

Evaluating the Success of Injectable Contraceptives

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In the year 1950, injectable contraceptives were developed (containing only progesterin). For the treatment of endometriosis and endometrial cancer as well as of painful menstrual periods, (dysmenorrhoea), excessive hair growth (hirsutism), and bleeding disorders, progesterins were finally used. By the 1960's they were highly effective contraceptives and even recently, more than 10 millions women in 100 countries of the world including U.S.A., are using progesterin, only injectables.

After receiving initial counselling, once the client has made the choice to use injectable method, specific counselling will help the client use the method safely, effectively and with satisfaction. So her previous experience with injectables should be discussed (for example, if the client has ever used injectables contraceptive):-

1. How long did she use injectables?
2. Was she satisfied with them (e.g. availability, convenience)
3. Why did she stop using injectables?

If the client has never used injectables contraceptives then:-

1. What does she know about injectables?
2. Has she discussed injectables with her husband?
3. Does she think her husband would approve?
4. If not, would this keep her from using injectables?

However, counselling about injectables should provide specific information on following aspects:-

1. Precautions

2. Conditions Requiring More Frequent Follow-Up Care

3. To Discontinue Injectable Contraceptives

1. How injectable contraceptives prevent pregnancy?
2. Effectiveness
3. Benefits & limitations.
4. Precautions for use.
5. When to start using injectable contraceptives?
6. Injection procedure and need to return for further injection every 2 or 3 months depending on which, injectable is used.
7. Side-effects and other problems (particularly those related to menstrual irregularities).
8. Worrying signs and symptoms.
9. Which contraceptive method to use if subsequent injection is delayed for more than 2 or 4 weeks, depending on the type of injectables.
10. Need for protection against GTI's and other STD's (e.g. HBVIHIV/ AIDS).
11. Freedom of the client to discontinue the method whenever desired.

Mechanism of Action

Mechanism of action of injectable contraceptives is listed below:-

1. Suppression of ovulation.
2. Cervical mucus becomes thick and scanty.
3. Endometrium is altered and
4. Becomes atrophic.

These changes make implementation of fertilized eggs less likely, and causes women using injectable contraceptive to have less menstrual bleeding and even to stop menstruating.

Even more than combined oral contraceptives (COC's) injectable contraceptives are one of the most effective temporary contraceptive methods with a failure rate of less than 1%. It's effectiveness is highlighted below:-

1. Highly effective (0.3-1) pregnancies per 100 women during the first year of use.
2. Rapidly effective (24 hours) if started by day 7 of the menstrual cycle.
3. Intermediate term method (2 or 3 months per injection).
4. Pelvic examination not required prior to use.
5. Does not interfere with intercourse
6. Does not effect, breast-feeding
7. Few side effects.
8. No supplies needed by client.
9. Can be provided by trained non-medical staff.
10. Contain no oestrogen.

Non-contraceptives benefits:-

1. It may decrease menstrual bleeding.
2. It may decrease menstrual cramps
3. It may improve anaemia
4. It may protect against endometrial cancer.
5. It also decreases benign breast disease.
6. It may give protection against a few causes of PID.

There are also few limitation of it, which are listed below:-

1. Causes change in menstrual bleeding pattern (irregularities-spotting initially) in most women.
2. Gain of weight (+2kg) is common specially with DMPA.
3. Does not prevent ectopic pregnancies.
4. Resupply should be available.
5. Do not protect against GITs and other STDs (e.g. HBV/HIVI/AIDS)
6. Must return for injections every 2 months (NET-EN) or 3 months (DMPA).
7. Return of fertility may be delayed for about 7 to 9 months on average discontinuation.

Timing

During the menstrual cycle, injectable contraceptives may be given at any time. However, it should be reasonably made sure that she is not pregnant. Optional times for giving the first injectable are:-

1. Day 1-7 of the menstrual cycle.
2. Anytime during menstrual cycle when it can be reasonably sure that she is not pregnant.
3. Postpartum (after 6 weeks if not breast-feeding; after 6 months if using LAM)
4. Post-abortion (immediately or within the first day).