

## DEPO-PROVERA CONTRACEPTIVE INJECTION

Depo-Provera is a highly effective method of contraception that is administered every three months via an intramuscular injection. Depo-Provera is a long-acting synthetic form of progesterone that interferes with fertility by decreasing cervical mucus and suppressing ovulation. Depo-Provera is the brand name of depo-medroxyprogesterone acetate (DMPA) and contains no estrogen, so may be a good alternative for women who cannot, or chose not to, use estrogen-containing products.

Depo-Provera injections are a convenient form of contraception for several reasons. Many women have a difficult time remembering to take a pill at the same time every day or have reasons they cannot, or prefer not to, take oral contraceptives. Also, most women stop getting their menstrual periods during the time they are using Depo-Provera and find this very convenient for their lifestyle.

Some women experience problems with Depo-Provera and these should be considered prior to deciding to use this method of birth control. Depression and weight gain seem to be more of a problem with Depo-Provera than with oral contraceptives, so women already concerned about these problems should consider the possibility of these side effects. Irregular bleeding is common during the early months on Depo. Other possible, but less frequent, side effects are headache, acne, lightheadedness, decreased libido, breast tenderness, nausea, bloating and fatigue. Once the injection is given, one must wait out the side effects, as the medicine cannot be removed except by the body's metabolism. Although some side effects are treatable with other medications, most will resolve over time without treatment.

There are some contraindications to the use of Depo-Provera. Women who are pregnant or may be pregnant should not receive this injection. Abnormal vaginal bleeding should be evaluated prior to beginning Depo-Provera. Any woman with a history of a stroke, deep-vein blood clot, breast cancer or liver disease should obtain an alternate method of contraception. Some other medical conditions, such as diabetes, high blood pressure and migraine headaches should be considered when making the decision to use this method.

**Depo-Provera has been shown to cause bone mineral loss and therefore should not be used for longer than two years without evaluation of the risks and benefits of continued use.**

You will be given a pamphlet on Depo-Provera on your first visit that explains common side effects and unusual, but more serious, complications. Please review this information. You will be required to sign a consent form acknowledging receipt of this information. You will also be asked to give a urine sample on your first visit, in order to rule out pregnancy. Appointments for Depo-Provera are made through the Appointment Desk on the Second Floor or by calling 459-2500. Please make your follow-up appointments ahead of your next needed injection. Depo-Provera injections will not be given beyond 13 weeks until we can be assured there has been no risk of pregnancy.

Please answer the following questions:

- 1) Last normal menstrual period? \_\_\_\_\_ 2) Last annual exam? \_\_\_\_\_
- 3) Present contraception? \_\_\_\_\_ 4) Prior use of Depo-Provera? For how long? \_\_\_\_\_
- 5) Received and read "patient handout" or booklet on Depo-Provera?  Yes  No
- 6) Any contraindications to Depo-Provera? Please explain. \_\_\_\_\_
- 7) I understand the risks, benefits, and possible side effects of Depo-Provera?  Yes  No

I verify that I have received adequate information to make an informed consent and wish to begin Depo-Provera injections. I understand that it is recommended that I not to use this form of contraception for longer than two years.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse review:

- 1) Current exam in Medical Record?  Yes  No
- 2) HCG done and negative?  Yes  No
- 3) Information reviewed with patient?  Yes  No

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Date: _____ Site _____ Sig _____	Date: _____ Site _____ Sig _____	Date: _____ Site _____ Sig _____
Date: _____ Site _____ Sig _____	Date: _____ Site _____ Sig _____	Date: _____ Site _____ Sig _____
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Name SID# Date
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