



Subcutaneous DMPA key facts:

Answering questions and dispelling common myths about a new type of injectable contraception

USE

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)?

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 Medical Eligibility Criteria for Contraceptive Use](#).

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

YES. Adolescent girls and women can have safe pregnancies and healthy children after using injectable contraception.

- After stopping injectable contraception, women may not get pregnant right away. That effect is just temporary. It might take a woman 6 to 12 months after her last injection to become pregnant.
- If a woman is pregnant and uses any injectable contraceptive, it will not have any negative effects on or end the pregnancy.

*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.



Quick facts about DMPA-SC

(Sayana® Press)

- **99 percent 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.**
- Available in at least **15 FP2020 countries**.*
- Can be purchased at **US\$0.85 per dose** by qualified buyers (including ministries of health in FP2020 countries).

*FP2020 aims to expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world's poorest countries.

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. If this happens, it is because bleeding has stopped completely. The blood is not stuck in her body.
- Clear, up-front counseling on and discussion of management strategies regarding possible side effects with potential users are important.

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.

- 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).

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 tried self-injection in Senegal and Uganda were generally able to store DMPA-SC units safely and discreetly in their homes.

SELF-INJECTION

Q Can women in low-income countries successfully self-inject?

A **YES.** Recent research in Senegal and Uganda demonstrates that most women living in rural areas with lower literacy can be trained to self-inject DMPA-SC, especially using image-based instructions for training and support.

- Most women who have the chance to try self-injection say they like it.
- Uganda is beginning to roll out routine self-injection outside of research and will closely track the experience to identify best practices.

Q Why should family planning programs consider the option of self-injection?

A ● Self-injection puts the power of contraception in women's hands. 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.

Q What do we know about disposal of DMPA-SC units after self-injection?

- A
- A recent self-injection study in Uganda found that 94 percent of women disposed of the used device in a pit latrine (not a sustainable approach long-term), and 71 percent stored it in an impermeable household container, such as a petroleum jelly container, prior to disposal.
 - Programs should strategize how to recapture used devices for incineration. New efforts in Uganda are engaging community health workers to assist with safe disposal.
 - Self-injection training should emphasize the importance of securing used, uncapped DMPA-SC units in impermeable household containers before disposal.

INJECTABLE CONTRACEPTION AND HIV

Q What do we know about injectable contraception and HIV?

- A
- No hormonal contraceptive method protects against HIV. Women who use any hormonal contraceptive method (including injectables) should use condoms to prevent HIV and other sexually transmitted infections.
 - While some studies have suggested that women using progestogen-only* injectable contraception (including DMPA products) may be at increased risk of HIV acquisition, other studies do not show this association.
 - The World Health Organization (WHO) states that women at high risk of HIV can use progestogen-only injectables, including DMPA-SC and DMPA-IM products, because the advantages of these methods generally outweigh the possible increased risk of HIV acquisition.
 - In March 2017, based on a review of available evidence, [WHO released new guidance](#) that more clearly emphasizes the need to provide comprehensive counseling to all women who want to use DMPA products. All women considering use of DMPA products should be counseled on the uncertainty of an increased risk of HIV acquisition and how to protect themselves from HIV and should have access to HIV prevention measures. No woman should be denied use of a DMPA product if that is her preferred choice.
 - 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.

*Also referred to as progestin-only.