

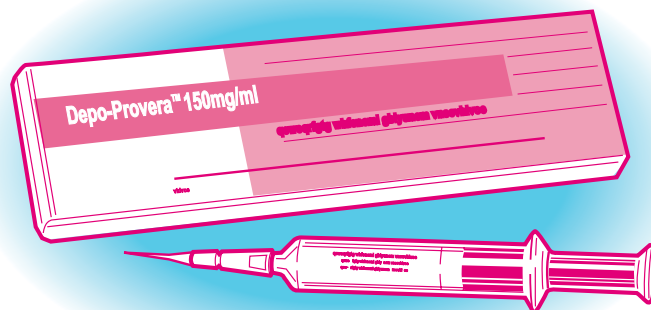
your guide to contraceptive injections

Helping you choose the method
of contraception that is best for you



Contraceptive injections

Contraceptive injections contain a progestogen hormone which is similar to the natural progesterone that women produce in their ovaries. There are two types of injection. Depo-Provera protects you from pregnancy for 12 weeks and Noristerat protects you for eight weeks. Both of these are very effective hormonal methods of contraception. Depo-Provera is most commonly used in the UK.



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How effective is a contraceptive injection?

How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions.

If 100 sexually active women don't use any contraception, 80 to 90 will become pregnant in a year.

The injection is a long-acting reversible method of contraception. **All** long-acting methods are very effective because while they are being used you do not have to remember to take or use contraception. Contraceptive injections are over 99 per cent effective. This means less than one woman in every 100 women using the injection will get pregnant in a year. Depo-Provera is more effective than Noristerat.



How do contraceptive injections work?

The main way they work is to stop your ovaries releasing an egg each month (ovulation). They also:

- Thicken the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg.
- Make the lining of your womb thinner so it is less likely to accept a fertilised egg.



Where can I get the injection?

Only a doctor or nurse can give you the injection.

You can go to a contraception or sexual health clinic or to the doctor or nurse at a general practice. All treatment is free and confidential (see How do I find out about contraception services? on page 13).



How is the injection given?

The hormone is injected into a muscle, usually in your bottom. Depo-Provera can also sometimes be given in the leg or the arm. Noristerat is a thicker

solution so you may find the injection is slightly more painful when it is given. If you want to carry on using this method of contraception, you will need to have injections every 12 weeks if you have Depo-Provera injections, or every eight weeks if you have Noristerat.

You do not need to have a vaginal examination or a cervical screening test to have the injection.



Can anyone use a contraceptive injection?

Most women who want to can have a contraceptive injection. Your doctor or nurse will need to ask you about your own and your family's medical history to make sure the injection is suitable. Do mention any illness or operations you have had. Some of the conditions which **may** mean you should not use the injection are:

- you think you might already be pregnant
- you do not want your periods to change
- you want a baby within the next year.

You have now or have had in the past:

- breast cancer or breast cancer within the last five years
- unexplained vaginal bleeding (for example, bleeding between periods or after sex)
- current thrombosis (blood clots) in any vein or artery
- current arterial disease or history of serious heart attack or stroke
- diabetes with complications or diabetes for more than 20 years
- active disease of the liver or gall bladder
- risk factors for osteoporosis (see Can I use the injection if I am at risk of osteoporosis? on page 10).



What are the advantages of the contraceptive injection?

- You don't have to think about contraception for as long as the injection lasts.
- It doesn't interrupt sex.
- You can use it if you are breastfeeding.
- Depo-Provera and Noristerat are not affected by other medicines.
- It may reduce heavy painful periods and help with premenstrual symptoms for some women.
- It may give you some protection against cancer of the womb.
- It gives some protection against pelvic inflammatory disease.
- It is a good method if you cannot use estrogens (hormones), like those in the combined pill.



What are the disadvantages of the contraceptive injection?

- Your periods may change in a way that is not acceptable to you (see Will the injection affect my periods? on page 8)
- Irregular bleeding may continue for some months after you stop the injections.
- Women may put on weight when they use Depo-Provera (see Will my weight be affected by the injection? on page 8).
- Some women report having headaches, spotty skin, tender breasts and changes in mood and sex drive.
- The injection works for 12 or eight weeks, depending on which type you have. It cannot be removed from your body, so if you have any side-effects, you have to be prepared for them to continue during this time and for some time afterwards.

