West of Scotland Guideline *Approved May 2022*

INJECTABLE CONTRACEPTION

WHAT'S NEW:
FSRH guidance now states that, whilst rare, anaphylactic reaction is possible with both first and subsequent exposures to Sayana Press. It is therefore recommended that users are advised to ensure there is a competent adult present at the time of self-administration who is aware that they should call for emergency help at the time of onset of any relevant symptoms

Mode of Action

The primary mode of action is to prevent ovulation, supplemented by contraceptive actions at the endometrial and cervical mucus level.

Dosing Interval

The recommended dosing interval for i.m. DMPA (Depo-Provera®) and s.c. DMPA (Sayana Press®) is **13 weeks**. This is outside the product license for Depo-Provera®.

DMPA may be administered up to 14 weeks from the last injection without the need for additional contraceptive precautions (outside product license for Depo-Provera®).

Efficacy

Perfect use failure rate is 0.2% in the first year of use. Typical use is 6% in the first year of use.

Common Side Effects

- Change in menstrual pattern
- Delay in return of fertility. (Mean time to ovulation is 5.3 months following the preceding injection ie: 2 – 3 months following cessation of therapy).
- Weight gain

Less Common Adverse Effects

- Prolonged or very heavy bleeding – history and examination must be taken to exclude gynaecology pathology (eg: pelvic infection).
- Anaphylaxis.
- Galactorrhoea.

Prices (As Per BNF May 2022)

- Depo Provera® £6.01
- Sayana Press® £6.90

Assessment of Client Suitability

History: Medical, social/sexual (to assess STI risk), drug and family. Previous contraceptive use and risk factors for osteoporosis

Drug Interactions – move this section to above – client suitability

Women should be informed that the efficacy of progestogen-only injectable contraception is not reduced with concurrent use of medication (including antibiotics and liver enzyme-inducing drugs) and the injection intervals do not need to be reduced.

Patient Self Administration of Sayana Press

See APPENDIX 1 procedure for self-administration.

Examination

BMI should be noted where possible prior to commencement of the injection. Patient self-reported is adequate.

Administration

Shake syringe vigorously

SC DMPA
Activate the injector according to the manufacturer's instructions (www.medicines.org.uk/emc)

- Inject into upper anterior thigh or abdomen
- Point needle downwards (towards the floor) and inject over 5-7 seconds
- Licensed for self-administration and can be offered routinely by staff trained to instruct patients
- See APPENDIX 1 procedure for self-administration in appendix

IM DMPA

- IM injection into gluteus maximus or other muscle e.g. deltoid
- IM administration into ventrogluteal site is the preferred site as it reduces the risk of superficial injection and sciatic nerve injury
- If not yet trained in ventrogluteal injection, or if client requests, the dorsogluteal site (upper outer quadrant of buttock) or deltoid should be used.

Documentation

- The full visit history should be completed or updated as required on NaSH.
- Written method information including contact number is given to client.
- Prescription is recorded and dated.
- Site of injection, batch number and expiry date of medication recorded.
- Record date when injection is next due.
- Nurse supplying where appropriate under patient group direction.
- Consider notifying GP of prescription, if permission is given for correspondence.

Management & Timing Of First Injection

General initiation	Ideally, first injection should occur between Days 1–5 (inclusive) of a normal menstrual cycle. No additional contraception is required. Injections may also be initiated at any other time in the menstrual cycle if the clinician is reasonably certain that the woman is not pregnant and that there is no risk of conception. Additional contraception (barrier method or abstinence) should be advised for 7 days after initiation. If the woman is amenorrhoeic, the clinician must be reasonably certain that the woman is not pregnant and there is no risk of conception. Additional contraception should be used for 7 days.
Post-partum	Up to day 21 postpartum – no additional contraception required Day 21 post partum and beyond – additional 7 days contraception required
Following miscarriage or termination	Initiate on day of surgical or second part of medical abortion or immediately following miscarriage: no additional contraception is required. If started >5 days after abortion or miscarriage, additional contraception is required for 7 days.
Switching from CHC	Up to day 3 of hormone-free interval – no additional contraception required Day 4 of hormone-free interval to end of 1st week of pill-taking – 7 days of additional contraception required During weeks 2 or 3 of pill-taking – no additional contraception required provided method has been used correctly in preceeding 7 days
Switching from PO implant	≤ 3years since implant insertion – no further contraception required >3 years since implant insertion – 7 days additional contraception required
Switching from POP or levonorgestrel IUS	Additional contraception for 7 days required
Switching from PO injectable	If the woman's previous method was another injectable, she should have the injection before or at the time the next injection was due. No additional contraception is needed.
Switching from IUD or barrier method	Days 1-5 of cycle – no additional contraception required After day 5 of cycle – further 7 days of contraception required

