Alameda County
Health Care for the Homeless
Alameda County Health Care Services Agency

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STANDING ORDER FOR THE ADMINISTRATION OF DEPOT MEDROXYPROGESTERONE ACETATE (DMPA) FOR THE PREVENTION OF UNINTENDED PREGANCY

Purpose: The purpose of this order is to supplement current policy and procedures by providing guidance to Registered Nurses to identify individuals who would benefit from the use of DepoProvera to prevent unintended pregnancy.

Background:. Depot medroxyprogesterone acetate (known as DepoProvera or DMPA) is an injectable progestin only contraceptive. DepoProvera is highly effective in preventing pregnancy and is injected every three months, eliminating the need for daily or weekly self-administration. DepoProvera prevents pregnancy by the inhibition of gonadotropin secretion, which inhibits follicular maturation and ovulation. DMPA also changes thickening of the cervical mucus and reduces tubal mobility. DMPA is a good alternative for women who wish to avoid or cannot take estrogen containing contraceptives or may not remember to use contraception that requires daily or weekly administration. DMPA is also a good choice for women who prefer a discreet method of contraception. DMPA is available in both intramuscular and subcutaneous injection formulations. This standing order applies to the intramuscular formulation (150 mg/1ml)

Scope/Coverage: Under these standing orders, the following types of health care personnel are authorized to administer this treatment:

- Registered Nurses

Procedure:

- Obtain medical including gynecologic history and STI risk assessment. Refer to STI protocol if client requires presumptive treatment or testing for sexually transmitted infection.
- Discuss history of other contraceptive uses, past and present with client. Present all options available for contraception considering client preferences and medical history
- Obtain current medication list
- Physical exam or laboratory tests are not necessary before beginning DepoProvera.
- Obtain date of last menstrual cycle, if known.
- Rule out current pregnancy, either by LMP date or pregnancy test.
- **Patient Education:**
    - Menstrual change occurs in all patients using DMPA. After initiation of DMPA irregular uterine bleeding lasting seven days or longer is common. The frequency and duration of bleeding decreases as duration of use increases. Amenorrhea becomes increasingly prevalent for clients who use DMPA for one year or longer. Amenorrhea is expected and reversible and does not indicate that is necessary to discontinue this contraceptive method.
    - Other common side effects include headache and mood changes.
    - Studies that examine the effect of DMPA on weight gain have not resulted in definitive conclusions. Concern about weight gain is a common reason for discontinuation of DMPA.
    - The use of DMPA does not prevent the transmission of sexually transmitted infection.
    - Fertility may be impaired for up to 18 months following discontinuation of DMPA.

Plan

- There are several start options for DMPA
  - Administer first injection on first day of menses, or within seven days of the onset of menses. This method does not require a backup contraceptive.
  - Any day start: back up contraception is needed for seven additional days.
- Administer 150 mg/ml of Depot medroxyprogesterone acetate by deep intramuscular injection in the gluteal or deltoid muscle.
- DMPA users require repeat injections every 3 months (13 weeks). Create a plan with the client for the next injection.
- Women who present late for follow up injections can be administered their next dose of DMPA if they are less than 2 weeks late for their injection. If the client is more than 15 weeks from last dose, pregnancy should be excluded before medication administration.
- If women present early for a repeat DMPA injection, it may be given early.
- Attempt follow up with client in one month to assess tolerance to medication, side effects, and satisfaction with contraceptive method.

Contraindications: DMPA should not be used by women with:

- Known breast cancer
- Are pregnant
- Have severe cirrhosis, hepatocellular adenoma, diabetes nephrosis or vascular complications, hypertension, ischemic heart disease or multiple risk factors for atherosclerotic disease
- Unexplained vaginal bleeding
- Pregnancy planned within the next year
- Long term use of corticosteroid therapy
- Current use of aminoglutethimide

References: UpToDate Patient Education: Hormonal Methods of Birth Control: Beyond the Basics.

These orders shall remain in effect for all patients receiving medical care from Alameda County Health Care for the Homeless until rescinded.

DocuSigned by:
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Medical Director

Date

Effective Date: July 2023
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Approved By: Dr. Kathleen Clanon, Medical Director, Alameda County Health Care Services Agency