

GREEN HILLS COMMUNITY ACTION AGENCY/WOMEN'S HEALTH SERVICES

CONSENT FOR MEDROXYPROGESTERONE ACETATE (DMPA) CONTRACEPTIVE INJECTION

Read each section carefully and sign your initials after each statement to show that you have read, understand, and agree with each statement.

INITIALS

I have received a fact sheet containing information on the use, benefits, and risks of the DMPA contraceptive injection. _____

I understand that DMPA is given by an injection (shot) and that it has a hormone in it like the hormone progesterone, which is normally made by a woman's body. I understand that when I am using DMPA, the hormone lasts for about 12 weeks (3 months). _____

I understand that DMPA works by keeping eggs from being released from the ovaries, and by making the mucus from the cervix (the opening of the womb) thick so it is hard for sperm to get through it. _____

I understand that DMPA is more effective than oral contraceptives (the pill). I also understand if the DMPA injection is given within the first 7 days of my period, it will be effective within 24 hours. _____

I understand when I want to get pregnant it could take several months, or even up to a year or more to become pregnant. In a few cases, women have not been able to get pregnant at all, but it has never been proven to be a result of DMPA. _____

I understand that the advantages of the DMPA are: it is a very effective birth control method; it lasts about 12 weeks (3 months); there is no pill to take every day; there is nothing to do right before sex to make it work; it usually decreases menstrual flow and cramping; it may help decrease anemia. _____

I understand that I must not use DMPA if I am pregnant or think I might be pregnant. I have been told that although recent scientific studies have found no increased risk of birth defects in children whose mothers took this drug in the first four months of pregnancy, older studies did suggest birth defects could occur. _____

I also understand that I should not take DMPA if I have: serious liver disease; bleeding from the vagina that cannot be explained; known or suspected cancer of the breast; blood clots in the legs, lungs, or eyes. _____

I understand that I must also tell my clinician if I smoke or take any medications. I also know to tell my clinician if I have now, or have had before, any of the following: breast lumps, or a breast x-ray or mammogram that was not normal; diabetes; high cholesterol or blood fats; high blood pressure; gallbladder disease; heart disease; kidney disease; migraine headaches, asthma; depression; epilepsy (or if I am taking seizure medication); blood disease or blood clotting disease. _____

I understand that some possible problems or complications of using DMPA include; changes in periods, including more days than usual, spotting between periods or no periods, these changes are common, particularly in the first 6 months of use; cysts of the ovaries; pregnancy in the tubes (ectopic pregnancy), in the rare chance that pregnancy occurs. _____

I understand that I must call the clinic if I have problems while using DMPA. _____

I understand that some women may also have the following side effects with DMPA and other women may have none of these problems: headaches; nervousness; nausea; dizziness; skin rash; enlarged ovaries; infection, pain, or itching where DMPA has been injected; acne; change of appetite; weight gain; breast tenderness; hair loss or increased hair on the face or body; changes in the color of the skin. _____

I understand that the only medication that may make DMPA less effective is the anti-cancer drug called Cytaden (aminoglutethimide). _____

I understand that if I see a health care provider for any reason I should tell her/him that I am using DMPA. _____

I understand the danger signs to watch out for and report are: sharp or crushing chest pain or coughing blood; shortness of breath; unusual swelling or pain in the legs or arms; sudden severe headaches; eye problems such as blurry or double vision or loss of vision; feeling dizzy or faint; severe pain in the abdomen or stomach; yellowing of the skin or eyes; severe depression; heavy bleeding of the vagina; lump in the breast. _____

I have read through this fact sheet and understand that use, benefits, and risks of using DMPA contraceptive injection and I wish to receive the DMPA contraceptive injection.

YEAR ONE: Signature of Client _____ DATE: _____

YEAR ONE: Signature of Witness _____ DATE: _____

YEAR TWO: Signature of Client _____ DATE: _____

YEAR TWO: Signature of Witness _____ DATE: _____

YEAR THREE: Signature of Client _____ DATE: _____

YEAR THREE: Signature of Witness _____ DATE: _____

YEAR FOUR: Signature of Client _____ DATE: _____

YEAR FOUR: Signature of Witness _____ DATE: _____

YEAR FIVE: Signature of Client _____ DATE: _____

YEAR FIVE: Signature of Witness _____ DATE: _____