Quick starting after oral emergency contraception	After levonorgestrel: give DMPA immediately and advise condoms for 7 days After ulipristal: wait for 5 days following ulipristal before administering DMPA. Advise condoms for a further 7 days (12 days in total following emergency contraception) Patient requires a pregnancy test 3 weeks after last UPSI

Medroxyprogesterone and Bone Mineral Density

Women using medroxyprogesterone contraception have a small reduction in bone mineral density (BMD) while using this method of contraception, which may be at least partly reversible on discontinuation. It is not known whether this increases the risk of osteoporosis in later life. The effect on BMD may be most marked in adolescents, who have yet to achieve their peak bone mass. For adolescent women, the MRHA recommends that medroxyprogesterone is prescribed as first line contraception only after other methods have been discussed and deemed unsuitable or unacceptable. Whilst further clarification of this is awaited, suggested management in women who wish to continue with this method of contraception follows (see flow chart). Gonadotrophin checks or oestrogen replacement are not advised.

West of Scotland Guideline ***Approved May 2022***

Long Term Use Of medroxyprogesterone > 2 Years

medroxyprogesterone >2 years regardless of bleeding pattern

↓

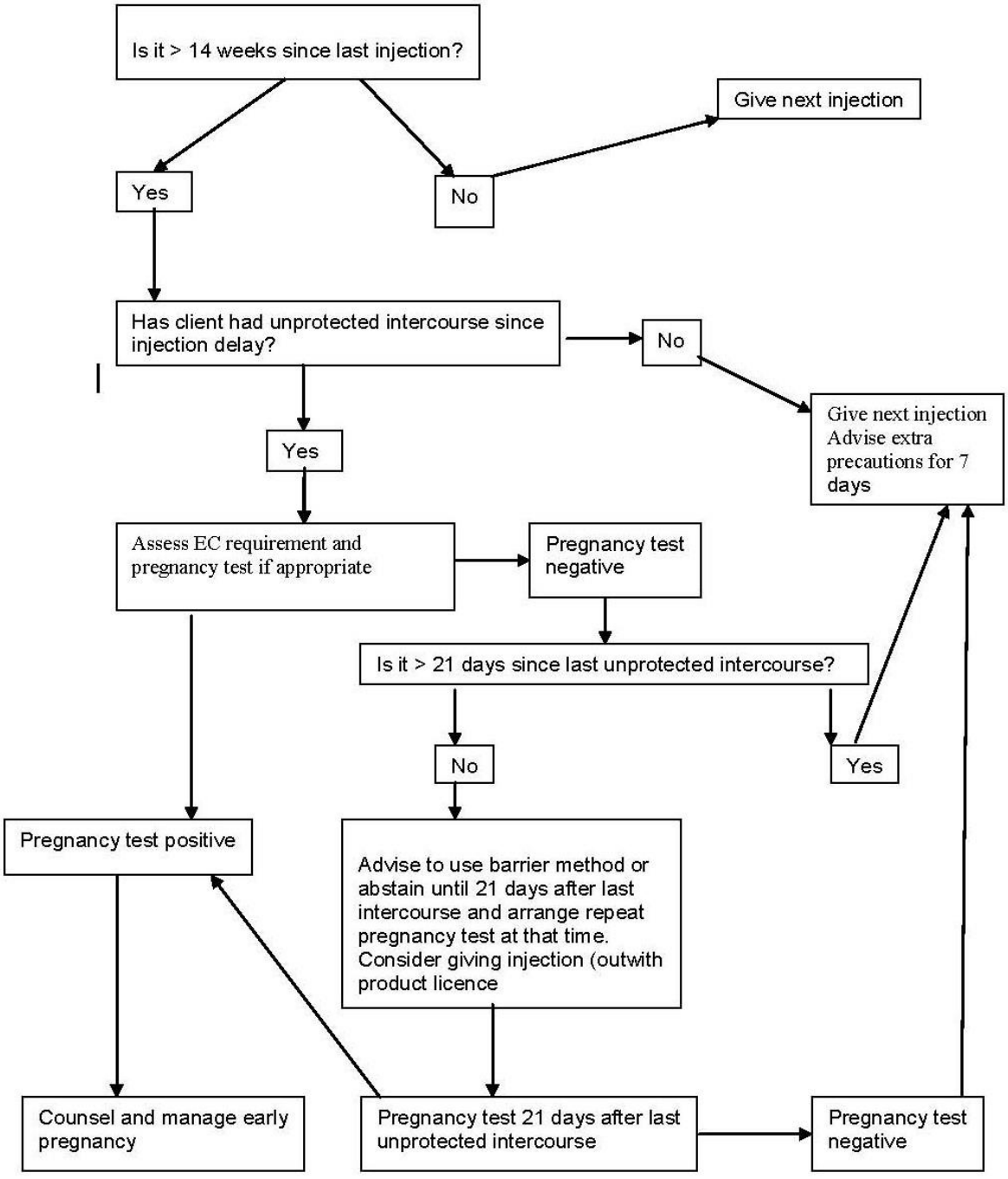
- Discuss effects of DMPA on bone density and uncertainty about risk of later osteoporosis/fracture
- Review risk factors for osteoporosis: alcohol, exercise, diet, smoking, family history, medical conditions, e.g. Crohn's or drug use, e.g. steroids
- Discuss alternative forms of contraception.
- Document discussion and client's choice in notes

