

your guide to contraceptive injections

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

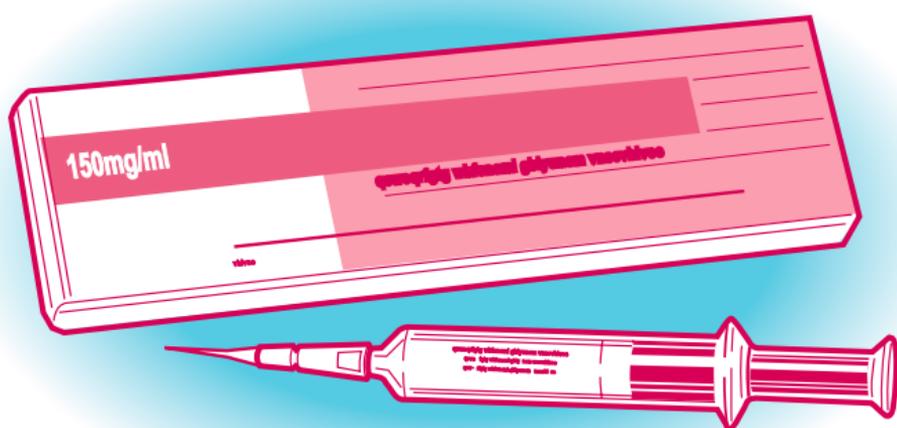


Contraceptive injections

Contraceptive injections contain a progestogen hormone which is similar to the natural progesterone that women produce in their ovaries. There are three types of injection. Depo-Provera and Sayana Press protect you from pregnancy for 13 weeks. Noristerat protects you for eight weeks.

Contents

How effective is a contraceptive injection?.....	4
How do contraceptive injections work?	4
Where can I get a contraceptive injection?.....	4
How is a contraceptive injection given?.....	5
Can anyone use a contraceptive injection?.....	5
What are the advantages of a contraceptive injection?	6
What are the disadvantages of a contraceptive injection?	6
Are there any risks?.....	7
How does Depo-Provera affect my bones?.....	7
Can I use a contraceptive injection if I am at risk of osteoporosis?	8
Should I have my bones scanned before I start a contraceptive injection?.....	9
Will a contraceptive injection affect my periods?	9
Will my weight be affected by a contraceptive injection?	9



When can I start using a contraceptive injection?.....	10
I've just had a baby. Can I use a contraceptive injection?.....	10
Can I use a contraceptive injection after a miscarriage or abortion?.....	10
Can anything make a contraceptive injection less effective?.....	10
Will I be able to choose which contraceptive injection I use?.....	11
What should I do if I think that I am pregnant?	11
How long can I use a contraceptive injection for?	12
What should I do if I want to stop using a contraceptive injection or try to get pregnant?	12
If I have to go into hospital for an operation should I stop using a contraceptive injection?	13
How often do I need to see a doctor or nurse?.....	13
Where can I get more information and advice?.....	13
Emergency contraception.....	14
Sexually transmitted infections.....	14
A final word.....	16

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:

Contraceptive injections are over 99 per cent effective. This means less than four women in every 1,000 will get pregnant over two years. The injection is a method of long-acting reversible contraception (LARC). All LARC is very effective because while it is being used you do not have to remember to take or use contraception.

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 uterus (womb) thinner so it is less likely to accept a fertilised egg.

Where can I get a contraceptive 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 [Where can I get more information and advice?](#) on page 13).

How is a contraceptive injection given?

Depo-Provera and Noristerat are injected into a muscle, usually in your buttocks. Depo-Provera can also sometimes be given in the arm. Noristerat is a thicker solution so you may find the injection is slightly more painful when it is given. Sayana Press is injected beneath the skin at the front of the thigh or abdomen. You will need to have injections every 13 weeks if you have Depo-Provera or Sayana Press or every eight weeks if you have Noristerat.

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

Can anyone use a contraceptive injection?

Most women 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 a contraceptive 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 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)
- arterial disease or history of serious heart disease or stroke

- diabetes with complications
- disease of the liver
- risk factors for osteoporosis (thinning of the bones) (see [Can I use the injection if I am at risk of osteoporosis?](#) on page 8)
- systemic lupus erythematosus.

What are the advantages of a contraceptive injection?

- You don't have to think about contraception for as long as the injection lasts.
- You can use it if you are breastfeeding.
- It is not affected by other medicines.
- It may reduce heavy painful periods and help with premenstrual symptoms for some women.
- It is a good method if you cannot use estrogens, like those in the combined pill, the contraceptive patch and the contraceptive vaginal ring.

What are the disadvantages of a contraceptive injection?

- Your periods may change in a way that is not acceptable to you (see [Will a contraceptive injection affect my periods?](#) on page 9).
- 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 a contraceptive injection?](#) on page 9).
- The injection works for 13 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.

