5. **When can a woman start progestogen-only injectables (POIs) — depot medroxyprogesterone acetate (DMPA) or norethisterone enantate (NET-EN)?**

Notes:
- These recommendations are based on information on an injectable containing DMPA but apply also to NET-EN.
- If the woman cannot have the injection at the time of the consultation, arrangements can be made for her to have the injection through an appropriate service at a later date.

### Having menstrual cycles
- She can have the first progestogen-only injection within 7 days after the start of her menstrual bleeding. No additional contraceptive protection is needed.
- She also can have the first injection at any other time, if it is reasonably certain that she is not pregnant. If it has been more than 7 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 7 days.

### Amenorrheic
- She can have the first injection at any time, if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the next 7 days.

### Postpartum (breastfeeding)*
- If she is between 6 weeks and 6 months postpartum and amenorrheic, she can have the first injection at any time. If she is fully or nearly fully breastfeeding, no additional contraceptive protection is needed.
- If she is more than 6 weeks postpartum and her menstrual cycles have returned, she can have the first injection as advised for other women having menstrual cycles.

* Additional guidance from the *Medical eligibility criteria for contraceptive use. Third edition, 2004.*
For women who are less than 6 weeks postpartum and primarily breastfeeding, use of POIs is not usually recommended unless other more appropriate methods are not available or not acceptable.

### Postpartum (non-breastfeeding)
- If she is less than 21 days postpartum, she can have the first injection at any time. No additional contraceptive protection is needed.*
- If she is 21 or more days postpartum and her menstrual cycles have not returned, she can have the first injection at any time, if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the next 7 days.
- If her menstrual cycles have returned, she can have the first injection as advised for other women having menstrual cycles.

* It is highly unlikely that a woman will ovulate and be at risk of pregnancy during the first 21 days postpartum. However, for programmatic reasons, some contraceptive methods may be provided during this period.
Postabortion

- She can have the first injection immediately postabortion. No additional contraceptive protection is needed.

Switching from another hormonal method

- She can have the first injection immediately, if she has been using her hormonal method consistently and correctly or if it is reasonably certain that she is not pregnant. There is no need to wait for her next menstrual period.

- If her previous method was another injectable, she should have the progestogen-only injection when the repeat injection would have been given. No additional contraceptive protection is needed.

Switching from a nonhormonal method (other than the IUD)

- She can have the first injection immediately, if it is reasonably certain that she is not pregnant. There is no need to wait for her next menstrual period.

  ◊ If she is within 7 days of the start of her menstrual bleeding, no additional contraceptive protection is needed.

  ◊ If it has been more than 7 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 7 days.

Switching from an IUD (including the levonorgestrel-releasing IUD)

- She can have the first injection within 7 days after the start of menstrual bleeding. No additional contraceptive protection is needed. The IUD can be removed at that time.

- She also can start at any other time, if it is reasonably certain that she is not pregnant.

  ◊ If she has been sexually active in this menstrual cycle and it has been more than 7 days since menstrual bleeding started, it is recommended that the IUD be removed at the time of her next menstrual period.

  ◊ If she has not been sexually active in this menstrual cycle and it has been more than 7 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 7 days. If that additional protection is to be provided by the IUD she is using, it is recommended that this IUD be removed at the time of her next menstrual period.

- If she is amenorrhoeic or has irregular bleeding, she can have the injection as advised for other amenorrhoeic women.
Comments

The expert Working Group considered that an injection given up to day 7 of the menstrual cycle results in a low risk of an ovulatory cycle that could lead to pregnancy.

The need for additional contraceptive protection among those switching from another hormonal method will depend on the previous method used.

There was some concern about the risk of pregnancy when removing an IUD within a cycle where there already has been intercourse. That concern led to the recommendation that the IUD be left in place until the next menstrual period.

Whereas an estimated 48 hours of POP use was deemed necessary to achieve contraceptive effect on cervical mucus, the time required for POIs to exert such an effect was uncertain.

Systematic review question

How does starting POIs on different days of the menstrual cycle affect contraceptive effectiveness? **Level of evidence**: II-1, good, indirect.

References from systematic review


Other key references


Key unresolved issues

How quickly is protection reliably established by injections of DMPA and NET-EN?

How accurately do ultrasound findings, hormonal measurements and evaluation of cervical mucus predict the risk of pregnancy during POI use?
When can a woman have repeat progestogen-only injectables — depot medroxyprogesterone acetate or norethisterone enantate?
6. When can a woman have repeat progestogen-only injectables (POIs) – depot medroxyprogesterone acetate (DMPA) or norethisterone enantate (NET-EN)?

Reinjection interval
♦ Provide repeat DMPA injections every 3 months.
♦ Provide repeat NET-EN injections every 2 months.

Early for an injection
♦ The repeat injection for DMPA and NET-EN can be given up to 2 weeks early.

Late for an injection
♦ The repeat injection for DMPA and NET-EN can be given up to 2 weeks late without requiring additional contraceptive protection.
♦ If she is more than 2 weeks late for a DMPA or NET-EN repeat injection, she can have the injection, if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the next 7 days. She may wish to consider the use of emergency contraception if appropriate.

Switching between DMPA and NET-EN
♦ Using DMPA and NET-EN injections interchangeably is not recommended.
♦ If it becomes necessary to switch from one to the other, the switch should be made at the time the repeat injection would have been given.

For a repeat POI when the previous injectable type and/or timing of injection is unknown
♦ She can have the injection if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the next 7 days.
♦ She may wish to consider the use of emergency contraception if appropriate.

Comments
The expert Working Group considered the risk of ovulation to be minimal within 2 weeks following the time for a repeat injection (3 months for DMPA and 2 months for NET-EN).

The mechanisms of action, the medical eligibility criteria, and the side-effects of DMPA and NET-EN are similar. Therefore it is safe to stop using one and start using the other.

Whereas an estimated 48 hours of POP use was deemed necessary to achieve contraceptive effect on cervical mucus, the time required for POIs to exert such an effect was uncertain.
Systematic review question

How soon after the last progestogen-only injection do ovulation and fertility return?

Level of evidence: II-3, fair, indirect.

References from systematic review


Key unresolved issues

How common is switching between DMPA and NET-EN and why does switching occur?

How accurately do ultrasound findings, hormonal measurements and evaluation of cervical mucus predict the risk of pregnancy during use of POIs?

What is the maximum time between injections that maintains effectiveness of POIs?

What are the most effective counselling and other communication strategies for increasing adherence to reinjection intervals for POIs?
When can a woman start using an implant?