↓

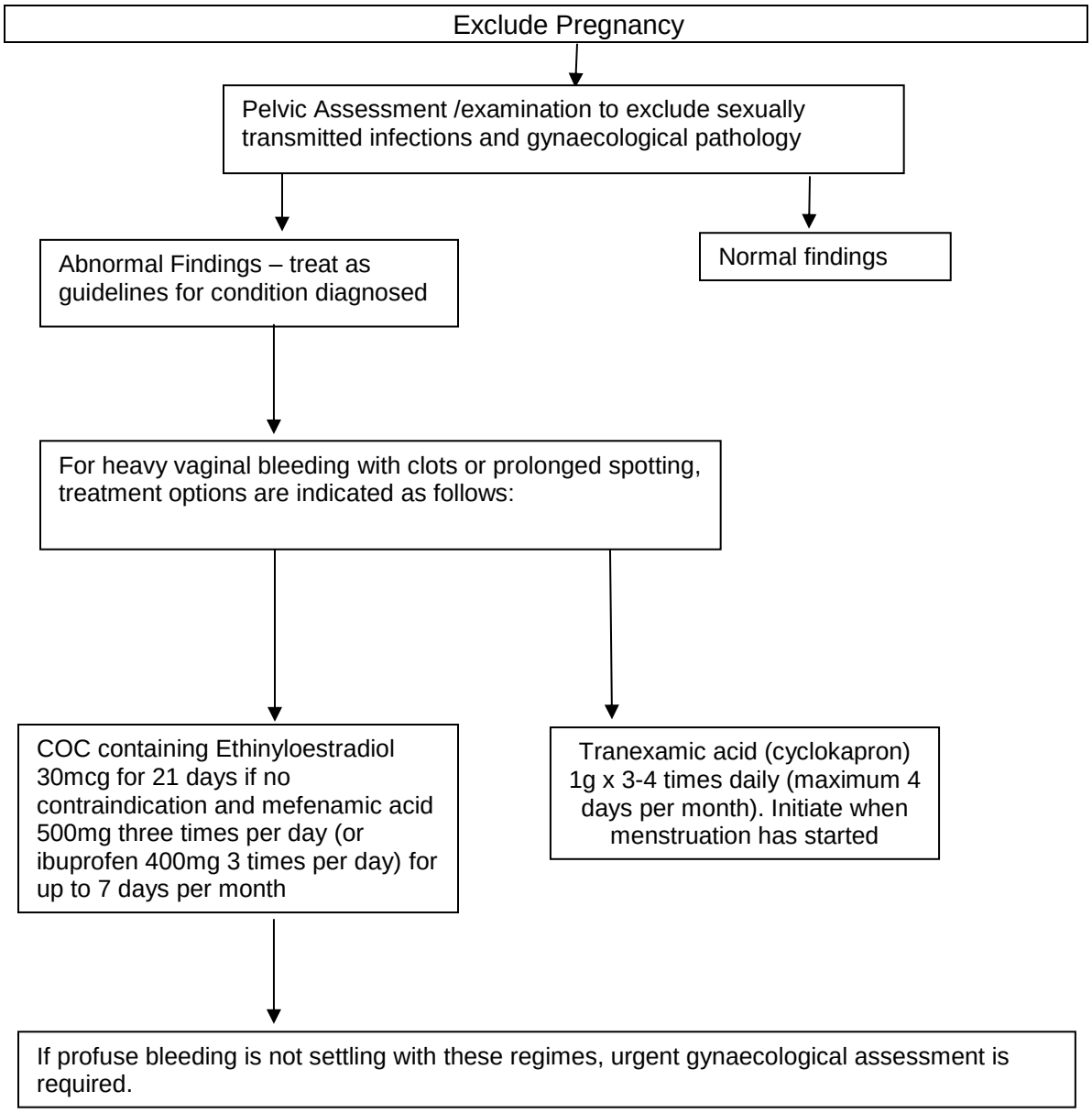
Continue client contraceptive method of choice

