



PROCEDURE

Depot Medroxyprogesterone Acetate (DMPA) Administration

Scope (Staff):	Registered Nurse, Clinical Nurse
Scope (Area):	Aboriginal Health Team (AHT)

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To provide guidance on the administration of the contraceptive depot medroxyprogesterone acetate.

Risk

Non-adherence to this procedure may result in possible harm to the woman's health or an unintended pregnancy.

Background

Depot medroxyprogesterone acetate (DMPA) is an injectable progesterone-only method of contraception which provides effective, three month long reversible contraception. DMPA works by preventing ovulation and causing the cervical mucus to thicken, which interferes with sperm penetration.¹ It is important to fully inform clients of the advantages, disadvantages and risks of using DMPA before administration. Informed consent is particularly important for this medication as it has historically been used in Aboriginal populations to cause infertility, without informing women of its purpose.²

This contraception is available to women accessing the Aboriginal Health Team (AHT) under the direction of the AHT Medical Officer (MO).

Key points

- All nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Nurses can administer subsequent DMPA doses after the initial dose has been administered by the Medical Officer.
 - Noting that CACH AHT Medical Officers align with guidance provided in the [CAHS Medication Safety policy](#) and information provided in the [Community Health Medication Safety Toolbox](#).
- Nurses must ensure that a written order for depo medroxyprogesterone acetate on the Medication Administration Chart (CHS 414) has been received from the Medical Officer (MO) or that a verbal order has been received in accordance with the AHT SASA.
- If it has been more than 14 weeks since the last injection, the client is to be referred to the MO for a review and a pregnancy test.
- Nurses are to record the injection on the Medication Administration Chart (CHS414) and in the Child Development Information System (CDIS).
- Nurses are to ensure clients are booked in for a review with the AHT Medical Officer at least every 12 months.
- Nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- Nurses are required to complete training specific to their role as per the [CACH Community Health Nursing Practice Frameworks](#).
- Nurses must follow the advice regarding storage of medications as per [Medication Management in the Aboriginal Health Team](#).

Equipment

- 150mg vial/mL of DMPA
- Intramuscular needle
- Syringe
- Sharps container
- EpiPen® 300 micrograms x 2

Process

Steps	Additional Information
<p>1. Identify client suitability for a follow up injection.</p>	
<p>1a. If previous injection was given at least 10 weeks ago and less than 14 weeks ago, proceed to Step 2.</p>	<ul style="list-style-type: none"> Injection may be given between 10 to 14 weeks.⁴
<p>1b. If more than 14 weeks have elapsed since the last injection, refer client to MO for review and pregnancy test.</p>	<ul style="list-style-type: none"> If pregnancy test negative, MO to review and order DMPA injection. Proceed to Step 2.
<p>2. Confirmation with MO</p> <ul style="list-style-type: none"> Ensure medication is ordered and required from the AHT MO. 	<ul style="list-style-type: none"> Confirm via email or phone with MO that IM DMPA injection is being given as per previously charted. Verbal orders must have an independent double check undertaken and be documented on the Medication Administration Chart (CHS 414). A double check must be conducted by another RN present in the clinic, or by emailing the directions to the MO for confirmation.
<p>3. Prior to administering medication:</p> <ul style="list-style-type: none"> Review the medication order on the Medication administration chart (CHS 414) and consider the <i>Six rights of safe medication administration</i>: <ul style="list-style-type: none"> o Right patient o Right medication o Right dose o Right time o Right route o Right documentation.⁵ 	<ul style="list-style-type: none"> Ask client if they have had any new health conditions or medications since the last injection. If there have been any new health conditions or medications since the last injection, the client must be referred back to the Medical Officer for review.
<p>4. Communication to client</p>	<ul style="list-style-type: none"> The most common side effect is irregular bleeding. Some women