- Your periods, and fertility, may take a few months to return after stopping Depo-Provera injections. Sometimes it can take more than a year for your periods and fertility to get back to normal.
- Contraceptive injections do not protect you against sexually transmitted infections, so you may have to use condoms as well.



Are there any risks?

- Using Depo-Provera may affect your bones (see How does Depo-Provera affect my bones? below).
- Research about the risk of breast cancer and hormonal contraception is complex and contradictory. Current research suggests that women who use hormonal contraception appear to have a small increase in risk of being diagnosed with breast cancer compared to women who don't use hormonal contraception. Further research is ongoing.
- You can have an allergic reaction to the injection, but this is rare.
- As with any injection there is a risk of a small infection at the site of the injection.

Your doctor or nurse should discuss all risks and benefits with you.



How does Depo-Provera affect my bones?

- Using Depo-Provera affects your natural estrogen levels, causing thinning of the bones. This is not normally a problem for most women as the bone replaces itself when you stop the injection and it does not appear to cause any long-term problems. It does not cause an increase in bone fracture.

- Thinning of the bones may be more of a problem for women who already have risk factors for osteoporosis (see Can I use the injection if I am at risk of osteoporosis? on page 10).
- Women under 18 years old and over 45 may use Depo-Provera, but only after careful evaluation by a doctor or nurse. This is because young women under 18 are still making bone and women over 45 are losing bone.



Will the injection affect my periods?

Your periods will probably change.

- In some women periods will stop completely (this does not mean you are pregnant).
- Some women will have irregular periods or spotting (bleeding between periods), especially to begin with.
- Some women will have periods that last longer and are heavier.

These changes may be a nuisance but they are not harmful.

If you do have prolonged bleeding it may be possible for the doctor or nurse to give you some additional hormone or medicine that can help control the bleeding. They may also check that the bleeding is not due to other causes, such as an infection.



Will my weight be affected by the injection?

Not all women put on weight with the injection and some women lose weight. Use of Depo-Provera may be associated with an increase in weight of up to 2–3 kg over one year.



When can I start using a contraceptive injection?

You can start the injection any time in your menstrual cycle if it is certain that you are not pregnant. If you start the injection during the first five days of your period you will be immediately protected against pregnancy.

If you have the injection on any other day you will not be protected for the first seven days, so you will need to use another method of contraception, such as condoms, during this time.



I've just had a baby. Can I use the injection?

The injection is usually given from six weeks after you have given birth. Waiting until then makes it less likely that you will have heavy and irregular bleeding.

If you want to use the injection before six weeks it can be started three weeks (21 days) after you have given birth. If you start the injection before day 21 you will be protected from pregnancy immediately. If it is started later than day 21 you will need to use an additional method of contraception for seven days.

The injection can be used safely while you are breastfeeding and will not affect your milk supply.



Can I use the injection after a miscarriage or abortion?

The injection can be started immediately after an abortion or miscarriage. You will be protected against pregnancy immediately.



Can anything make the injection less effective?

While the injection is working nothing will make it less effective. Injectable contraception is **not** affected by:

- prescribed medicines, including any kind of antibiotics

- any medicines which you buy over the counter at a pharmacy in the UK
- diarrhoea
- vomiting.

It is important to go back at the right time for your next injection – every 12 weeks for Depo-Provera or every eight weeks for Noristerat. Missing the next injection may mean that you are no longer protected against pregnancy. To ensure that you remain protected against pregnancy you should not be more than two weeks late for your next injection.



Will I be able to choose which injection I use?

It is most likely that you will be offered the injection Depo-Provera as Noristerat is usually only used for short periods of time, for example, while waiting for a sterilisation operation or for vasectomy to become effective. Your doctor or nurse can discuss with you which injection is most suitable.



Can I use the injection if I am at risk of osteoporosis?

If you have risk factors for osteoporosis (thinning of the bone) it is normally advisable to use another method of contraception. Your doctor or nurse will talk to you about this. These factors include:

- a lack of estrogen due to early menopause (before 45 years)
- a lack of estrogen due to missing periods for six months or more, as a result of over-exercising, extreme dieting or eating disorders
- smoking
- heavy drinking
- long-term use of steroids
- a close family history of osteoporosis

- certain medical conditions affecting the liver; thyroid and digestive system.

You can help to make your bones healthier by doing regular weight-bearing exercise such as running and walking, eating a healthy diet adequate in calcium and vitamin D, and cutting down on drinking alcohol and smoking.

