

# Progestin-Only Injectables Fact Sheet

## What are Injectable Contraceptives?

Injectable contraceptives are a highly effective, long-acting, reversible, and private method of contraception. They contain synthetic steroid hormones that are usually given by injection into the muscle of a woman's hip, upper arm, or buttocks, which are then released slowly into the bloodstream from the injection site. Injectable contraceptives include **progestin-only injectables** and **combined injectables** (see [Combined Injectables Fact Sheet](#)).

## What are Progestin-Only Injectables?

Progestin-only injectables contain a progestin like the natural hormone progesterone in a woman's body. They do not contain estrogen. (Combined injectables contain both progestin and estrogen.) Formulations for progestin-only injectables include DMPA (depot medroxyprogesterone acetate) and NET-EN (norethisterone enanthate).

DMPA is the most widely used progestin-only injectable. DMPA is also known as the shot, the jab, the injection, Depo, Depo-Provera, Megestron, and Petogen. NET-EN is also known as Noristerat and Syngestal.

## How Do Progestin-Only Injectables Work?

Progestin-only injectables work primarily by preventing ovulation (the release of eggs from the ovaries). They also thicken the cervical mucus, which prevents sperm from penetrating into the uterus and fallopian tubes and meeting an egg, and suppress endometrial growth, making the uterine lining unsuitable for implantation of a fertilized egg.

## Health Risks and Benefits

There are no known health risks of using progestin-only injectables. Known health benefits of progestin-only injectables include the following:

- DMPA protects against cancer of the lining of the uterus (endometrial cancer).
- DMPA protects against uterine fibroids.
- DMPA may help protect against symptomatic pelvic inflammatory disease.
- For women with sickle cell anemia, DMPA reduces the frequency and pain of sickle cell crises.
- For women with endometriosis, DMPA reduces pain during menstrual periods, pain during intercourse, and pelvic pain and tenderness.
- Both DMPA and NET-EN may help protect against iron-deficiency anemia.

## Who Can Use Progestin-Only Injectables?

Nearly all women can use progestin-only injectables safely and effectively, including women who:

- Have or have not had children

- Are not married
- Are of any age, including adolescents and women over 40 years of age
- Have just had an abortion or miscarriage
- Smoke cigarettes, regardless of a woman's age or number of cigarettes smoked
- Are breast feeding (starting as soon as six weeks after childbirth)
- Have HIV or AIDS, regardless of whether they are taking anti-retroviral therapy

## When Can a Woman Begin Using Progestin-Only Injectables?

No tests are necessary for a woman to begin using progestin-only contraceptives. She can begin:

- Without a pelvic exam
- Without any blood tests or other routine laboratory tests
- Without cervical cancer screening
- Without a breast examination
- Even when she is not having monthly bleeding at the time, if it is reasonably certain a woman is not pregnant (see [Pregnancy Checklist](#)).

### Key Points

#### Effectiveness

- A highly effective contraceptive method with a typical pregnancy rate of about 3% during the first year of use (3 pregnancies per 100 women). In other words, 97 of every 100 women using progestin-only injectables will not become pregnant during the first year of use. Effectiveness depends on having injections on time.

#### Frequency and Timing of Injections

- Women using DMPA have an injection every three months (four times a year) and women using NET-EN have an injection every two months (six times a year).
- DMPA injections can be as much as two weeks early or up to four weeks late. NET-EN injections can be given as much as two weeks early or up to two weeks late.

#### Return to Fertility

- Fertility returns after a woman stops using injectables. However, return to fertility is often delayed. Women take four months longer, on average, to become pregnant after stopping DMPA and one month longer, on average, to become pregnant after stopping NET-EN than women who used methods other than injectables.

#### Side Effects

- Bleeding changes are common but not harmful. Most women have frequent or irregular bleeding at first and then little or no monthly bleeding.
- Gradual weight gain is common. Some women gain an average of one to two kilograms per year. Some users lose weight or have no significant change in weight.
- Some women who use progestin-only injectables report having headaches, dizziness, abdominal bloating and discomfort, mood changes, and less sex drive.

#### Bone Density

- Bone mineral density decreases during use of progestin-only injectables, but increases again when use stops.

#### Sexually Transmitted Infections (STIs) and HIV

- Injectable contraceptives do not prevent transmission of STIs, including HIV. Women at risk for STIs/HIV should also use condoms along with the injectables to prevent STI/HIV transmission.
- Injectable contraceptives are safe and effective for women who have HIV, including those who have AIDS and those taking antiretroviral (ARV) medications.