BrisDoc Patient care by people who care

NHS

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction

Administration of intramuscular (IM) medroxyprogesterone acetate (DMPA) injection in BrisDoc Healthcare Services

Version Number 3.0

Change history

Version and Date	Change details
Version 1 August 2020	New template
Version 1.1 November 2020	Minor rewording and highlighting of contents cautions section relating to individuals for whom pregnancy presents an unacceptable risk and those on a pregnancy prevention plan. Acute porphyria and hypertension with vascular disease added as exclusion criteria.
Version 2.0 April 2023	Updated template (no clinical changes to expired V1)
Version 2.1 September 2023	Reworded section on cervical and breast cancer risk, in line with updated FSRH guidance. Updated references.
Version 2.2 July 2024	Statement added regarding a suggested link between the prolonged use of medroxyprogesterone acetate and a small increased risk of intracranial meningioma in line with FSRH statement. Added exclusion of meningioma as per SPC. Updated references. Updated SLWG.
Version 2.3 May 2025	Updated contraindications and cautions in line with Sayana Press ® SmPC. Reworded to align DMPA PGDs by both routes.
Version 3.0 January 2026	Planned end of life review. Reflects changes in UKMEC (2025). Updated reference from FSRH to CoSRH. Minor rewording to align the RH PGDs content, and update terminology. Update SLWG and references.

Valid from: 01/08/2020
Review date: 27/01/2026

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PGD development group

Date PGD template comes into effect:	1st May 2026
Review date:	1st November 2028
Expiry date:	30th April 2029

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group (SLWG) in accordance with their Terms of Reference. It has been approved by the College of Sexual and Reproductive Health (CoSRH) College of Sexual and Reproductive Health (CoSRH) in January 2026

Note the working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD. The most up to date version of the template is available from the SPS national PGD, protocol and written instructions templates webpage.

This section MUST REMAIN when a PGD is adopted by an organisation.

Name or Role	Position
Alison Crompton	Community pharmacist
Bola Sotubo	NHS North East London ICB pharmacist
Carmel Lloyd	Royal College of Midwives (RCM)
Dr Cindy Farmer	Senior Vice President, Professional Learning and Development, College of Sexual and Reproductive Healthcare (CoSRH)
Clare Livingstone	Royal College of Midwives (RCM)
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Emma Anderson	Centre for Postgraduate Pharmacy Education (CPPE)
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Julia Hogan	Clinical Nurse Specialist
Kate Devonport	National Unplanned Pregnancy Association (NUPAS)
Kirsty Armstrong	National Pharmacy Integration Lead, NHS England
Lisa Knight	Community Health Services pharmacist
Michelle Jenkins	Clinical Nurse Specialist Sexual Health Blackpool Teaching Hospitals, and member of Courses and CPD Committee, College of Sexual and Reproductive Healthcare (CoSRH)
Portia Jackson	Lead Pharmacist iCaSH, Cambridgeshire Community Services
Rachel Logan	Senior Pharmacist, BPAS
Tanya Lane	CoSRH Registered Trainer MSI Reproductive Choices

Name or Role	Position
Jo Jenkins	Associate Director Medicines Governance, Medicines Use and Safety, Specialist Pharmacy Service
Kieran Reynolds	Advanced Specialist Pharmacist, Medicines Governance, Medicines Use and Safety, Specialist Pharmacy Service
Rosie Furner (Working Group Co-Ordinator)	Advanced Specialist Pharmacist, Medicines Governance, Medicines Use and Safety, Specialist Pharmacy Service
Sandra Wolper	Out of Hospital Care Lead, Medicines Use and Safety, Specialist Pharmacy Service

Organisational authorisations

Name	Job title and organisation	Signature	Date
Senior doctor	Medical Director		
Senior pharmacist	Lead Pharmacist		
Senior representative of professional group using the PGD	Director of Nursing, Allied Health Professionals and Governance		
Person signing on behalf of the authorising body as defined by NICE			

Characteristics of staff

The decision to administer any medicine rests with the individual registered practitioner who must abide by the PGD and any associated organisation policies.

Qualifications and professional registration	Current contract of employment within a Local Authority or NHS commissioned service or an NHS Trust/organisation. Registered healthcare professional (HCP) listed in The Human Medicines Regulation 2012, Schedule 16 Part 4 legislation as able to practice under Patient Group Directions.
Initial training	The registered HCP authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy. Suggested requirement for training would be successful completion of a relevant contraception module/course accredited or endorsed by the CoSRH, CPPE or a university or as advised in the RCN training directory. Individual has undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training - eLfH PGD elearning programme The healthcare professional has completed training and is up to date with service requirements/specification for safeguarding children and vulnerable adults.
Competency assessment	Registered healthcare professionals (HCPs) operating under this PGD must be assessed as competent (see Appendix A) or complete an appropriate self-declaration of competence for contraception administration Registered HCPs operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions
Ongoing training and competency	Registered HCPs operating under this PGD are personally responsible for ensuring they remain up to date with the use of the medicine included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising staff to act under the PGD and further training provided as required. Organisational PGD and/or medication training as required by employing Trust/ organisation

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Contraception
Criteria for inclusion	• Individual (age from menarche to 50 years) presenting for contraception. • Informed consent given.
Criteria for exclusion	• Informed consent not given. • Individuals under 16 years of age and assessed as not competent using Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent. • Established pregnancy. