

Job Aid for DMPA Reinjection

Clients should be scheduled for DMPA reinjections every 13 weeks. According to the 2008 WHO guidelines, a client can receive a reinjection if she is up to 2 weeks early or 4 weeks past her scheduled reinjection date, without ruling out pregnancy. Clients arriving after the reinjection window may also be eligible if pregnancy can be ruled out. Follow the steps below for clients who are returning for reinjection. For clients who want an injection for the first time, use the *Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)*.

Step 1. Check your records to see when she received her last injection or ask her if she knows her scheduled reinjection date.

- If she is up to 2 weeks before or up to 4 weeks past her scheduled reinjection date, she is within the approved window ➔ Go to Step 2. (See the example; the approved reinjection window is highlighted.)
- If she is more than 4 weeks past her reinjection date, she is outside of the approved reinjection window ➔ See side 2 of this job aid.

Step 2. Ask the client if she has had any new health problems.

- If no new health problems ➔ Go to Step 3.
- New health problems that may require switching methods include migraine headaches with an aura (if developed or worsened while using DMPA) or conditions described on the *Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)*.
If continuation is ruled out ➔ Help her choose another method.
If continuation is appropriate ➔ Go to Step 3.

Step 3. Reassure the client about side effects, particularly bleeding changes.

- Remind the client that heavy or irregular bleeding and eventual amenorrhea are common and will not harm the client's health. If the client has no concerns ➔ Go to Step 4.
- If the client has concerns ➔ Manage according to recommendations in the national protocols. If she wants to continue using DMPA ➔ Go to Step 4.

Step 4. Give the client a reinjection.

Step 5. Counsel the client to use condoms, in addition to DMPA, to prevent STIs and HIV.

Step 6. Plan for the next injection—13 weeks from now.

- Encourage her to get the reinjection on time and talk with a provider anytime she has questions or concerns.
- Advise her to always come back no matter how late she is for her reinjection.

Step 7. Tell the client that if she is ever more than 4 weeks late for an injection, she should use condoms or abstain from sex until she can come back for a reinjection.

Example How to Schedule a Reinjection Visit

Month A

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
	8	9	10	11	12	13
	14	15	16	17	18	19
	20	21	22	23	24	25
	26	27	28	29	30	31

← DMPA injection date (example)

Month B

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Month C

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Month D

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

← Reinjection date (example)

← End of reinjection window

■ = reinjection window (weeks 11–17 for DMPA)
 X = last day of reinjection window
 ■ = after reinjection window, rule out pregnancy

If a client arrives more than 4 weeks after her scheduled reinjection date, she is outside of the approved reinjection window ➔ Follow the instructions on this page.

- Rule out pregnancy before giving the reinjection ➔ Use one of Options 1–4 below.^{† ‡}
- Assess if returning within the reinjection window might remain a problem. If yes ➔ Discuss other method options that might be more suitable.

Option 1. Use Modified Pregnancy Checklist

Rule out pregnancy by asking the client the following questions. When asking the questions, replace **day X** with the date that is the last day of the client's reinjection window (determined by counting 4 weeks from the client's scheduled reinjection date). If possible, refer to a calendar while talking with the client.

- Have you abstained from sex since **day X**?
- Have you been using a reliable contraceptive method (e.g., condoms) consistently and correctly since **day X**?
- Did you have a baby less than 6 months ago, are you fully or nearly fully breastfeeding, and have you had no period since then?
- Have you used emergency contraceptive pills after every act of unprotected sex since **day X**?

If the client answers **YES** to at least one of the questions above ➔ Return to Step 2 on side 1 of this job aid. If she is eligible and wants to continue using DMPA, give the reinjection and instruct her to abstain or use condoms for 7 days.

If the client answers **NO** to all of the questions above, pregnancy is not ruled out ➔ Proceed to Option 2, 3, or 4.

Option 2. Use Pregnancy Test

Use a pregnancy test to rule out pregnancy. If the pregnancy test is negative and there are no obvious clinical signs of pregnancy ➔ Return to Step 2 on side 1 of this job aid. If she is eligible and wants to continue using DMPA, give the reinjection and instruct her to abstain or use condoms for 7 days.

Option 3. If Pregnancy Test Not Available: Bimanual Pelvic Examination

Conduct a bimanual pelvic examination to determine the size of the uterus for comparison at the follow-up visit. If she has no signs or symptoms of pregnancy, give her condoms (or another backup method) to use and ask her to return in 4 weeks or when her menses returns, whichever comes first.

- If she returns with menses ➔ Return to Step 2 on side 1 of this job aid. Give the reinjection if she qualifies and instruct her to abstain or use condoms for 7 days if her menses started more than 7 days prior.

- If her menses does not resume after 4 weeks, conduct a second pelvic examination to determine if the uterus is enlarged. If the uterus is not enlarged, there are no signs or symptoms of pregnancy, and she has been using condoms (or another backup method) consistently and correctly ➔ Return to Step 2 on side 1 of this job aid. If she is eligible and wants to continue using DMPA, give the reinjection and instruct her to abstain or use condoms for 7 days.

Option 4. If Pregnancy Test or Bimanual Pelvic Examination Not Available: Abdominal Examination

Give her condoms (or another backup method) to use and ask her to return in 12 to 14 weeks or during her next menses, whichever comes first.

- If she returns with menses ➔ Return to Step 2 on side 1 of this job aid. Give the reinjection if she qualifies and instruct her to abstain or use condoms for 7 days if her menses started more than 7 days prior.
- If her menses does not resume, conduct an abdominal examination. If the uterus is not enlarged, there are no signs or symptoms of pregnancy, and she has been using a backup method consistently and correctly ➔ Return to Step 2 on side 1 of this job aid. If she is eligible and wants to continue using DMPA, give the reinjection and instruct her to abstain or use condoms for 7 days.

[†] In some countries, national guidelines do not require that pregnancy be ruled out before reinjection. In these situations, inform the client that although she may be pregnant, the injection may be given on the understanding that it will not abort or harm an existing pregnancy. Give the reinjection and instruct her to abstain or use condoms for 7 days.

[‡] Many women who have been using DMPA will have no menses for several months, even after discontinuation. Asking the client to come back during her next menses means her next injection could be unnecessarily delayed. She may be left without contraceptive protection.

In July 2011, FHI became FHI 360.



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