

FACTS ABOUT DEPO-PROVERA FOR CONTRACEPTIVE USE

This brochure explains the benefits and the possible problems of DMPA (Depot Medroxyprogesterone Acetate) to you. If you do not understand all the information or if you have any questions, please ask your clinician.

You should choose this method of birth control only after reading this fact sheet and talking about your birth control needs with a physician or nurse.

WHAT IT IS

DMPA is a long-acting form of birth control. It is an injection (a shot) given every 12 weeks under a clinician's supervision.

HOW DMPA PREVENTS PREGNANCY

Each of your ovaries contains thousands of unripe eggs. About halfway between the start of one period and the start of the next period, an egg ripens and is released into the tube to the uterus. This is called ovulation. DMPA stops this from happening. DMPA also causes changes in your cervical mucus, which prevent sperm from entering the uterus.

HOW EFFECTIVE IS DMPA

Of one hundred women who use DMPA for a year, less than one will become pregnant. In typical use, DMPA works as well as female sterilization and Implanon and is more effective than all other birth control methods, including the birth control pill and the IUD.

HOW DMPA IS USED

DMPA is given as an injection once every 12 weeks. The first shot must be given within 5 days after the beginning of a period, unless you presently are using the Pill, an IUD, or Implanon. DMPA starts working within 24 hours. The medicine slowly wears off over time and you cannot count on being protected against pregnancy after 12 weeks from the last shot. Therefore, if you want to continue to use DMPA, you must return for another shot in 12 weeks.

For more information go to:
<http://www.depoprovera.com/>

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UNIVERSITY HEALTH AND COUNSELING SERVICES

www.uww.edu/uahcs

Corner of Prairie and Starin
Division of Student Affairs, UW-Whitewater
www.uww.edu/staffair

Hours

Monday-Friday 8:00 - 4:30; summer & evening hours may vary.

Health Services 472-1300

- * Examinations and treatment for illnesses and minor injuries
- * Laboratory tests and medications
- * Allergy injections and immunizations
- * Pelvic exam and Pap test
- * Contraceptives
- * STD and HIV antibody testing
- * Cold self care
- * Referrals to specialists
- * Phone consultations with RN
- * Rehabilitation for students with disabilities

Counseling Services 472-1305

- * Individual counseling for many concerns, including...
 - * Relationships
 - * Depression
 - * Self-esteem
 - * Values clarification
 - * Alcohol and other drugs use
 - * Sexual assault and abuse
 - * Decision-making
 - * Anxiety
 - * Sexual orientation
 - * Stress
- * Group counseling options
- * Consultations with staff
- * Referrals to community agencies
- * Crisis intervention
- * Practicum training site

Wellness Services 472-1300 ext. 2244

- * Lobby Resource Center
- * Royal Purple articles
- * Bulletin board kits
- * Healthy U newsletter
- * Web site
- * Posters
- * Wellness fairs
- * Educational presentations

Employee Assistance Program 472-1305

- * Confidential assistance and referral for employees with concerns such as:
 - * Stress
 - * Depression
 - * Finances
 - * Alcohol and other drug use
 - * Troubled coworkers
 - * Marriage/family
 - * Health

24-Hour Emergency help:

911 Whitewater Rescue Squad

472-1060 Sexual Assault Response Team
262-741-3200 or 1-800-365-1587 Crisis Line

DEPO- PROVERA



WHO MAY TAKE DMPA

DMPA (Depot Medroxyprogesterone Acetate) is most appropriate for women who want a long-acting method of birth control, without the need to take a pill every day or to use a method right before sex. DMPA may be a very good contraceptive choice for women who have completed childbearing, but who do not want to have a sterilization procedure.

DMPA also may be a good choice for women who cannot use other methods of birth control because of:

- medical reasons;
- side effects with other methods;
- other methods did not work.

WHO SHOULD NOT TAKE DMPA

You should not take DMPA if:

1. you are, or suspect that you may be, pregnant;
2. you have abnormal vaginal bleeding that has not yet been evaluated;
3. you presently have serious liver disease;
4. you have ever had any kind of growth in the liver;
5. you are being treated for or have a history of cancer of the breast;
6. you have had blood clots;
7. you are allergic to DMPA.

