What it is
Depo-Provera (medroxyprogesterone acetate) is a birth control injection, or “shot” given every 12 weeks. It is made of synthetic progesterone and works by inhibiting monthly ovulation. Depo-Provera also causes the cervical mucous to thicken, making sperm less able to enter the uterus.

Depo-Provera is an extremely effective contraceptive option. In the first year of use, the probability of pregnancy is only 0.3% when shots are given on time. The effectiveness of Depo-Provera is greater than that of birth control pills largely due to a smaller risk of forgetting to use the method.

Is Depo-Provera right for you?
Advantages
Many women choose Depo-Provera because it:
• is very effective.
• permits sexual spontaneity.
• doesn’t require you to remember a pill every day.
• decreases, and in some cases eliminates menstrual cramping and bleeding.
• can prevent and treat endometriosis.
• does not contain estrogen and is thereby safe for women with medical contraindications to using estrogen.

Disadvantages
Some women who have used Depo-Provera have been concerned that it:
• requires them to go to a medical office every 12 weeks to receive an injection.
• does not offer any protection against sexually transmitted infections (STI) such as HPV, chlamydia, or HIV.
• can cause irregular or unpredictable bleeding, or “spotting.”
• can cause weight gain.
• is known to cause a reversible decrease in bone density over time.
• is not rapidly reversible.

Side Effects
Any medication can have side effects. Depo-Provera often causes irregular menstrual bleeding. Most women will experience a change in their menstrual cycles that is either irregular and unpredictable bleeding, or lack of bleeding entirely. During the first year of use 30 to 50% of women stop having periods. The menstrual effects of Depo may linger for as long as a year after stopping use.

Depo-Provera has been shown to decrease bone mineral density (BMD) during use. It appears BMD loss is at least partially reversible after stopping Depo. It is not clear if there is a risk for an increase in bone fractures after menopause in women who used Depo. For this reason, Depo is not recommended for use longer than 2 years unless no other contraceptive method is acceptable. Women who are using Depo should make an effort to decrease their risk factors for osteoporosis by not smoking, limiting alcohol use, getting at least 1,200mg of calcium in their diet every day (3-4 servings of a calcium containing food or drink), and having regular weight bearing exercise.

Other less common side effects of Depo are weight gain (about 5 pounds in one year), breast tenderness, headaches and mood changes.

Contraindications
Women with the following conditions should not use Depo:
• active hepatitis or liver disease
• history of heart attack or stroke
• unexplained vaginal bleeding
• breast cancer
• women desiring pregnancy within the next 18 months

Please note: The Depo package insert lists other conditions, such as blood clots, as contraindications to its use, because those are contraindications to most hormonal contraceptives (due to estrogen content). However the World Health Organization reports that progesterone-only methods are safe to use in women with such conditions, and therefore we do not list them as contraindications here.

Drug Interactions
Only Cytadren (a medication used in Cushing’s syndrome) interacts with Depo. Antibiotics and other medicines have shown no interaction.

How to get a Prescription for Depo
Schedule an appointment at Gannett by calling or 255-5155 or logging on to myGannett. Request a “Well Woman” visit if it is time for a pap smear and/or check-up. Request a contraception visit for just
birth control if you feel you don’t need a check-up, pap smear or STI testing. At your appointment the clinician will talk with you more about Depo and other contraceptive options.

**How to Use Depo**

It is best to get your first Depo shot within 5 days of the start of your period. If you are currently using another hormonal method, get your first shot during the placebo or ring/patch/pill free week. Return every 12 weeks for another shot. You can receive shots at Gannett or make arrangements with another medical provider if you will not be near campus when a shot is due.

If it has been more than 14 weeks since your last injection you are at risk for getting pregnant and should use another method of birth control until you receive another shot. You may want to consider emergency contraception (EC) for unprotected sexual activity if you are late getting your shot.

**Additional considerations**

No hormonal method of birth control protects against sexually transmitted infections (STIs), including HIV. Latex barriers (condoms, latex squares) are the best way to protect against STIs. Always use a latex barrier in addition to Depo if you and/or your partner have had other sex partners. Condoms, lubricants, and other sexual health products can be purchased at the Gannett Pharmacy.

**For more information**

The clinicians and sexual health nurses at Gannett can talk with you about any concerns you may have about Depo-Provera, other birth control methods, and/or reducing risks of STIs and/or testing. Request an appointment via phone (607 255-5155), online via myGannett or by visiting us during business hours.

Online, visit: [www.depoprovera.com](http://www.depoprovera.com)

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**Note:** This fact sheet is not intended to replace the package insert. Please refer to the package insert for more comprehensive information.