

Family Planning

Welfare Association of NT Inc.

ABN 38 812 238 738

Family Planning Welfare Association of the NT Inc exists to provide quality health care and education services in sexual and reproductive health

The Contraceptive Injection (DMPA) Depo-Provera/Depo-Ralovera

What is the contraceptive injection?

Depo-Provera and Depo-Ralovera are the trade names for a long acting synthetic hormone: medroxyprogesterone acetate. It is similar to the female hormone progesterone, which is made by a woman's ovaries during each menstrual cycle and during pregnancy. Depo-Provera is given by injection and each dose lasts for twelve weeks as a contraceptive. It is sometimes used for the treatment of endometriosis.

How does it work?

When used as a contraceptive, the injection works by:

- inhibits ovulation (egg release)
- thickening the mucus at the entrance to the uterus, so that sperm cannot get through to fertilise the egg
- changing the lining of the uterus so that a fertilised egg will not grow

How effective is it?

It is one of the most effective methods of contraception. With perfect use it is 99.7% effective at preventing pregnancy. With typical use it is 97% effective.

Advantages

- It has many advantages apart from contraception, including reduction in endometriosis, cancer of the uterus (womb), thrush and infection of the tubes (pelvic inflammatory disease or P.I.D.).
- The injection can be used safely in most women who are unable to take contraception containing oestrogen.
- About half of women cease having periods by the time of the third injection.
- For some women it is easier to have an injection every 12 weeks, rather than remembering to take a pill every day.
- It is undetectable by other people.

What are the main concerns?

- Pregnancy should be excluded before starting the injection. There has been some concern expressed about possible risks to the foetus by accidentally giving Depo-Provera to a woman who has an undetected pregnancy. To date no serious abnormalities have been demonstrated in children whose mothers had the injection while pregnant.
- Injection can not be reversed or withdrawn once given.

What are the possible side effects?

One injection lasts 12 weeks so if side effects occur they may last for the entire 12 weeks or longer.

Effects on period - all women given the injection will experience a change in their bleeding pattern. Many will stop having periods completely; this is not harmful. Others may have irregular bleeding. This may be infrequent and unpredictable. Unfortunately some women will have persistent bleeding or spotting that may be daily. Rarely bleeding can get heavier. If this occurs for longer than one week, see your doctor as simple treatment can usually stop this. Before the injection, it is impossible to predict which women will experience which change in bleeding.

Weight Gain - women may gain or lose weight whilst on the injection. On average women gain 2kg in the first year's use. Unfortunately a small percentage of women gain quite a large amount of weight. It is impossible to predict who will gain weight and who won't before commencing treatment.

Delay in the return to fertility - there is often a delay in the return of normal periods after using this drug, although there is no long-term permanent effect on fertility. It has been shown that more than 78% of former users who wished to have a baby were pregnant within 12 months, with normal fertility returning by 18 months. How long a woman has used Depo-Provera and whether she has previously been pregnant, does not appear to affect the delay before her fertility returns.

Osteoporosis (thin bones) - studies have linked the use of the injection with a small increased risk of osteoporosis (thinning of the bones). It is thought the effect may be reversible when Depo-Provera is ceased. The risk appears to be in the first 4 years of use.

This decrease in bone density is thought to be more relevant in young women, especially those who have been menstruating for less than 3 years, who smoke and who are underweight. This is a controversial area and requires much further research. It is important that current users and those considering use discuss this issue with their practitioner.

General problems - other problems that may arise include headaches, depression, mood changes and loss of interest in sex.

Women will need to have a further discussion with their health practitioner if they:

- are on anti-coagulants or have a blood clotting disorder
- have a history of severe depression
- History of breast cancer
- are diabetic
- have high blood pressure
- have periods at irregular or long intervals or have had trouble becoming pregnant when they wanted to

At your first visit a full medical history will be taken and an examination will be made including weight and blood pressure. It is preferred that the injection would be commenced within 5 days of a period starting. In this case it is effective immediately. If it is started at any other time in your cycle it is necessary to wait seven days for its contraceptive effect. DMPA can be given after birth.

It is necessary to return for a follow up injection in 12 weeks. There is a week leeway either side. If you are later than that it is extremely important that a back-up form of contraception such as condoms is used until your next visit. At each visit blood pressure and weight is recorded and a note will be made of any positive or negative effects of the injection. Pap smears and breast checks will continue as usual, unless there are any problems. You may be asked to keep a record of any vaginal bleeding that occurs.