

Depo-Provera[®] (medroxyprogesterone)

1. What is Depo-Provera[®], and how does it work?
2. What is the dose and where do you give the injection?
3. When can you give the first injection and when does it start working?
4. How does the patient get the injection?
5. What are some contraindications to DepoProvera[®]?
6. What is the minimum time period between injections? What is the maximum time period between injections? When should another form of birth control be used?
7. What are the risks of getting pregnant with DepoProvera[®]?
8. If a patient gets pregnant while receiving DepoProvera[®], what could happen to the baby?
9. When does fertility return after the last injection?
10. When can you give the injection to a postpartum woman that is not going to breast feed? Is going to breast feed?
11. Will Depo affect the milk in a mother who breast feeds?
12. What can a patient expect with DepoProvera[®]? (ie, what changes in current menstrual cycle)
13. What are the side effects (in addition to the side effects listed above)?

Depo-Provera

Answers:

1. What is Depo-Provera, and how does it work?

It is medroxyprogesterone, a progestin

Mechanism of action as a contraceptive:

*inhibits follicular maturation

*inhibits ovulation (not as well as combination oral contraceptives)

*causes endometrial thinning

2. What is the dose and where do you give the shot?

Dose: 150mg IM every 3 months (in the gluteal or deltoid muscle)

3. When can you give the first shot and when does it start working?

*Get a pregnancy test - it has to be negative

*Perform a physical exam including a Pap smear

*Give the shot within the 1st five days after the onset of a normal menses.

The shot starts working within 24 hours

4. How does the patient get the shot?

Physician writes a prescription for Depo and the patient will fill it at a local pharmacy. The patient will bring the shot to the clinic to have the nurse or physician administer the shot.

5. What are some contraindications to DepoProvera□ ?

Patients with active thrombophlebitis or a current or past history of thromboembolic disorders

Undiagnosed vaginal bleeding

Missed abortion

Known sensitivity to the drug

Known or suspected pregnancy

Carcinoma of the breast

6. What is the minimum time period between injections? What is the maximum time period between injections? When should another form of birth control be used?

- *minimum time between injections = 11 weeks
- *maximum time between injections = end of the 13th week
- *use another form of birth control and test for pregnancy, if \geq 14 weeks have passed since the last injection

7. What are the risks of getting pregnant with the shot?

The shot is 99% effective when used correctly. There still is a possibility of pregnancy but it is very rare.

8. If a patient gets pregnant while receiving DepoProvera[®], what could happen to the baby?

Pregnancy within the 1-2 months after injection may result in:

- *impaired fetal growth as evidenced by low birth weights
- *increase risk of neonatal death – very unlikely

Drug administered during the 1st 4 months of pregnancy, potential adverse effects on the fetus include:

- *masculinization of female fetus
- *clitoral hypertrophy and fusion of the labia
- *hypospadias in male neonates
- *suggested that there is an association between intrauterine exposure to sex hormones and congenital abnormalities – cardio and limb effects

9. When does fertility return after the last injection?

Impaired fertility persists for long periods of time after the last dose.

- *4-31 months (median 10 months after last dose)

- *effect is unrelated to duration of use

10. When can you give the injection to a postpartum woman that is not going to breast feed? Is going to breast feed?

Not breast feeding: within 5 days postpartum

Breast feeding: at the 6th postpartum week

11. Will Depo affect the milk in a mother who breast feeds?

- *Progestins are distributed in the milk
- *milk composition, quality, and volume are not affected adversely
- *no evidence of adverse developmental or behavioral effects through puberty has been revealed in infants exposed to mother receiving Depo and breast feeding

12. What can a patient expect with DepoProvera (ie, what changes in current menstrual cycle)

- Expect:
- *changes in current period (irregular & unpredictable bleeding patterns, eventually patient may stop having periods)
 - * weight gain (5 lbs in 1st year) or weight loss
 - *decrease severity of cramps
 - *decrease chance of anemia
 - *consider taking calcium with Vit-D and exercise to decrease the possibility of developing osteoporosis

13. What are the side effects (in addition to the side effects listed above)?

Most common: menstrual abnormalities

- *irregular and unpredictable menstrual bleeding pattern, including spotting (can last up to a year)
- *occurs most frequently during the 1st months of therapy
- *if bleeding persists or is severe – may need to investigate the cause
- *amenorrhea frequently occurs and increases the longer the patient is on the medication (60-70% after 1-2 years)

Weight Gain: if initial weight \geq 61.8 kg can expect

2.45 kg	after 1 year
3.68 kg	2 years
6.27 kg	4 years
7.5 kg	6 years

*may expect more weight gain in heavier woman

Other adverse effects:

Headache

Abdominal pain or discomfort

Nervousness

Changes in mood or libido

Rash

Asthenia

Dizziness

Pelvic pain

Backache

\square bone mass density

Insomnia

Depression

Hot flashes

Edema

Fatigue

Alopecia

Acne

Breast pain

Nausea