Review indications, risk factors, alternatives every 2 years *

Delayed Follow Up Visit > 14 weeks



Action for Persistent Bleeding



There is no evidence that reducing the injection interval improves bleeding.

https://www.fsrh.org/documents/ukmec-2016/

UKMEC	DEFINITION OF CATEGORY
Category 1	A condition for which there is no restriction for the use of the contraceptive method.
Category 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks.
Category 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method.
Category 4	A condition which represents an unacceptable health risk if the contraceptive method is used.

References

FSRH. Progestogen-only injectable contraception. December 2014 (amended Dec 2020) http://www.fsrh.org/pdfs/CEUGuidanceProgestogenOnlyInjectables.pdf (accessed May 2022)

FSRH. UK Medical eligibility criteria for contraceptive use.July 2016. http://www.fsrh.org/pdfs/UKMEC2009.pdf (accessed May 2022)

FSRH. Problematic bleeding with using hormonal contraception. July 2015. http://www.fsrh.org/pdfs/CEUGuidanceProblematicBleedingHormonalContraception.pdf (accessed May 2022)

FSRH Drug Interactions with Hormonal Contraception May 2022 drug-interactions-with-hormonal-contraception-5may2022.pdf

http://www.fsrh.org/pdfs/CEUGuidanceDrugInteractionsHormonal.pdf (accessed May 2022)

FSRH Quick Starting Contraception April 2017 http://www.fsrh.org/pdfs/CEUGuidanceQuickStartingContraception.pdf (accessed May 2022)

Patient Information

Contraceptive injections - Contraception - Sexwise

APPENDIX 1

Self Administration of Sayana Press

NOT suitable for:
Clients under 16
Those not proficient in the English language

Consultation 1 –
A) The clinician should give or supervise the first injection while instructing the patient on its use.
B) If patient is keen to use Sayana Press, give Sayana information booklet. Give patient the video training link so that they can familiarise themselves with it: http://www.sayanaanswers.co.uk/guide-to-self-injection.
C) Send the link to them using NaSH SMS messenger and/or give them the DVD to take home.

Consultation 2 –
D) Show the patient the training video and check if they have any questions/concerns
E) Patient self-administers Sayana Press under nurse supervision. If the patient wishes to continue with Sayana Press a prescription for three further doses can be dispensed.
F) Give patient a
- card on setting up text reminders,
- sharps bin and verbal instructions on use,
- date for annual review (20 mins booked appointment)
Sharps canisters should be locked and returned to Sandyford Services.
G) Set up recall on SC Sayana VD for the next three injections every 13 weeks to ensure that the patient self administers their three next injections.
H) Ask patient to set up an SMS text reminder on her mobile from Sayana Press. This involves texting SELF to 83311 with the date of her last injection e.g. SELF 27.01 (i.e. For an injection on 27th January 2016). Give her the link for setting up SMS reminder http://www.sayanaanswers.co.uk/staying-on-track.

Consultation 3 –
I) Annual review. This can be virtual or face to face. Patient can self administer Sayana Press under observation. A Sayana
Press prescription can be dispensed for the next three doses if it is clear the patient is happy with the method and not wishing a pregnancy in the next year.
J) Replace sharps box
K) Set up reminders as Consultation 2.
L) Make appt for next annual review.

FSRH now state that, whilst rare, anaphylactic reaction is possible with both first and subsequent exposures to Sayana Press. It is therefore recommended that users are advised to ensure there is a competent adult present at the time of self-administration who is aware that they should call for emergency help at the time of onset of any relevant symptoms