



Patient Management: Clinician Call Back System

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content:	Frequently Asked Questions_ Birth Control Shot

Overview

This document details the most frequently asked questions by CHOICE participants regarding the birth control shot (*medroxyprogesterone contraceptive injection*) and provides an answer guide for staff. In this table, green represents questions which CHOICE receptionists were trained to answer, yellow represents questions which the CHOICE contraceptive counselors and staff nurse were trained to answer (in addition to the green questions), and red represents questions requiring a Clinician Call Back (CCB). The red level represents suggested responses and evidence based on the consensus of CHOICE clinicians. Refer to the [Clinician Call Back System Overview](#) for further information.

KEY: STAFF LEVEL OF KNOWLEDGE	
	Receptionists
	Contraceptive Counselors, Staff Nurse
	Advanced Practitioners

<i>How effective is the shot at preventing pregnancy?</i>	The shot is about 94% effective at preventing pregnancy with typical use, meaning that 6 out of 100 women will get pregnant in the first year of use. A woman using this method must return to the clinic every 3 months for a shot.
<i>I just had my first birth control shot. How long do I need to use a condom for back up protection?</i>	You should use a back up method of birth control for a week after getting your shot. Remember, the shot will not protect you from sexual transmitted infections (STIs), so you can continue to use condoms for protection from STIs.
<i>How does the shot prevent me from getting pregnant?</i>	The shot suppresses ovulation, thins the lining of your uterus, and increases cervical mucous making it difficult for the sperm to fertilize the egg.
<i>Why am I having all of this irregular bleeding?</i>	It can be normal to experience irregular bleeding with the shot. This method releases a small amount of the hormone progesterone that keeps the lining of the uterus thin. Although it may be somewhat annoying, it is not harmful. If the bleeding persists for a long time and is bothersome, discuss this with your clinician. There are some medications that may help.
<i>My mom said it is not safe to not have a period. My body needs to clean itself out.</i>	It is completely healthy and safe not to have a period when using a birth control method with hormones. When the lining of your uterus is thin, there is nothing built up that needs to shed.

<p><i>I got my first shot four weeks ago and have not had a period. Is this normal?</i></p>	<p>It can be very normal not to have a period when you are on the shot. Your pregnancy test was negative when you got your shot, but we suggest another pregnancy test in a few weeks. This is to rule out the possibility that you could have been newly pregnant at the time of your first injection and the test did not show a positive result. The shot will not harm a pregnancy if you are pregnant, we just don't want to delay early prenatal care/options counseling.</p>
<p><i>How often do I need to return to get my shot?</i></p>	<p>You should return to the clinic every 3 months (12-14 weeks) to get your shot.</p>
<p><i>I just got a shot two weeks ago and have been bleeding every day.</i></p>	<p>This can be normal when you are first starting the shot. You can take ibuprofen 3 times a day with food for 5-7 days to help decrease the bleeding. It may take 3 days before you notice less bleeding.</p>
<p><i>Does the shot protect me from sexually transmitted infections?</i></p>	<p>No. The only methods that can help protect you from STIs are male or female condoms. In addition to protecting you from infections, using a condom correctly and consistently will further decrease the risk of pregnancy.</p>

<p><i>Will the shot make me gain weight?</i></p>	<p>The shot is the only birth control method that has been associated with weight gain, and this is because it may cause a change in appetite. It is important to make healthy food choices and maintain an exercise routine when you are on the shot. If you notice after the first 6 months of using the shot that you have gained more than 5% of your starting weight, you may want to consider switching methods. For a 150 pound woman, this is about 8 pounds.</p>
<p><i>I heard that the shot can make my hair fall out, is this true?</i></p>	<p>Approximately 1 out of every 50 women using the shot will experience some hair loss. This does not mean you will go bald; it just means you may have slightly thinner hair.</p>
<p><i>I'm scared of needles.</i></p>	<p>The injection is fairly quick. It may feel like a small bee sting. You may need to consider whether your fear of needles will keep you from returning for your next shot. If you think it will, you may want</p>

	to consider another form of birth control.
What if I don't like the side effects from the shot?	You may want to consider switching to another method with different or less side effects. Sometimes it can take up to 10 months for the shot to completely wear off. However, this does not mean you are protected from pregnancy. You can start a different form of birth control at the time you are due for your next shot.
I was bridged with the shot before my IUD insertion. How soon can I schedule the insertion?	We can schedule you for your IUD insertion as soon as we can reliably rule out pregnancy. There is no need to wait until the shot coverage ends.
Is it okay to breastfeed while using the shot?	Yes, there is no evidence to suggest an adverse effect on breast milk supply or quality once breastfeeding has been established.

