ARTICLE INFO

**ABSTRACT**

**Background:** India is the second most populous country with the highest population density. For effective utilisation of resources, population control is essential. So contraception is inevitable in our country. The use of an appropriate contraceptive method with minimum side effects is the need of the hour. **Study design:** This is a retrospective study from patients at Government Rajaji hospital attached to Madurai medical college. Patient data is collected from department records and patients were called for follow up and assessment. A total of 300 women were included in the study over a period of 17 months from Jan 2018 to July 2019 and their follow up visits were noted.

**Key Words:** DMPA, Counselling, Contraceptive, Acceptance.

INTRODUCTION

Depot-medroxyprogesterone acetate, also referred to as DMPA, is a hormonal contraceptive, which is administered by intramuscular injection. DMPA has a high acceptability as it is provided as an injection every three months, which can be administered outside clinical facilities. It is also low cost and highly effective. It is a reversible method i.e., women’s chances of getting pregnant after stopping its use are no different from those who have not used DMPA. It can be used by women of any age or parity who is at risk of pregnancy. It does not affect the quantity or quality of breast milk in breast-feeding women. It can also be used in immediate post-partum in non-breast-feeding women and as post abortal contraception. It is a very effective and reversible method of contraception and fertility returns 7-10 months after last dose of the injection. Adequate pre administration counselling, reassurance and reminders for continuing the method is very important since side effects are the most important reason for discontinuation. So continuity of care can be maintained by home visits of community health care workers like ASHAs, ANMs, telephonic reminders and reassurance.

METHODS

A retrospective study was conducted in the department of obstetrics and gynaecology at a tertiary care centre hospital in Madurai. All eligible women were explained about the benefits and side effects of each method of contraception and DMPA and those women who chose injectable contraceptives were administered. Injection DMPA 150 mg intramuscularly was given within the first seven days of menstruation, either immediate post abortal or after 42 days of postpartum period. A total of 300 women were included in the study over a period of 17 months from Jan 2018 to July 2019 and their follow up visits were noted. The data collected has been represented as tables.

**RESULTS**

As per Table 1 most of the women in the study group were from the age group of 21-25 years.

<table>
<thead>
<tr>
<th>Age</th>
<th>No of women</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 Years</td>
<td>25</td>
<td>6.9%</td>
</tr>
<tr>
<td>21-25 Years</td>
<td>101</td>
<td>28.2%</td>
</tr>
<tr>
<td>26-30</td>
<td>62</td>
<td>17.3%</td>
</tr>
<tr>
<td>31-35</td>
<td>61</td>
<td>17.03%</td>
</tr>
<tr>
<td>&gt;36</td>
<td>51</td>
<td>14.24%</td>
</tr>
</tbody>
</table>

Table 2 describes the most common side effect was irregular bleeding /spotting which was seen in 33 % of women. Maximum drop out was after the second injection. 34 % of women had lost follow up after second dose, reasons being residence being located far away from our hospital and were continuing at a nearby primary health centre.

<table>
<thead>
<tr>
<th>Table 2. Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irregular bleeding</td>
</tr>
<tr>
<td>Weight gain</td>
</tr>
<tr>
<td>Amenorrhea</td>
</tr>
<tr>
<td>Nil complaints</td>
</tr>
</tbody>
</table>

**DISCUSSION**

DMPA was the first long acting reversible method of contraception. It is currently used by 47 million women

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DMPA is a very safe and effective method of contraception. The woman needs to take only one injection once in twelve weeks making it easier for her. The mechanism of action of DMPA is inhibition of ovulation altering cervical mucus, rendering the endometrium unsuitable for implantation. The main disadvantage of DMPA is the unpredictable effect on menstruation, the presentation of which is varied from irregular or prolonged vaginal bleeding. Therefore all women have to be adequately counselled and informed consent to be obtained. So women get apprehensive with their new onset of irregular cycles after starting a contraceptive method.

Women unsuitable for DMPA are,

1. Women who are planning pregnancy
2. Women with undiagnosed abnormal uterine bleeding

Advantages:

1. Highly effective
2. Minimal failure rate -0.2%
3. Unaffected by Liver enzyme inducing drugs
4. 47 % experience amenorrhoea which positively influences women with menorrhagia
5. protects against endometrial cancer, ovarian cancer and acute episodes of PID

Disadvantages:

1. Changes in menstrual cycle
2. Temporary delay in delay in delay of fertility after stopping treatment
3. Obese women are likely to gain weight with DMPA due to disturbances of insulin and glucose regulation
4. Temporary decrease in BMD during DMPA use, hence to be avoided in women at risk of osteoporosis.

DMPA us is not well defined in:

1. Women with Venous thromboembolism
2. Breast and cervical cancer- use is controversial
3. HIV acquisition- does not confer protection, hence use of condoms is advised.
4. Ischaemic heart disease and stroke- insufficient evidence

Hence in selected women DMPA has to be administered. Adequate pre admission counselling is important to reduce the drop outs as DMPA is very effective, safe and convenient method for selected population. As it does not interfere with lactation, it’s a good method of choice for lactating women too. Injection DMPA is made freely available in our institution under the name ANTARA along with IUCD, centchroman, condoms and OC pills. The drop outs can be reduced if reminders are given for follow up doses and by making it available extensively at Primary health centres.

Conclusion

DMPA is a long acting reversible method of injectable contraceptive, highly effective with a very low failure rate. With appropriate pre administration counselling, there will be minimum dropout rates and acceptable side effects. So DMPA as a method of contraception is recommended and should be available as a first line method to all women who require long acting reversible methods of contraception.

REFERENCES


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