Steps	Additional Information
<ul style="list-style-type: none"> Advise client to return for MO review if experiencing unwanted side effects. Advise client DMPA provides no protection against sexually transmitted infections (STIs). Advise client to return in 12 weeks when the next injection is due. 	<p>may experience side effects such as breast tenderness, acne, mood changes or a small amount of weight gain.^{4, 6}</p> <ul style="list-style-type: none"> Provide client with Sexual Health Quarters Contraceptive Injection client information sheet. Nurse to book client in for an annual review with the MO.
<p>5. Medication administration</p> <ul style="list-style-type: none"> Inject 150 mg/1mL of the DMPA deeply into the gluteal or deltoid muscle.⁶ 	<p>Shake medication well before use.⁶</p> <ul style="list-style-type: none"> The gluteal muscle in the buttock is the preferred site for IM DMPA administration. In women with large amounts of adipose tissue consider administering into the deltoid muscle of the upper arm. Do not rub after injection.
<p>6. Post-administration Monitoring</p> <ul style="list-style-type: none"> Observe patient for at least 15 minutes for signs of acute anaphylaxis. If an anaphylactic reaction occurs: <ul style="list-style-type: none"> Call an ambulance - dial 000 Administer first aid and adrenaline (epinephrine) auto-injector [Epipen® 300 micrograms] if required. <ul style="list-style-type: none"> If symptoms of acute anaphylaxis persist a second dosage can be given after 5 minutes. <i>Note: Epipen® 300 micrograms is for use in adults and children weighing greater than 30 kg only. Prior to administration always check expiry date and viewing window (solution should not be cloudy, coloured or contain sediment).</i> 	<ul style="list-style-type: none"> See CAHS Recognising and Responding to Acute Deterioration policy. Complete the CAHS Adverse Drug Reaction e-Form. If the incident meets the criteria for a clinical alert (specified in the Statewide Patient Alert Policy) the Community CACH Medication Safety Pharmacist should be notified by the nurse or MO. Report a clinical incident in DATIX CIMS.
<p>7. Communication to MO</p> <ul style="list-style-type: none"> Email or phone MO to advise of the most 	

Steps	Additional Information
recent date the injection was given.	
<p>8. Documentation</p> <ul style="list-style-type: none"> Nurse to record and sign the Medication Administration Chart (CHS 414) and file in client paper record and record in CDIS under the Mother's own CDIS client health record. Nurse to send information to MO to enable recording in MMEX/Genie software. Nurse to book appointment when next DMPA injection is due and write into the AHT base diary. 	<ul style="list-style-type: none"> Adult family members (of child Community Health clients) who are receiving health care services from the AHT MO must have a CDIS client health record created. Following administration of the medication, the medication administration chart must be signed immediately by the clinician who administered the dose. The medication administration chart must be filed in the AHT Multidisciplinary Clinic tab in the client's paper record, where it can be continued for future use.


Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations.

References
<ol style="list-style-type: none"> North Metropolitan Health Service. Clinical Practice Guideline - Contraception. Western Australia: Government of Western Australia; 2020. Faculty of Sexual and Reproductive Healthcare. Progestogen-only Injectable Contraception (Clinical Guidance): Royal College of Obstetricians and Gynecologists; 2020 [Available from: https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-injectables-dec-2014/]. Tatz C. Confronting Australian genocide. Aboriginal History. 2001;25:16-36. WA Primary Health Alliance (WAPHA). Contraceptive Injection Perth: WAPHA; 2021 [Available from: https://wa.communityhealthpathways.org/]. Hughes R. Patient safety and quality: An evidence-based handbook for nurses. Rockville, MD: Agency for Healthcare Research and Quality; 2008. The Society of Hospital Pharmacists of Australia (SHPA). Australian Injectable Drugs Handbook. 8th ed. Collingwood (Victoria): SHPA; 2022 [Available from: https://shpa.org.au/publications-resources/aidh].

Related internal policies, procedures and guidelines
The following documents can be accessed in the CAHS-Infection Control Manual
Hand Hygiene
Sharps Management
The following documents can be accessed in the CAHS-CH Operational Manual
Client identification
Consent for Services
Medication Management in the Aboriginal Health Team
The following documents can be accessed in the CAHS Policy Manual
Medication Safety
The following documents can be accessed in the PCH Pharmacy Manual
Medication Preparation, Checking and Administration
Related CAHS-CH resources
The following form can be accessed from the CAHS-Community Health Resources page on HealthPoint
Medication administration chart (CHS414)
Related external resources
Adrenaline Auto-Injectors Healthy WA
Sexual Health Quarters - <i>Contraception injection</i> client information

This document can be made available in alternative formats on request.

Document Owner:	Nurse Co-Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	19 September 2019	Last Reviewed:	05 January 2023
Amendment Dates:	29 January 2025	Next Review Date:	05 April 2026
Approved by:	Community Health Nursing Leadership Group	Date:	18 December 2024
	Community Health Medication Safety Committee	Date:	15 January 2025
Endorsed by:	A/Executive Director, Community Health	Date:	26 February 2025
Standards Applicable:	NSQHS Standards:  1.7, 1.8, 1.33, 2.10, 3.8a, 4.3, 5.3, 5.13, 6.6		

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Excellence
Collaboration
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