



The Federation of Obstetric & Gynaecological Societies of India



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FOGSI 360

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Background

Depot Medroxyprogesterone Acetate-subcutaneous (DMPA-SC) is a newer contraceptive in the India that has the potential to transform contraceptive access, use, and choice for young and low parity women.ⁱ Injectable hormonal contraceptives are one of the safe and effective options for preventing pregnancy, chosen by many women worldwide for their longer-term and effective protection, convenience, and privacy. Depot Medroxyprogesterone Acetate (DMPA), a progestin only contraceptive, given by the intramuscular (IM) route, has been available in India since the early 1990s through private and social marketing channels and was integrated into the National Family Planning Program by the Government of India in 2016-17.ⁱⁱ The latest innovative iteration for delivering this drug is DMPA-SC wherein a smaller dose of the drug is injected by the sub-cutaneous route and is gaining acceptance globally.

Similar to the DMPA IM injection, DMPA (SC) is to be administered every three months. Unlike the IM formulation, the SC variant is injected under the skin (subcutaneously) in slightly lesser quantities - 104 mg of medroxyprogesterone acetate in 0.65 ml vs. 150 mg in 1 ml for DMPA-IM – to obtain the same pharmaceutical effect and is equally effective as the IM injection in preventing pregnancy. The change in route of administration means that DMPA SC uses a smaller-sized needle that is often perceived by women to be less painful.ⁱⁱⁱ

Given the relative ease of administration through the sub-cutaneous route compared to an IM injection, and that it is packaged as a pre-filled syringe, multiple cadres of health care providers can be trained to administer DMPA-SC, thus opening gates for potential task-shifting and improving access.

One of the biggest advantages of DMPA-SC is its potential for self-use by women themselves. The research (including a recent one in Uganda^{iv}) reveals that most women (90% in the Ugandan cohort), when trained, can self-inject competently, on time, and independently, without additional provider support or follow-up. DMPA-SC is now available in nearly 55 countries worldwide, with nearly 35 countries offering self-injection.^v In India, the first dose of DMPA, whether IM or SC, needs to be given under the guidance of a trained MBBS doctor. Subsequent injections can be administered by AYUSH doctor, Staff Nurse (SN), Lady Health Visitor (LHV) or Auxiliary Nurse Midwife (ANM).^{vi} The current preparation of DMPA-SC available in India may be administered by a healthcare professional or, when considered appropriate, self-injected by the patient, with medical follow up as necessary in accordance with local clinical guidance.^{vii}

Governments and partners are focusing on expanding contraceptive options nationwide. DMPA-SC can play a vital role in meeting the unmet need for family planning and improving access through various delivery channels.^{viii} Empowering women with the ability to self-inject with DMPA-SC has the potential to lower barriers to access, increase contraceptive continuation rates, and enhance women's autonomy by placing the power of decision-making directly in their hands.



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FOGSI Statement

In line with WHO recommendations^{ix} to make DMPA-SC available, FOGSI encourages and endorses the use of subcutaneous (SC) depot medroxyprogesterone acetate (DMPA), or DMPA-SC, an injectable contraceptive also used as a self-injection in several parts of the world as an effective, safe, and acceptable method of contraception.

- DMPA-SC is 99% effective at preventing unintended pregnancy when given correctly and on time every three months.^x
- It opens contraceptive access and choice to all women in the reproductive age at the “last mile” and promotes women’s empowerment and autonomy with the potential to be cost-effective.^{xi}
- It offers a discreet, user-friendly, and a reliable contraceptive choice by providing a prefilled, ready-to-use injection that is both small and lightweight, coupled with a short needle for an easy, less intimidating experience.^{xii}
- The experience from different countries has provided the insight that DMPA-SC can be used by service providers, community health workers, pharmacists, and women themselves with adequate counselling and minimal training on usage.

