

Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)*

Research findings have established that depot medroxyprogesterone acetate (DMPA) and norethisterone enantate (NET-EN) are safe and effective for use by most women, including those who are at risk of sexually transmitted infections (STIs) and those living with, or at risk of, HIV infection. For some women, DMPA is usually not recommended because of the presence of certain medical conditions, such as breast cancer or most types of liver tumors. For these reasons, women who desire to use DMPA must be screened for certain medical conditions to determine if they are appropriate candidates.



FHI 360 (formerly Family Health International), with support from the U.S. Agency for International Development (USAID), has developed a simple checklist (see center spread) to help health care providers screen clients who were counseled about contraceptive options and made an informed decision to use DMPA. This checklist is a revised version of the *Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)* produced by FHI 360 in 2011. Changes reflected in this version are based on the recommendations of the *Medical Eligibility Criteria for Contraceptive Use* (WHO, updated 2015). This revision also includes guidance for providers whose clients may be eligible for emergency contraception.

The checklist is designed for use by both clinical and nonclinical health care providers, including community health workers. It consists of 15 questions and provides guidance based on clients' responses. The first nine questions are designed to identify medical conditions that would prevent safe DMPA use or require further evaluation. Clients who are ruled out because of their response to some of the medical eligibility questions may still be good candidates for DMPA if the suspected condition can be excluded through appropriate evaluation. The last six questions enable providers to determine with reasonable certainty that a woman is not pregnant before initiating the method.

This checklist is part of a series of provider checklists for reproductive health services. The other checklists include the *Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives*, the *Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD*, the *Checklist for Screening Clients Who Want to Initiate Contraceptive Implants*, and the *Checklist on How to be Reasonably Sure a Client is Not Pregnant*. For more information about the provider checklists, please visit www.fhi360.org.

* For the purposes of this checklist, all references to DMPA also apply to NET-EN.

Assessing Medical Eligibility for DMPA or NET-EN

1. Have you ever been told you have breast cancer?

This question is intended to identify women who know they have had or currently have breast cancer. These women are not good candidates for DMPA because breast cancer is a hormone-sensitive tumor and DMPA use may adversely affect the course of the disease.

2. Have you ever had a stroke or heart attack, or do you currently have a blood clot in your legs or lungs?

This question is intended to identify women with already known serious vascular disease, not to determine whether women might have an undiagnosed condition. Women with these conditions usually experience acute

symptoms, which prompt them to seek health care. For this reason, they would likely be aware of the condition and would answer "yes." Because DMPA use may make these conditions worse, answering "yes" to the question means that the woman is usually not a good candidate for DMPA. However, women with blood clots in their legs or lungs who are on established anticoagulant therapy generally can use DMPA.

3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?

This question is intended to identify women who know that they currently have a serious liver disease such as severe cirrhosis, malignant liver tumors, and most benign liver tumors. Women with these conditions should usually not use DMPA because the hormone used in DMPA is processed by the liver and

may further compromise liver function. Women with other liver problems, such as acute or chronic hepatitis and focal nodular hyperplasia (a benign tumor that consists of scar tissue and normal liver cells), can use DMPA safely.

4. Have you ever been told you have diabetes (high sugar in your blood)?

This question is intended to identify women who know that they have diabetes, not to assess whether they may have an undiagnosed condition. Women who have had diabetes for 20 years or longer, or those with vascular complications, should usually not use DMPA because of the increased risk of blood clots. Evaluate or refer for evaluation as appropriate and, if these complications are absent, the woman may still be a good candidate for DMPA.

5. Have you ever been told you have high blood pressure?

This question is intended to identify women who may have high blood pressure. These women should be evaluated or referred for evaluation as appropriate. Based on evaluation, women with blood pressure levels of 160/100 Hg or more should usually not initiate DMPA.

6. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?

Unexplained vaginal bleeding may be a sign of an underlying pathological condition, such as genital malignancy (cancer) or infection. While these conditions are not directly affected by DMPA, changes in bleeding patterns, which are common among DMPA users, could make such conditions harder to diagnose. These conditions should be evaluated without delay or treated by a higher-level health care provider. DMPA use should be postponed until the condition can be evaluated. In contrast, women for whom heavy, prolonged, or irregular bleeding constitutes their usual bleeding pattern may initiate and use DMPA safely.