If you now have or have had a health problem such as asthma, migraine headaches, depression, heart disease, stroke, high blood pressure, diabetes, liver disease (such as hepatitis), or a seizure problem, tell your clinician so that s/he may decide if it is safe for you to take DMPA. There is a chance that these problems may be made worse by the use of DMPA.

COMMON PROBLEMS

DMPA, like all other hormonal methods of birth control, can have side effects in some women. Fortunately, the side effects usually are not serious. However, it is important to realize that once DMPA is injected, it cannot be neutralized or reversed should you experience side effects. Therefore, you may have to live with the side effects until the DMPA shot wears off.

1. Menstrual changes: All women who use DMPA notice changes in their menstrual periods. During the first year, menstrual periods usually are irregular and spotty bleeding may occur between periods. Some women also notice heavier or longer bleeding during their periods, but this rarely causes serious medical problems. After 6-12 months of using DMPA, most women have periods less often, and may stop having periods altogether. This change is not permanent, and periods will return after the DMPA is stopped.
2. Pregnancy symptoms: Side effects similar to the

symptoms of an early pregnancy occur in many women after the first few injections, but then usually will go away. Some women notice sore breasts, nausea, feeling tired, and abdominal discomfort. A spotty darkening of the skin, usually on the face, occasionally happens and may not go away completely.

3. Weight changes: One of the effects of the hormone in DMPA is to increase appetite. As a result, about two-thirds of women who use DMPA gain weight, 20% lose weight, and 10% have no change in their weight. The average weight gain is 5.4 pounds by the end of the first year and 13.8 pounds by the end of the fourth year. Most women can avoid this weight gain by eating a low-fat diet and exercising regularly.
4. Depression: This side effect may be worse in women who have had depression before. The cause is not clear. If related to DMPA, it will go away after the medication has worn off.
5. Other possible reactions that may or may not be caused by DMPA are sometimes reported: headache, leg swelling, breast tenderness, acne, liver problems, dizziness, nervousness, some loss of scalp hair, some increase in body hair, and either an increase or decrease in sex drive.

Report Any New Or Unusual Medical Problems To Your Clinician Right Away.

OTHER MEDICAL DRAWBACKS AND RISKS

1. After DMPA is stopped, it takes an average of 9-10 months from the last shot before you can become pregnant. Some women become pregnant as early as 3-4 months after the last shot, while for others it takes a year or more. By two years, pregnancy rates are equal in women who used DMPA compared to those who used the Pill or an IUD. Women who want to become pregnant in the near future should keep this in mind when deciding whether to use DMPA.
2. DMPA is found in breast milk. Nursing mothers, as soon as 4 weeks after delivery can use DMPA, as it does not affect the amount or quality of the milk. However, this drug can show up in tiny amounts in the milk of nursing mothers, and thus the baby will swallow it. Infants exposed to DMPA have been studied and no adverse effects have been noted.

3. DMPA and cancer risk: Long-term users of DMPA found slight or no increased overall risk of breast cancer and no overall increased risk of ovarian, liver or cervical cancer. DMPA reduces the risk of endometrial cancer.

4. Possible thinning of bones. Use of DMPA reduces serum estrogen levels and is associated with significant loss of bone mineral density (BMD). This loss of BMD is of particular concern during adolescence and early adulthood. It is unknown if use of DMPA by younger women will reduce peak bone mass and increase the risk for fractures in later life or if the effects are reversible after discontinuation of DMPA. It is unclear if adequate calcium and vitamin D use would lessen the BMD loss.

It is recommended that women limit the use of DMPA to 2 years because of the loss of BMD.

5. Lack of protection against STDs. While DMPA is a highly effective, convenient method of birth control, it does not provide any protection against sexually transmitted infections such as gonorrhea, chlamydia, or HIV (the virus that causes AIDS). If you or any of your sexual partners have other sex partners, it is very important to use a latex condom every time you have sex in order to protect yourself against these infections.

PRECAUTIONS YOU SHOULD TAKE

Tell any health care provider that you see that you are taking DMPA. When taking DMPA you should call your clinic right away if you have any of the following:

- prolonged, very heavy vaginal bleeding;
- unusual swelling or pain in the leg;
- severe chest pain, sudden shortness of breath, or coughing up blood;
- bad headache or blurred vision;
- a lump in your breast;
- changes in vision;
- abdominal pain
- any other symptom that worries you.

REMINDER

If you want to continue to use DMPA, you must return to the clinic every 12 weeks for another shot.