

Job Aid for Providing Services to Clients Returning 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, even if pregnancy cannot 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 sample calendar; 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 reverse side.

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.

Sample Injection Calendar

(actual date of reinjection will be different for each client)

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

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

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

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

■ = reinjection window (weeks 11–17 for DMPA)
 ■ = 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.

- If possible, rule out pregnancy before giving the reinjection ➔ Use Options 1–2 below.[†]
- If it is not possible to rule out pregnancy ➔ Use Option 3 below.
- Assess if returning within the reinjection window may remain a problem. If yes ➔ Discuss other method options that may be more suitable.

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

Option 1. Use Modified Pregnancy Checklist

Rule out pregnancy by asking the client the following questions. Replace **X** with the actual date that is 4 weeks past the scheduled reinjection date (the last day of the reinjection window). 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 client answers **YES** to at least one of the questions above ➔ Return to Step 2 on the front side 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 or 3 below.

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 the front side 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 Cannot Be Ruled Out

Inform the client that although pregnancy cannot be ruled out, the injection may be given on the understanding that it will not abort or harm an existing pregnancy* ➔ Return to Step 2 on the front side 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 addition, assess the client's intention regarding possible pregnancy:

- If she wants to detect a possible pregnancy in time for a first trimester pregnancy termination procedure (TOP), refer to her to antenatal care or another facility for pregnancy test or pelvic/abdominal exam.
- If she indicates that she would carry the pregnancy to term (if pregnant), assess for signs and symptoms of pregnancy when she returns for her next reinjection. The decision to continue or discontinue the injectable can be made at that time, based on the absence or presence of signs and symptoms of pregnancy.

* Republic of South Africa, Department of Health. National Contraception Service Delivery Guidelines. Pretoria: Republic of South Africa, Department of Health South Africa, 2003, p. 61.

Additional Reminders for Clients

Common side effects of DMPA include:

- irregular, heavy, or prolonged bleeding at unexpected times that may be bothersome
- no monthly bleeding
- abdominal bloating and discomfort
- ordinary headaches (not migraine)
- weight gain
- mood changes
- changes in sex drive
- dizziness

It may take longer (several months) to become pregnant after stopping DMPA. DMPA does not make women permanently infertile.

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