7. Have you ever been told that you have a rheumatic disease, such as lupus?

This question is intended to identify women who have been diagnosed with systemic lupus disease. Women who have systemic lupus disease and who are not on immunosuppressive treatment should usually not use DMPA, due to concerns about a possible increased risk of thrombosis.

8. Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as smoking, obesity, high blood pressure, or diabetes?

This question is intended to identify women who may be at increased risk of a heart attack or stroke. While each of these conditions may not preclude a woman from using DMPA safely, having two or more conditions at the same time may substantially increase her risk of developing a heart attack or stroke. These women should usually not use DMPA.

9. Are you currently breastfeeding a baby less than six weeks old?

This question is included because of the theoretical concern that hormones in breast milk can have an adverse effect on a newborn during the first six weeks after birth. A breastfeeding woman can initiate DMPA six weeks after her baby is born.

Determining Current Pregnancy

Questions 10–15 are intended to help a provider determine, with reasonable certainty, whether a client is not pregnant. If a client answers “yes” to any of these questions and there are no signs or symptoms of pregnancy, it is highly likely that she is not pregnant. The client can start DMPA now.

If the client is within 7 days of the start of her menstrual bleeding, she can start the method immediately. No back-up method is needed.

If it has been more than 7 days since her first day of bleeding, she can start DMPA immediately but must use a back-up method (i.e., using a condom or abstaining from sex) for 7 days to ensure adequate time for the DMPA to become effective.

If you cannot determine with reasonable certainty that your client is not pregnant (using the checklist), you will need to rule out pregnancy using another means (e.g., wait until monthly bleeding resumes, use a pregnancy test if her monthly bleeding is delayed). She should be given condoms to use in the meantime.

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To determine if the client is medically eligible to use DMPA, ask questions 1–9. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 9.

NO	1. Have you ever been told you have breast cancer?	YES
NO	2. Have you ever had a stroke or heart attack, or do you currently have a blood clot in your legs or lungs?	YES
NO	3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	YES
NO	4. Have you ever been told you have diabetes (high sugar in your blood)?	YES
NO	5. Have you ever been told you have high blood pressure?	YES
NO	6. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?	YES
NO	7. Have you ever been told that you have a rheumatic disease such as lupus?	YES
NO	8. Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as smoking, obesity, high blood pressure, or diabetes?	YES
NO	9. Are you currently breastfeeding a baby less than 6 weeks old?	YES

If the client answered **NO** to *all of questions 1–9*, the client can use DMPA. Proceed to questions 10–15.

If the client answered **YES** to *question 1*, she is not a good candidate for DMPA. Counsel about other available methods or refer.

If the client answered **YES** to *any of questions 2–8*, DMPA cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime. See explanations for more instructions.

If the client answered **YES** to *question 9*, instruct her to return for DMPA as soon as possible after the baby is six weeks old.

Ask questions 10–15 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 15.

YES	10. Did your last menstrual period start within the past 7 days?	NO
YES	11. Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
YES	12. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period or delivery?	NO
YES	13. Have you had a baby in the last 4 weeks?	NO
YES	14. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	NO
YES	15. Have you had a miscarriage or abortion in the last 7 days?	NO

If the client answered **YES** to *at least one of questions 10–15* and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can start DMPA now.

If the client began her last menstrual period *within the past 7 days*, she can start DMPA immediately. No additional contraceptive protection is needed.

If the client began her last menstrual period *more than 7 days ago*, she can *be given DMPA now*, but instruct her that she must *use condoms or abstain from sex for the next 7 days*. Give her condoms to use for the next 7 days.

If the client answered **NO** to *all of questions 10–15*, pregnancy cannot be ruled out using the checklist.

Rule out pregnancy by other means. Give her condoms to use until pregnancy can be ruled out.

Offer emergency contraception if every unprotected sex act since last menses occurred within the last 5 days.