The National Osteoporosis Society's website www.nos.org.uk can give you more information.



Should I have my bones scanned before I start the injection?

It is not recommended that all women have a bone scan before they start the injection. There may be some women for whom it is useful, but these are usually women who have been identified as having risk factors for osteoporosis.



What should I do if I think that I am pregnant?

The injection is a highly effective method of contraception. If you have had your injections on time, it is very unlikely that you will become pregnant. If you think that you might be pregnant then you can do a pregnancy test or speak to your doctor or nurse as soon as possible. If you do get pregnant while you are using the injection, there is no evidence that it will harm the baby.



How long can I use the injection for?

You can continue to use Depo-Provera until the menopause, provided there are no medical reasons not to use it and you are not at risk of osteoporosis. See How does Depo-Provera affect my bones? on page 7. If you do use the injection long term you should expect to have your risk factors for osteoporosis re-assessed every two years. The

doctor or nurse may ask you about your lifestyle and discuss whether it would be more suitable for you to use a different method of contraception.



What should I do if I want to stop using the injection or try to get pregnant?

If you want to stop the injection all you need to do is not have your next injection. Your periods and natural fertility may take a while to return after you stop using the injection. However, it is possible to get pregnant before you have seen your first period. If you don't wish to become pregnant then you should use another method of contraception from the day that your injection would have been due. If you have sex without using another method of contraception you may want to consider using emergency contraception (see Emergency contraception on page 14).

If you want to try for a baby start pre-pregnancy care such as taking folic acid, stopping smoking and reducing how much alcohol you drink. You can ask your doctor or nurse for further advice.



If I have to go into hospital for an operation should I stop using the injection?

No. It is not necessary to stop the injection if you are having an operation. However, it is always recommended that you tell the doctor that you are using the contraceptive injection.



How often do I need to see a doctor or nurse?

You only need to go to the clinic or your general practice when your injection is due. If you have **any** problems or want to ask any questions between injections, you should contact your doctor or nurse.



How do I find out about contraception services?

Contraception is free for women and men of all ages through the National Health Service.

- You can find out about all sexual health services from **sexual health direct**, run by **fpa** on 0845 122 8690 or visit www.fpa.org.uk.
- You can find details of all services including general practices and pharmacies at www.nhsdirect.nhs.uk. In England and Wales you can call NHS Direct on 0845 46 47, in Scotland NHS 24 on 08454 24 24 24 and in Northern Ireland **fpa's** helpline on 028 90 325 488.
- You can also get details of your nearest contraception, genitourinary medicine (GUM) or sexual health clinic from a telephone directory, health centre, local pharmacy, hospital, midwife, health visitor or advice centre.
- You can get details of GUM or sexual health clinics from the Sexual Health Line on 0800 567 123 or at www.condomessentialwear.co.uk.
- You can find details of young people's services from Brook on 0800 0185 023 or from Sexwise on 0800 28 29 30, or at www.ruthinking.co.uk.

Emergency contraception

If you have had sex without using contraception or think your method might have failed there are two emergency methods you can use.

- The emergency hormonal pill – must be taken up to three days (72 hours) after sex. It is more effective, the earlier it is taken after sex.
- An IUD – must be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).

Ask your doctor or nurse about getting emergency pills in advance, just in case you need them.

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections.

Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. Diaphragms and caps may also protect against some sexually transmitted infections. If you can, avoid using condoms containing Nonoxinol 9 (spermicidally lubricated), as this does not protect against HIV and may even increase the risk of infection.

How fpa can help you

sexual health direct is a nationwide service run by **fpa**. It provides:

- confidential information and advice and a wide range of leaflets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception clinics, sexual health clinics and genitourinary medicine (GUM) clinics.

fpa helplines

England and Wales

helpline 0845 122 8690

9am to 6pm Monday to Friday

Northern Ireland

helpline 028 90 325 488

9am to 5pm Monday to Thursday, 9am to 4.30pm Friday

or visit **fpa's** website www.fpa.org.uk

A final word

This leaflet can only give you basic information about the contraceptive injection. The information in this leaflet is based on evidence-guided research from the World Health Organization and The Faculty of Family Planning and Reproductive Health Care. Different people may give you different advice on certain points. All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember – contact your doctor, practice nurse or a contraception clinic if you are worried or unsure about anything.



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