant right away. That effect is just temporary. A woman can become pregnant as soon as 4 weeks after stopping DMPA-SC—but on average, women become pregnant 10 months after their last DMPA injection. This is an average and the amount of time will be different for each woman. A woman should not be worried if she has not become pregnant as much as 12 months after stopping use.

\*DMPA stands for depot medroxyprogesterone acetate. Sayana® Press, manufactured by Pfizer Inc, is the brand name of the DMPA-SC product available today in most countries.

- If a woman is pregnant and uses any injectable contraceptive, it will not have any negative effects on or end the pregnancy.



### **Can injectable contraception cause side effects?**



**YES.** All hormonal contraceptives have potential side effects. Some women will experience them, and some will not.

- Injectables containing DMPA can disrupt women's menstrual cycles, affect their libido, and cause weight gain and headaches. For example, a woman might not have any monthly bleeding, and this is normal. If this happens, it is because bleeding has stopped completely. The blood is not stuck in her body.
- Clear, up-front counseling on and discussion of management strategies regarding possible side effects with potential users are important.

## **ADMINISTRATION**



### **Can health workers at all levels administer injectable contraception?**



**YES.** Most health workers can learn how to give DMPA injections with sufficient training and support.

- Community health workers and pharmacy or drug shop staff can be trained to give safe and effective DMPA-SC and DMPA-IM injections.
- Women can also be trained to self-inject with DMPA-SC (see below).

## **STORAGE**



### **Can health workers and women safely store DMPA injectable contraceptive products in remote facilities, villages, and homes?**



**YES.** DMPA injectable contraception can be stored at room temperature (up to 30°C), until its expiration date.

- Women who tried self-injection in Senegal and Uganda were generally able to store DMPA-SC units safely and discreetly in their homes.

## **SELF-INJECTION**



### **Can women in low-income countries successfully self-inject?**



**YES.** Recent research in Malawi, Senegal and Uganda demonstrates that most women living in rural areas with lower literacy can be trained to self-inject DMPA-SC, especially using image-based instructions for training and support.

- Most women who have the chance to try self-injection say they like it.
- Malawi, Senegal, Uganda and several other countries are now rolling out routine self-injection.



### **Why should family planning programs consider the option of self-injection?**



• Self-injection puts the power of contraception in women's hands; evidence shows that it enables women to use injectable contraception longer who

wish to do so. Women who have more control over their fertility have greater opportunities for education, training, and employment. They can increase financial security for themselves and their families, which benefits societies and economies.



### What do we know about disposal of DMPA-SC units after self-injection?



- When self-injection was introduced in the public sector in the first few districts of Uganda, a sample of women were interviewed about their experiences with self-injection about 13 months after they were originally trained. Most women had returned used units to the health worker for disposal (72%) and only 13% had disposed of units in the latrine. Almost all women (97%) reported that they stored their used units in an impermeable container prior to disposal.

## INJECTABLE CONTRACEPTION AND HIV



### What do we know about injectable contraception and HIV?



- Based on a review of available evidence, the [World Health Organization \(WHO\)](#) states that women at high risk of HIV can use progestogen-only injectables, including DMPA-SC and DMPA-IM products, with no restrictions.
- No hormonal contraceptive method protects against HIV. Especially in settings with high HIV incidence, women who use any hormonal contraceptive method (including injectables) should use condoms or pre-exposure prophylaxis (PrEP), where available to prevent HIV and other sexually transmitted infections.
- Family planning advocates, implementers, policymakers, providers, and clients can work together to advocate for stronger links between health services preventing unplanned pregnancy and those preventing and treating HIV.

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\*Also referred to as progestin-only.