

use DMPA/NET-EN because hormones used in DMPA/NET-EN are processed by the liver and may further compromise liver function. Women with other liver problems, such as acute or chronic hepatitis, can use DMPA/NET-EN 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 generally not use DMPA/NET-EN 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/NET-EN.

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 mm Hg or more should not initiate DMPA or NET-EN.

6. 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 not use DMPA/NET-EN, due to concerns about an increased risk of thrombosis.

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

This question is intended to identify women who may have an underlying pathological condition. While these conditions are not directly affected by DMPA/NET-EN, changes in bleeding

patterns, which are common among DMPA/NET-EN users, could make such conditions harder to diagnose. Unusual, unexplained bleeding changes may indicate infection or cancer that should be evaluated without delay or treated by a higher-level health care provider.

DMPA/NET-EN 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/NET-EN safely.

8. 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/NET-EN six weeks after her baby is born.

Determining Current Pregnancy and Initiating Method

Questions 9–14 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/NET-EN 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/NET-EN 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/NET-EN to become effective.

If you cannot determine with reasonable certainty that your client is not pregnant (using the checklist) and if you do not have access to a pregnancy test, then she needs to wait until her next menstrual period begins before starting DMPA/NET-EN. She should be given condoms to use in the meantime.



Checklist for Screening Clients Who Want to Initiate Injectables (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 and NET-EN are 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 or NET-EN must be screened to determine if they are appropriate candidates for DMPA or NET-EN.



The Federal Ministry of Health 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 or NET-EN. This checklist is based on the recommendations of the Medical Eligibility Criteria for Contraceptive Use (WHO, 2009) and reflects the most current research findings. It also includes a series of questions to determine with reasonable certainty whether a woman is not pregnant before initiating the method.

The checklist is designed for use by clinical health care providers. It consists of 14 questions designed to identify medical conditions that would prevent safe DMPA or NET-EN use or require further evaluation, as well as provide further guidance and directions based on clients’ responses. Clients who are initially excluded because of their responses to some of the medical eligibility questions may still be good candidates for DMPA or NET-EN after the suspected condition is excluded through appropriate evaluation.

Assessing Medical Eligibility for DMPA or NET-EN

1. Have you ever been told you have breast cancer or had an uninvestigated breast lump removed?

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 or NET-EN because breast cancer is a hormone-sensitive tumor, and DMPA/NET-EN 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 disease, not to determine whether women might have an undiagnosed condition. Women with these conditions may

be at somewhat increased risk of blood clots if they use DMPA/NET-EN. Women who have had any of these conditions will commonly have been told that they have the condition and will answer “yes.” Answering “yes” to any part of the question means that the woman is not a good candidate for DMPA or NET-EN. However, women on established anticoagulant therapy generally can use DMPA/NET-EN.

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, or benign liver tumors, with the exception of focal nodular hyperplasia (a tumor that consists of scar tissue and normal liver cells). Women with these conditions should not



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To determine if the client is medically eligible to use DMPA or NET-EN, ask questions 1–8. As soon as the client answers **YES** to **any question**, stop, and follow the instructions after question 8.

NO	1. Have you ever been told you have breast cancer or had an uninvestigated breast lump removed?	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. Have you ever been told that you have a rheumatic disease such as lupus?	YES
NO	7. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after sexual intercourse (sex)?	YES
NO	8. Are you currently breastfeeding a baby less than 6 weeks old?	YES

If the client answered **NO** to **all of questions 1–8**, the client can use DMPA / NET-EN. Proceed to questions 9–14.

If the client answered **YES** to **question 1**, she is not a good candidate for DMPA/NET-EN. Counsel about other available methods or refer.
If the client answered **YES** to **any of questions 2 – 7**, DMPA/NET-EN 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 8**, instruct her to return for DMPA/NET-EN as soon as possible after the baby is six weeks old.

Ask questions 9–14 to be reasonably sure that she is not pregnant. As soon as the client answers **YES** to **any question**, stop, and follow the instructions after question 14.

YES	9. Did your last menstrual period start within the past 7 days?	NO
YES	10. 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	11. Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
YES	12. Have you had a baby in the last 4 weeks?	NO
YES	13. Have you had a miscarriage or abortion in the last 7 days?	NO
YES	14. Have you been using a modern contraceptive method consistently and correctly?	NO

If the client answered **YES** to **at least one of questions 9–14** 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/NET-EN now.
If the client began her last menstrual period **within the past 7 days**, she can start DMPA/NET-EN 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/NET-EN 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 9–14**, pregnancy cannot be ruled out.
She must do a pregnancy test or wait until her next menstrual period to be given DMPA/NET-EN.
Give her condoms to use in the meantime.