



Photo: PATH/Gabe Bienczycki

An overview of DMPA-SC: Injectable contraception that expands access and options

Injectable contraception that can be self-administered is transforming the way women and adolescent girls access and use family planning.

Subcutaneous DMPA, or DMPA-SC,* is an innovative product that makes injections simpler. Because DMPA-SC is easy to use, any trained person can administer it, including community health workers, pharmacists—and even women themselves.

As governments work to ensure a wide variety of contraceptives are available in their countries, they should consider how the integration of DMPA-SC, including self-injection, can address unmet need and increase access.

Benefiting users, providers, and health systems

- **99% effective** at preventing unintended pregnancy when given correctly and on time every three months.
- **Discreet contraception** for women and adolescent girls.
- **Prefilled** and ready to inject.
- Small and light.
- **Simple to inject** due to the short needle.
- **Stable at room temperature** (15°C to 30°C).
- **Three-year shelf life.**
- **Simplified logistics**—no need to match vial with syringe and needle, easier to manage the all-in-one product, and less bulky than intramuscular DMPA (DMPA-IM).
- **Easy to deliver** through clinics, community-based distribution, pharmacies, and drug shops.
- **Self-injectable.**

* DMPA stands for depot medroxyprogesterone acetate.

The term “subcutaneous DMPA”: What you need to know

DMPA-SC is a general term used to describe a self-injectable contraceptive that is administered under the skin. Traditional DMPA is injected into the muscle (i.e., intramuscular, or IM), which generally requires more training and skill.

This “all-in-one” product combines the contraceptive drug and needle into a single device.

The information in this overview is specific to Sayana® Press, the DMPA-SC product manufactured by Pfizer Inc. Sayana Press is the DMPA-SC product available today in most countries. Other versions of DMPA-SC products may become available in the future.

“I am so grateful that I learnt how to give myself the injection. Now that I am living in such a far village with no health center around, I will not miss my injection and spend money to [travel to] town in search for family planning services.”

—Family planning client, Uganda

Empowering women and driving outcomes

- Since 2019, **the World Health Organization has maintained a strong recommendation for self-injection as a self-care approach**, stating that it should be made available as an additional mechanism to deliver injectable contraception.
- Evidence from multiple countries indicates that **self-injection is feasible and acceptable**.
- Results have shown that **women who self-inject DMPA-SC continue using injectable contraception longer** than those who receive injections from a provider—meaning fewer unintended pregnancies.
- Data from Senegal and Uganda demonstrate that compared to provider-administered DMPA-IM, **self-injection of DMPA-SC is not just cost-effective but cost saving** when accounting for costs to both women and health systems.

Taking off around the world

- 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, and several European countries, the United Kingdom, and the United States.
- Offered at US\$0.85 per dose in the standard 200-pack presentation to **qualified buyers**,[†] including ministries of health in low-income countries.

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
or contact
FPOptions@path.org.

[†] For more information on qualified buyers and eligible countries, please contact FPOptions@path.org.

How is DMPA-SC different from DMPA-IM?

DMPA-SC (Sayana[®] Press[‡])

- Comes in a prefilled, “all-in-one” injection system.
- Is injected under the skin.
- Has a lower dose of DMPA (104 mg).
- Has a 2.5-centimeter needle.
- Can be administered by **clinical providers as well as community health workers, pharmacists, or by women themselves** where allowed.



What do **DMPA-SC** and **DMPA-IM** have in common?

- ◀ **Safe and highly effective at preventing unintended pregnancy.**
- ◀ **Delivered every three months.**
- ◀ **Do not protect from HIV and other sexually transmitted infections.** (For more information, please see the tool, “DMPA and HIV: What advocates need to know.”)
- ◀ **Comparable in regard to side effects.**
- ◀ **Based on its lower dose, DMPA-SC is expected to have a side effect profile that is similar to or better than that of DMPA-IM.** Some women may experience side effects with either DMPA product, such as menstrual bleeding irregularities, headaches, weight gain, and injection site reactions, including mild pain or inflammation.

DMPA-IM (Depo-Provera^{®‡} and generic options)

- Comes in a **vial with a separate syringe.**
- **Is injected into the muscle.**
- **Has a higher dose of DMPA (150 mg).**
- **Has a 3.8-centimeter needle.**
- **Is typically administered by providers** but can be administered by community health workers and pharmacists where allowed.
- Is currently available for about **US\$0.70 to US\$0.80 per dose.**

Photos: PATH/Patrick McKern

[‡]Sayana Press and Depo-Provera are registered trademarks of Pfizer Inc.