World Health Organization

hrp

WHO Statement on Depot-medroxyprogesterone acetate (DMPA)

Key facts

Depot-medroxyprogesterone acetate (DMPA) is a long-acting progestational contraceptive, which is administered by injection.

The purpose of this Statement is to reiterate and clarify the existing (current) WHO position based on published guidance that is still valid. WHO monitors the evidence in this field closely and will update its guidance as and when new evidence becomes available.

KEY FACTS ABOUT DEPOT-MEDROXYPROGESTERONE ACETATE (DMPA)

Depot-medroxyprogesterone acetate, also referred to as DMPA, is a hormonal contraceptive, which is administered by injection. DMPA has a high acceptability as it is provided by an injection every three months, which can be given outside clinical facilities. It is also low cost and highly effective. It is a reversible method, and women's chances of getting pregnant after stopping its use are no different from those who have not used DMPA.

DMPA is registered in more than 100 countries, including the United States, Western European countries, as well as many middle- and low-income nations. It is the most commonly chosen method in many Sub-Saharan African countries. Given its current importance among available contraceptive methods, it is important that the population at large, health-care providers, and policy makers have access to correct information on its safety.

SAFETY OF DMPA

Over the years, there have been concerns regarding DMPA and reduced bone mineral density (BMD), increased breast cancer risk and increased risk of HIV infection. These concerns are addressed below:

In March 2014, a WHO Guideline Development Group evaluated the body of epidemiological and clinical evidence on DMPA use among adolescents. Among the studies reviewed, most found that women lose bone mineral density (BMD) during DMPA use, but recover BMD after discontinuation.[1]

Early concerns about breast carcinogenic (cancer causing) effects have been proven to be untrue by large-scale studies in 1980's.

The WHO Guideline Development Group in March 2014 noted that some studies suggested that women using progestogen-only injectable contraception may be at increased risk of HIV acquisition. It also noted that other studies had found no such association. However, all available studies had important methodological limitations, hindering their interpretation. Moreover, the public health impact of any such association would depend upon the local context, including rates of injectable contraceptive use, maternal death, and HIV prevalence. These issues must be considered when adapting guidelines to local contexts.

1 Medical eligibility criteria for contraceptive use, Fifth edition. (http://www.who.int/reproductivehealth/topics/family_planning/en/,

CURRENT RECOMMENDATIONS

For women aged 18 to 45 years of age, there should be no restrictions on the use of DMPA, including no restrictions on the duration of its use (Medical eligibility criteria [MEC] Category 1) [2].

Among adolescents (menarche to <18 years) and women over 45 years, the advantages of using DMPA generally outweigh the theoretical safety concerns regarding fracture risk (MEC Category 2).

There are no restrictions on the use of hormonal contraceptives, including DMPA for women at high risk of HIV (MEC Category 1)[3]. Women and couples at high risk of HIV acquisition should also be informed about and have access to HIV preventive measures, including male and female condoms irrespective of the family planning method they choose.[4]

2 For further information related to the 2014 recommendations for hormonal contraceptive use for women at high risk of HIV and women living with HIV, please consult this link: http://www.who.int/reproductivehealth/topics/family_planning/hc_hiv_statement/en/

3 For further information related to the 2014 recommendations for hormonal contraceptive use for women at high risk of HIV and women living with HIV, please consult this link: http://www.who.int/reproductivehealth/topics/family_planning/hc_hiv_statement/en/

4 For further information related to the 2014 recommendations for hormonal contraceptive use for women at high risk of HIV and women living with HIV, please consult this link: http://www.who.int/reproductivehealth/topics/family_planning/hc_hiv_statement/en/

CONCLUSION

There is no evidence of a causal association between DMPA use and an increase in women's risk of HIV acquisition. WHO recommends every individual is ensured opportunities to exercise their human right to make informed choices, based upon a full range of emergency, short-acting, long-acting and permanent methods.[5]

5 Ensuring human rights in the provision of contraceptive information and services Guidance and recommendations. http://www.who.int/reproductivehealth/publications/family_planning/human-rights-contraception/en/

World Health Organization

human reproduction programme hrp
research for impact
UNDP · UNFPA · UNICEF · WHO · THE WORLD BANK

For more information, please contact:
Department of Reproductive Health and Research, World Health Organization
Avenue Appia 20, CH-1211 Geneva 27, Switzerland. E-mail: reproductivehealth@who.int

www.who.int/reproductivehealth

Photo: Creative Commons

WHO/RHR/15.09