- There can be a delay of up to one year before the return of your periods and fertility after stopping the injection.
- Contraceptive injections do not protect you against sexually transmitted infections, so you may have to use condoms as well.
- Some women experience side effects such as spotty skin, hair loss, decreased libido, mood swings and headaches.

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. 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.
- 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, and may cause 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.

- Thinning of the bones may be more of a problem for women who already have risk factors for osteoporosis (see Can I use a contraceptive injection if I am at risk of osteoporosis? below).
- Women under 18 years old 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.

Can I use a contraceptive injection if I am at risk of osteoporosis?

If you have risk factors for osteoporosis 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 menopause or 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 a contraceptive injection?

It is not recommended that women have a bone scan before they start a contraceptive injection. It may be useful for some women – usually those who have been identified as having risk factors for osteoporosis.

Will a contraceptive injection affect my periods?

Your periods will probably change.

- In most women periods will stop completely.
- Some women will have irregular periods or spotting (bleeding between periods).
- 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 a contraceptive injection?

Depo-Provera is associated with an increase in weight in some women. Women under 18 years old who are overweight before starting Depo-Provera may be more likely to gain weight with use.

When can I start using a contraceptive injection?

You can start a contraceptive 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 protected against pregnancy immediately.

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

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

The injection can be started any time after you have given birth if you are not breastfeeding. If you start the injection before three weeks (21 days) you will be protected against pregnancy immediately. If it is started later than day 21 you will need to use an additional method of contraception for seven days.

If you are breastfeeding, the injection is usually given from six weeks after you have given birth. The injection can be started earlier if there are no other alternatives that you find acceptable. The injection can be used safely while you are breastfeeding and will not affect your milk supply.

Can I use a contraceptive 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 a contraceptive injection less effective?

While the injection is working nothing will make

it less effective. Injectable contraception is not affected by:

- prescribed medicines, including antibiotics
- any medicines which you buy over the counter at a pharmacy
- diarrhoea
- vomiting.

It is important to go back at the right time for your next injection – every 13 weeks for Depo-Provera and Sayana Press or every eight weeks for Noristerat. If you miss or are late having the next injection it may mean that you are no longer protected against pregnancy.

Will I be able to choose which contraceptive injection I use?

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

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

Contraceptive injections are highly effective methods 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 do a pregnancy test or speak to your doctor or nurse as soon as possible. Using the contraceptive injection does not affect a pregnancy test. 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 a contraceptive injection for?

You can continue to use the injection until you are 50 years old, 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 a contraceptive injection or try to get pregnant?

If you want to stop a contraceptive injection all you need to do is not have your next injection. Your periods and fertility may take a while to return to normal after you stop using a contraceptive injection. However, it is possible to get pregnant before 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 and stopping smoking. You can ask your doctor or nurse for further advice.

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

No. It is not necessary to stop a contraceptive 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.

Where can I get more information and advice?

The Sexual Health Information Line provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123 and the service is available from Monday to Friday from 9am - 8pm and at weekends from 11am - 4pm.

For additional information on sexual health visit www.fpa.org.uk

Information for young people can be found at www.brook.org.uk

Clinics

To locate your closest clinic you can:

- Use Find a Clinic at www.fpa.org.uk/clinics
- Download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland

you can find details of general practices at www.nhs24.com and in Northern Ireland at www.hscni.net

Emergency contraception

If you have had sex without contraception, or think your method might have failed there are different types of emergency contraception you can use.

- An emergency contraceptive pill containing levonorgestrel – can be taken up to three days (72 hours) after sex. More effective the earlier it is taken after sex. Available with a prescription or to buy from a pharmacy. There are different brands but they all work the same way.
- An emergency contraceptive pill containing ulipristal acetate – can be taken up to five days (120 hours) after sex. Available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An IUD – can 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, nurse or pharmacist 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. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which does not protect against HIV and may even increase the risk of infection.

A final word

This booklet can only give you general information. The information is based on evidence-guided research from the World Health Organisation and The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and National Institute of Health and Care Excellence guidance.

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 sexual health clinic if you are worried or unsure about anything.



talking sense about sex



www.fpa.org.uk

The Sexual Health Line is provided by the Department of Health. This booklet is produced by the sexual health charity FPA, registered charity number 250187. Limited liability company registered in England, number 887632. FPA does not run the Sexual Health Line.

© FPA. Printed June 2015.

© Crown Copyright Public Health England.

ISBN 978-1-908249-90-6

The information in this booklet was accurate at the time of going to print. Booklets are reviewed regularly. Next edition available in 2016.

If you would like information on the evidence used to produce this booklet or would like to provide us with feedback about this booklet email feedback@fpa.org.uk

