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Federation of Obstetrics and Gynaecology Society (FOGSI) Position Statement on DMPA-SC

Background

Depot Medroxyprogesterone Acetate-subcutaneous (DMPA-SC) is transforming contraceptive access, use, and choice for women and adolescent girls[1]. Injectable contraceptives are an important option for preventing pregnancy, chosen by many women worldwide for their safe, longer-term, and effective protection, convenience, and privacy. Depot Medroxyprogesterone Acetate (DMPA) injectable 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.[2] The latest innovative iteration - DMPA-SC is helping health systems around the world expand access to modern contraceptives as, with the right training, it is easy to administer by health workers—and even clients themselves.[3]

Previously, injectable contraception involved an intramuscular (IM) injection of the progestin-only drug DMPA every three months. The new subcutaneous (SC) administration route is injected under the skin and uses a smaller needle size delivering 104 mg of medroxyprogesterone acetate per 0.65 ml, compared to 150 mg per 1 ml for DMPA-IM.[4] Both methods are equally effective in preventing pregnancy when used correctly and consistently. DMPA-SC offers the added advantage of potential self-administration by an individual (in countries where it is licensed to be done).

In Uganda, recent research highlighted that, in a select cohort, nearly 90% of women could competently self-inject three months after they received training to do so.[5] The research also reveals that most women, 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.[6]

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.[7] 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 prevention directly in their hands.

Draft FOGSI Statement

In line with WHO recommendations[8] 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.[9]
- It is a cost-effective, innovative injectable that opens contraceptive access and choice to women of all reproductive ages at the "last mile" and promotes women's empowerment and autonomy.[10]

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[1] DMPA-SC Resource Library (fpoptions.org). DMPA-SC Advocacy Pack. Retrieved from https://fpoptions.org/resource/advo-pack/
[2] 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
[3] PATH. How to Introduce and Scale Up Subcutaneous DMPA (Sayana Press): Practical Guidance from PATH Based on Lessons Learned During Pilot Introduction. Seattle: PATH; 2018. Retrieved from https://fpoptions.org/wp-content/uploads/PATH_DMPA-SC_practical_guidance_rev_2018.pdf
[4] 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
[5] 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
[6] 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
[7] DMPA-SC Resource Library (fpoptions.org). About DMPA-SC. Retrieved from https://fpoptions.org/about/
[8] 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
[9] Keith, B., Wood, S., Tifft, 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
[10] Di Giorgio, L. et al. Is contraceptive self-injection cost-effective compared to contraceptive injections from facility-based health workers? Evidence from Uganda. Contraception 98, 396–404 (2018). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6197841/

- It offers a discreet, user-friendly, and 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.[11]
- From learnings from other geographies, DMPA-SC, with minimal training required to use it properly, allows service providers, community health workers and pharmacists to provide injections, and even enables women to inject themselves.[12]
- 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 minimal training on usage.
- DMPA-SC has been rolled out in select districts and states by the Government of India. Scaling up this initiative across public and private sectors can enhance access to the expanded basket of contraceptives in India.

FOGSI recognizes DMPA-SC for its safety, effectiveness, reversibility, and user satisfaction. It has proved to be successful in empowering frontline healthcare workers and women themselves. This could potentially mean increased access and effective last mile use. Positive outcomes in continuation rates, can help increase modern contraceptive prevalence rate, including among young women and couples.[13] We need to harness its full potential through widespread implementation in India.[14]

[11] 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

[12] PATH. (September 2023) The Injectables Access Collaborative: Putting self-injectable contraception within reach. Retrieved from https://www.path.org/our-impact/articles/dmpa-sc-collaborative/#:~:text=Available%20in%20more%20than%2055,the%20public%20and%20private%20sectors.

[13] 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

[14] 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