

## DMPA-SC key facts



Photo: PATH/Will Boase

## DMPA-SC key facts: Answering questions and dispelling common myths

### DMPA-SC USE

**Q:** 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)?

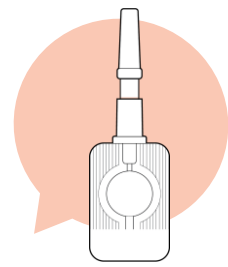
**A:** **YES.** Most women and adolescent girls of reproductive age who want a safe, effective, and reversible method can use injectables containing DMPA.

- ▶ 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 \(WHO's\) Medical Eligibility Criteria for Contraceptive Use](#).

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

**A:** **YES.** Adolescent girls and women who have never had children can use injectable contraception.

- ▶ Women who use injectable contraception can go on to have safe pregnancies and healthy children after using injectable contraception, should that be their desire.
- ▶ After stopping DMPA-SC, women may not get pregnant right away. That effect is just temporary. A woman can become pregnant as soon as 4 months after their last injection of DMPA-SC—but on average, women can become pregnant 10 months after their last DMPA injection. This is an average; 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 their last DMPA-SC injection.



### Quick facts about DMPA-SC

- ✓ **99% 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.**
- ✓ **Registered in more than 80 countries**, with approval for self-injection in more than 55 countries, including countries across sub-Saharan Africa, Asia, and Latin America, several European countries, the United Kingdom, and the United States.
- ✓ **Can be purchased at US\$0.85 per dose** in the standard 200-pack presentation by qualified buyers\* (including ministries of health in low-income countries).

\* For more information on qualified buyers and eligible countries, please contact [FPoptions@path.org](mailto:FPoptions@path.org).

\* 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.

**Q: Can injectable contraception cause side effects?**

**A: 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. (It is known as amenorrhea.)
- ▶ Clear, up-front counseling on and discussion of management strategies for possible side effects with family planning clients is critical. When clients know what possible side effects to expect, they are less likely to discontinue the method if they do experience them.

## ADMINISTRATION

**Q: Can health workers at all levels administer injectable contraception?**

**A: YES.** Most health workers can learn how to give DMPA injections with sufficient training and support, which has been demonstrated in several studies as well as during program implementation.

- ▶ 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).

## SELF-INJECTION

**Q: Can women in low-resource settings successfully self-inject?**

**A: YES.** Research in many countries—including the Democratic Republic of the Congo, Malawi, Senegal, and Uganda—has demonstrated that most women, including those who live in rural areas, with lower literacy, or with varying levels of formal education, can be trained to self-inject DMPA-SC, especially when using visual image-based instructions for training and support.

- ▶ Most women who have the chance to try self-injection say they like it.
- ▶ Nearly 35 countries worldwide are scaling up routine self-injection.

## STORAGE

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

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

- ▶ Women who have tried self-injection have generally been able to store DMPA-SC units safely and discreetly in their homes.

### The Injectables Access Collaborative

provides data-driven technical assistance, coordination, resources, and tools to ensure that women and girls have increased access to DMPA-SC and self-injection as part of an expanded range of contraceptive methods, delivered through informed choice programming. The Access Collaborative is led by PATH in partnership with the Clinton Health Access Initiative, inSupply Health, Jhpiego, and JSI. For more information, visit [www.FPoptions.org](http://www.FPoptions.org) or contact [FPoptions@path.org](mailto:FPoptions@path.org).

**Q:** Should family planning programs consider the option of self-injection? Why?

**A: YES.** Self-injection can have a place in a country's national family planning program, enabling a diverse method mix and supporting advancement toward meeting global commitments such as those of Family Planning 2030 and the Sustainable Development Goals.

- ▶ Self-injection puts the power of contraception in women's hands; evidence shows that it enables women to continue using injectable contraception longer than those who rely on provider administration. 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.
- ▶ Many governments are in the process of establishing national self-care guidelines and programs, in line with WHO guidance. Self-injection of contraceptives is a natural inclusion in a self-care approach and recommended by WHO. As part of a self-care strategy, self-injection can help relieve the burden on health care workers and facilities, in addition to the benefits it offers women themselves.

**Q:** Can women safely dispose of DMPA-SC units after self-injection?

**A: YES.** Evidence has demonstrated that women are capable of safely disposing of used DMPA-SC units, including women in low-resource settings. Care must be taken when planning self-injection programs to provide clear instructions on disposal and take women's preferences into account when determining disposal options.

- ▶ Waste disposal is a key component of DMPA-SC programs and should be addressed in self-injection program planning, health worker training, and client training.
- ▶ Disposal options for DMPA-SC should align with national health care waste management rules and regulations, including guidance on household-level waste management for self-administered medicines, and consider costs and scalability.
- ▶ Self-injectors have safely disposed of used DMPA-SC units in a number of ways, including use of provided or improvised sharps containers and returning used units to health workers or drop-off points.
- ▶ In studies in which clients were instructed to contain used devices in a puncture-proof container before disposal, most did so. Women indicated openness to storing in a puncture-proof container and returning devices at their convenience to a facility, community health worker, or drug shop for safe disposal.

**Q:** Do DMPA-SC units intended for self-injection go unused once taken home?

**A: NO.** Evidence has demonstrated that women are unlikely to waste take-home units intended for self-injection.

- ▶ The large majority of women given multiple units for future self-injection generally go on to self-inject with those units according to their re-injection schedule.

## INJECTABLE CONTRACEPTION AND HIV

**Q:** Can women at risk of HIV infection use injectable contraception?

**A: YES.** Based on a review of available evidence, [WHO states](#) that women at high risk of HIV can use progestogen-only<sup>†</sup> 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, 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.
- ▶ Please see the tool, “DMPA and HIV: What advocates need to know,” within this Advocacy Pack for more information and resources.

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<sup>†</sup> Also referred to as “progestin-only.”