QUESTION	ANSWER	EVIDENCE BASE
I really like how effective this method is but I'm still bleeding. Is there anything I can do?	<p><i>[One therapy for irregular bleeding is not necessarily superior to another. A clinician must take into account the individual health history when recommending one treatment versus another, ie, contraindications to estrogen, history of gastric bypass, etc.]</i></p> <p>Common regimens are:</p> <p>Over the Counter:</p> <ul style="list-style-type: none"> • Ibuprofen 600mg tablet tid x 5-7 days • Naproxen sodium 220mg tablet 2 tablets bid x 5-7 days <p>Prescription:</p> <ul style="list-style-type: none"> • Naproxen 500mg tablet 1 po bid x 5-7 days • Estrogen supplementation: • Conjugated estrogen 1.25mg 1 tablet po daily for 7-14 days • Micronized estradiol 2mg tablet po daily for 7-14 days • Transdermal estrogen patch 0.1mg for 7-14 days • Mefenamic acid 500mg tablet bid for 5-7 days • Tranexamic acid 500mg tablet bid for 5-7 days • Doxycycline 100mg tablet one po bid for 7 days 	<p>It is not completely understood why progesterone only methods cause unscheduled bleeding. With the POPs, injection and implant, the inhibition of ovarian function results in a hypoestrogenic state, which inhibits endometrial proliferation and renders the endometrium less receptive to implantation. With the hormonal IUD, unscheduled bleeding is thought to be due to a relatively thick endometrium transitioning to a relatively thin endometrium. Then, the endometrium develops a dense network of small, thin-walled, dilated, superficial veins and capillaries, which are fragile and prone to focal bleeding. Irregular bleeding is an uncommon side effect with</p>

	<p><i>[Once you prescribe the patient with a therapy, tell her:]</i></p> <p>This will help stop the bleeding, however, there is no proven method to keep the bleeding from returning. It may stay away permanently, several months or return at the completion of the medication.</p>	<p>the copper IUD and usually does not occur after the first three months of use. NSAIDs and Doxycycline act as a prostaglandin synthetase inhibitor. Estrogen use can stabilize the uterine lining.^{1 2}</p>
<p><i>What kind of general health benefits does the shot provide?</i></p>	<p>Many women who use the shot notice a decrease or absence of menstrual bleeding, which in turn may help decrease headaches, breast tenderness, nausea, and other menstrual-related pains. The shot may also help reduce pain from endometriosis. For those with anemia, this may improve or resolve.</p>	<p>Due to ovarian suppression:</p> <ol style="list-style-type: none"> 1. The risk of ectopic pregnancy is reduced. 2. Decreased menstruation or amenorrhea which further reduces dysmenorrhea, pain from endometriosis and fibroids, decrease in ovulation pain, headaches, cyclical mood changes, breast tenderness and nausea. 3. Few drug interactions 4. Decrease in seizures most likely due to the sedative nature of progesterones. However, it does not interact with seizure medications and medications should not be adjusted. 5. Fewer Sickle Cell Crises 6. Decrease in PID incidence thought to be due to an increase in cervical mucous inhibiting further ascent of

		<p>pathogens.</p> <p>7. Decrease in endometrial CA because of the atrophy of the endometrium.³</p>
<p><i>I really think I want to get pregnant in a couple of years. I think I'll go with the shot instead of an IUD or implant.</i></p>	<p>The average time it takes a woman's fertility to return is approximately 10 months following the last injection. However, some women conceive immediately after the last injection wears off in 13 weeks. You need to take this into consideration when timing your pregnancies. Would you like some additional information about the IUD or implant?</p>	<p>The persistence of ovulation suppression following DMPA discontinuation is not related to the duration of use, but is related to weight. Before initiating DMPA contraception, clinicians should counsel candidates about the possible delay to return of fertility. Women who may want to become pregnant within the next one or two years should consider an alternative contraceptive.⁴</p>
<p><i>Can I use the shot if I have a history of depression?</i></p>	<p>Sure, it is medically safe for you to use the shot even though you have a history of depression. However, the hormone progesterone in the shot may make depression symptoms worse. If you decide to use the shot and experience a change in mood or depression, you should contact us immediately. In clinical trials, 1.5% of users reported depression.</p>	<p>DMPA use in women with a history of depression is a Cat. 1 US MEC. It is thought that the progesterones can exacerbate depressive symptoms but it is not thought to be a contraindication. Use of this method in a patient with a history of depression should be left up to her provider.</p>
<p><i>What about bone loss with the shot?</i></p>	<p>There is bone loss associated with using the shot. Loss is related to the duration of use, and is generally thought to be temporary and reversible. If you decide to use this method, make sure you get adequate calcium and Vitamin D intake daily.</p>	<p>DMPA suppresses ovarian production of estradiol, a powerful inhibitor of bone resorption. Although, there is no data on long-term use in adolescents and future bone fragility. Currently, the National Osteoporosis Foundation does not recommend routine bone density screening for long</p>

		term DMPA users. ⁵⁶
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¹ Hatcher, RA, Trussell, J, Nelson, AL, Cates, Jr. W, Kowal, D, Policar, MS. Contraceptive Technology, (20th ed.). New York City (NY): Ardent Media, Inc.; 2011

² Edelman, A, Kaneshiro, B. Management of unscheduled bleeding in women using contraception. In: UpToDate, Zieman, M(Ed) Waltham, MA, 2013.

³ Hatcher, RA, Trussell, J, Nelson, AL, Cates, Jr. W, Kowal, D, Policar, MS. Contraceptive Technology, (20th ed.). New York City (NY): Ardent Media, Inc.; 2011

⁴ Kaunitz, AM. Depot medroxyprogesterone acetate for contraception. In: UpToDate, Zieman, M(Ed), Waltham, MA, 2013.

⁵ National Osteoporosis Foundation. Clinician’s Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2013.

⁶ Hatcher, RA, Trussell, J, Nelson, AL, Cates, Jr. W, Kowal, D, Policar, MS. Contraceptive Technology, (20th ed.). New York City (NY): Ardent Media, Inc.; 2011