FOGSI recognizes DMPA-SC as an integral part of the contraceptive basket of choices for its safety, effectiveness, reversibility, user acceptability and satisfaction. Given its ability to be administered by front line workers and by women themselves, this could potentially mean increased access, effective use, improved continuation rates, overall increase in modern contraceptive prevalence rate, and greater autonomy for women (and couples) to implement their reproductive choices and intentions.^{xiii} We need to harness its full potential through widespread implementation in India, through both the public and private sector.^{xiv}

ⁱ DMPA-SC Resource Library (fpoptions.org). DMPA-SC Advocacy Pack. Retrieved from <https://fpoptions.org/resource/advoc-pack/>

ⁱⁱ UNFPA. (October 2023). Enhancing women’s reproductive autonomy - a case for self-administration of DMPA-SC in India. Retrieved from https://india.unfpa.org/sites/default/files/pub-pdf/dmpa-sc_unfpa_brief_on_self_administration.pdf

ⁱⁱⁱ Dragoman MV, Gaffield ME. The safety of subcutaneously administered depot medroxyprogesterone acetate (104mg/0.65mL): A systematic review. Contraception 2016;94(3):202-15. Retrieved from [https://www.contraceptionjournal.org/article/S0010-7824\(15\)30067-6/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(15)30067-6/fulltext)

^{iv} PATH. JSI. (September 2021). Uganda’s journey to DMPA-SC and self-injection scale-up. Retrieved from <https://fpoptions.org/wp-content/uploads/Uganda-DMPA-SC-country-brief-PATH-JSI-2021.pdf>

^v PATH. (September 2018). The power to prevent pregnancy in women’s hands: DMPA-SC injectable contraception. Retrieved from <https://www.path.org/our-impact/articles/dmpa-sc/#:~:text=The%20product%20is%20now%20available,is%20manufactured%20by%20Pfizer%20Inc>

^{vi} Ministry of Health and Family Welfare. March 2016. Retrieved from:

https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/Family_planning/Schemes_& Guidelines/Injectable_Contraceptive_MPA.pdf

^{vii} Medroxyprogesterone Acetate Injection I.P., Sayana Press. Retrieved from: <https://labeling.pfizer.com/ShowLabeling.aspx?id=15014>

^{viii} DMPA-SC Resource Library (fpoptions.org). About DMPA-SC. Retrieved from <https://fpoptions.org/about/>

^{ix} World Health Organization. (2022). WHO recommendations on self-care interventions. Retrieved from <https://iris.who.int/bitstream/handle/10665/363030/WHO-SRH-22.2-eng.pdf;sequence=1>

^x Keith, B., Wood, S., Tiff, S., & Hutchings, J. (2014). Home-based administration of Sayana® Press: Review and assessment of needs in low-resource settings. Contraception, 89(5), 344-351. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0010782414001139>

^{xi} DMPA-SC Resource Library (fpoptions.org). Costs and cost-effectiveness of subcutaneous DMPA. Retrieved from <https://fpoptions.org/wp-content/uploads/DMPA-SC-handout-advoc-cost-FR-PATH-2019.pdf>

^{xii} PATH. (October 2019). Self-injected subcutaneous DMPA: A new frontier in advancing contraceptive access and use for women. Retrieved from https://www.rhsupplies.org/fileadmin/uploads/rhsc/Tools/DMPA_Kit/Files/Handouts_for_decision_makers/DMPA-SC_advocacy_handouts_8_self-injection_2019.pdf

^{xiii} McGinn, E. K., Weinberger, M., & Rosen, J. (2018). Modeling the Impact of the New All-in-One Injectable Contraceptive. Health Policy Plus. Retrieved from http://www.healthpolicyplus.com/ns/pubs/10269-10485_ICFPPosterSayanaPress.pdf

^{xiv} UNFPA. (October 2023). Enhancing women’s reproductive autonomy - a case for self-administration of DMPA-SC in India. Retrieved from: https://india.unfpa.org/sites/default/files/pub-pdf/dmpa-sc_unfpa_brief_on_self_administration.pdf

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