



METHOD CHARACTERISTICS, CONTRAINDICATIONS, INDICATIONS, AND HEALTH BENEFITS

Key Points

- The most common form of injectable contraceptives, depot-medroxyprogesterone acetate (DMPA), needs to be administered only every 13 weeks.
- Most women can safely use injectables, but certain characteristics and medical conditions make the use of injectables unsafe for some.
- Injectable contraceptives offer many health benefits, in addition to preventing unintended pregnancy.

WHEN AND HOW INJECTABLES ARE ADMINISTERED

The effectiveness of injectables depends on adherence to a regular schedule for injections. As progestin-only injectables (given once every two or three months) are commonly used, about three pregnancies per 100 women occur over the first year. When women have injections of the progestin-only method on time, less than one pregnancy per 100 women occurs over the first year (three per 1,000 women).¹ Injectables that combine progestin and estrogen must be administered monthly. Combined injectables have not been the subject of many long-term studies, but researchers expect their effectiveness to be similar to that of progestin-only injectables.

Progestin-only and combined injectables are given intramuscularly—that is, injected into the muscle. For depot-medroxyprogesterone acetate (DMPA), a progestin-only formulation, subcutaneous injection—injection just under the skin—is being developed, as well. DMPA requires a 150-mg dose every three months (13 weeks). For norethisterone enanthate (NET-EN), which is also progestin-only, a 200-mg dose is injected every two months (eight weeks). For combined injectables, such as Cyclofem, a 25-mg dose is injected monthly (every four weeks).²

CONDITIONS THAT RULE OUT USE OF INJECTABLES

Most women can use injectable contraceptives safely. However, a short list of conditions would make injectable use inappropriate (see the table on the other side of this page).

WHEN INJECTABLES ARE AN APPROPRIATE METHOD

Injectable contraception is appropriate for women to use at many points in their lives. It is safe and suitable for women who have had children and those who have not.

Two areas for growth in injectable use are after abortion and in the postpartum period. Women can begin use immediately after an abortion or miscarriage. Breastfeeding women can initiate DMPA or NET-EN six weeks after giving birth. Six months after giving birth they can initiate Cyclofem.³

Counseling women to begin the use of injectables immediately after an abortion has been shown to increase their uptake of the method, protecting them from future unplanned pregnancy.⁴ Pregnant women should be informed during antenatal counseling that injectables can meet their postpartum contraceptive needs. Information on the benefits of spacing births should be accompanied by a discussion of all family planning methods that are appropriate during breastfeeding, including progestin-only injectable contraceptives.

HEALTH BENEFITS OF INJECTABLES

Injectable contraceptives offer many health benefits, in addition to preventing unintended pregnancy.⁵ DMPA helps protect against cancer of the lining of the uterus (endometrial cancer) and uterine fibroids. It may help protect against symptomatic pelvic inflammatory disease and iron-deficiency anemia. DMPA also reduces sickle cell crises among women with sickle cell anemia and symptoms of endometriosis, such as pelvic pain and irregular bleeding. NET-EN helps protect against iron-deficiency anemia and is being studied to determine if it has other health benefits in common with DMPA. The few long-term studies of combined injectables suggest that they help protect against endometrial and ovarian cancer and symptomatic pelvic inflammatory disease. They may help protect against ovarian cysts and iron-deficiency anemia and reduce menstrual cramps, menstrual bleeding problems, pain accompanying ovulation, excess facial or body hair, and symptoms of polycystic ovarian syndrome and of endometriosis.



**BRIEF 4
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CONTRAINDICATIONS TO INJECTABLE CONTRACEPTIVE USE, BY TYPE⁶

Contraindication	Progestin-only	Combined
Pregnancy	Current pregnancy	Current pregnancy
Breastfeeding	Child is < 6 weeks old	Child is < 6 months old
Recent childbirth, not breastfeeding	NA	Gave birth < 3 weeks ago
Liver disease	Severe cirrhosis or liver tumor (other than focal nodular hyperplasia)	Active hepatitis (acute or flare), severe cirrhosis, liver tumor (other than focal nodular hyperplasia)
High blood pressure	Over 160 mm Hg systolic or 100 mm Hg diastolic	Over 140 mm Hg systolic or 90 mm Hg diastolic
Diabetes	Presence of vascular complications or diabetes of more than 20 years' duration	Presence of vascular complications or diabetes of more than 20 years' duration
Stroke, heart attack, or blood clots	Current or history of heart attack or stroke; current deep-venous thrombosis or pulmonary embolism	Current or history of stroke or heart attack; history or current deep-venous thrombosis or pulmonary embolism
Unusual vaginal bleeding	Bleeding that is unusual for the woman, including bleeding after sex	N/A
Lupus	Presence of systemic lupus disease with positive or unknown antiphospholipid antibodies and without immunosuppressive treatment	Presence of systemic lupus disease with positive or unknown antiphospholipid antibodies and without immunosuppressive treatment
Breast cancer	Current or previous	Current or previous
Smoking	NA	Smoking more than 15 cigarettes a day by women over age 35
Migraine	Can initiate with or without aura, but should discontinue if aura develops while using injectables	Migraine with aura at any age; migraine without aura if over age 35
Planned surgery	NA	Planned surgery requiring prolonged immobilization
Treatments	NA	Use of ritonavir-boosted protease inhibitors or lamotrigine anticonvulsant therapy



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References

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