



PROCEDURE

Depot medroxyprogesterone acetate (DMPA) administration

Scope (Staff):	Registered Nurse, Clinical Nurse
Scope (Area):	Aboriginal Health Team (AHT)

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To provide guidance on the administration of the contraceptive depot medroxyprogesterone acetate.

Risk

Non-adherence to this procedure may result in possible harm to the woman's health or an unintended pregnancy.

Background

Depot medroxyprogesterone acetate (DMPA) is an injectable progesterone-only method of contraception which provides effective, three month long reversible contraception. DMPA works by preventing ovulation and causing the cervical mucus to thicken, which interferes with sperm penetration.¹ It is important to fully inform clients of the advantages, disadvantages and risks of using DMPA before administration. Informed consent is particularly important for this medication as it has historically been used in Aboriginal populations to cause infertility, without informing women of its purpose.²

This contraception is available to women accessing the Aboriginal Health Team (AHT) under the direction of the AHT Medical Officer (MO).

Key points

- All nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Nurses will ensure a Medication administration chart (CHS 414) has been received from the Medical Officer.
- Nurses can administer subsequent DMPA doses after the initial dose has been administered by the Medical Officer.
- Pregnancy should be excluded prior to the administration of DMPA.
- Return to fertility may be delayed approximately 6 months, but can be up to 18 months following discontinuation of injections.³
- Nurses are to record the injection on the medication chart provided by the AHT Medical Officer and in the Child Development Information System (CDIS).
- Nurses are to ensure clients are booked in for a review with the AHT Medical Officer at least every 12 months.
- Nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

Equipment

- 150mg vial/mL of DMPA
- Intramuscular needle
- Urine HCG pregnancy test equipment
- Sharps container
- Alcohol swab

Process

Steps	Additional Information
<p>1. Identify client suitability for a follow up injection.</p>	
<p>1a. If previous injection was given at least 10 weeks ago and less than 14 weeks ago, proceed to Step 2.</p>	<ul style="list-style-type: none"> Injection may be given between 10 to 14 weeks.⁴
<p>1b. If more than 13 weeks have elapsed since the last injection, refer client to MO for review and pregnancy test.</p>	<ul style="list-style-type: none"> If pregnancy test negative, MO to review and order DMPA injection. Proceed to Step 2.
<p>2. Confirmation with MO</p> <ul style="list-style-type: none"> Ensure medication is charted and ordered from the AHT MO. 	<ul style="list-style-type: none"> Confirm via email or phone with MO that IM DMPA injection is being given as per previously charted.
<p>3. Prior to administering medication:</p> <ul style="list-style-type: none"> Review the medication order on the Medication administration chart (CHS 414) and consider the <i>Six rights of safe medication administration</i>: <ul style="list-style-type: none"> Right patient Right medication Right dose Right time Right route Right documentation.⁵ 	<ul style="list-style-type: none"> Ask client if they have had any new health conditions or medications since the last injection. Verbal directions must have an independent double check undertaken and be documented on the medication chart (CHS 414). A double check must be conducted by another RN present in the clinic, or by emailing the directions to the MO for confirmation.
<p>4. Communication to client</p> <ul style="list-style-type: none"> Advise client to return for MO review if experiencing unwanted side effects. Advise client DMPA provides no protection against sexually transmitted infections (STIs). Advise client to return in 12 weeks when the next injection is due. 	<ul style="list-style-type: none"> The most common side effect is irregular bleeding. Some women may experience side effects such as breast tenderness, acne, mood changes or a small amount of weight gain.^{4, 6} Provide client with Sexual Health Quarters <i>Contraception injection</i> client information sheet. Nurse to book client in for an

Steps	Additional Information
	annual review with the MO.
<p>5. Medication administration</p> <ul style="list-style-type: none"> Inject 150 mg/1mL deeply into the gluteal or deltoid muscle.⁶ 	<p>Shake medication well before use.⁶</p> <ul style="list-style-type: none"> The gluteal muscle in the buttock is the preferred site for IM DMPA administration. In women with large amounts of adipose tissue consider administering into the deltoid muscle of the upper arm. Do not rub after injection.
<p>6. Communication to MO</p> <ul style="list-style-type: none"> Email MO to advise of the most recent date the injection was given. 	
<p>7. Documentation</p> <ul style="list-style-type: none"> Nurse to record and sign the medication chart (CHS 414) and file in client paper record and record in CDIS under the Mother's own CDIS client health record. Nurse to send information to MO to enable recording in MMEX. Nurse to book appointment when next DMPA injection is due and write into the AHT base diary. 	<ul style="list-style-type: none"> Adult family members (of child Community Health clients) who are receiving health care services from the AHT MO must have a CDIS client health record created. Following administration of the medication, the medication administration chart must be signed immediately by the clinician who administered the dose. The medication administration chart must be filed in the AHT Multidisciplinary Clinic tab in the client's paper record, where it can be continued for future use.

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations.

References

1. North Metropolitan Health Service. Clinical Practice Guideline - Contraception. Western Australia: Government of Western Australia; 2020.
2. Faculty of Sexual and Reproductive Healthcare. Progestogen-only Injectable Contraception (Clinical Guidance): Royal College of Obstetricians and Gynecologists; 2020 [Available from: <https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-injectables-dec-2014/>].
3. Tatz C. Confronting Australian genocide. *Aboriginal History*. 2001;25:16-36.
4. WA Primary Health Alliance (WAPHA). Contraceptive Injection Perth: WAPHA; 2021 [Available from: <https://wa.communityhealthpathways.org/>].
5. Hughes R. Patient safety and quality: An evidence-based handbook for nurses. Rockville, MD: Agency for Healthcare Research and Quality; 2008.
6. The Society of Hospital Pharmacists of Australia (SHPA). Australian Injectable Drugs Handbook. 8th ed. Collingwood (Victoria): SHPA; 2022 [Available from: <https://shpa.org.au/publications-resources/aidh>].

Related internal policies, procedures and guidelines

The following documents can be accessed in the [CAHS-Infection Control Manual](#)

Hand Hygiene

Sharps Management

The following documents can be accessed in the [CAHS-CH Operational Manual](#)

Client identification

Consent for Services

Medication Management in the Aboriginal Health Team

The following documents can be accessed in the [CAHS Policy Manual](#)

Medication Safety

The following documents can be accessed in the [PCH Pharmacy Manual](#)

Medication Preparation, Checking and Administration

Related CAHS-CH resources


The following form can be accessed from the [CAHS-Community Health Resources](#) page on HealthPoint

Medication administration chart (CHS414)

Related external resources

[Sexual Health Quarters](#)- Contraception injection client information

This document can be made available in alternative formats on request.

File Path:			
Document Owner:	Nurse Co-Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	19 September 2019	Last Reviewed:	05 January 2023
Amendment Dates:		Next Review Date:	05 January 2026
Approved by:	Community Health Nursing Leadership Group	Date:	16 December 2022
Endorsed by:	A/Executive Director, Community Health	Date:	05 January 2023
Standards Applicable:	NSQHS Standards:  1.7, 1.8, 1.33, 2.10, 3.8a, 4.3, 5.3, 5.13, 6.6		

Printed or personally saved electronic copies of this document are considered uncontrolled



Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital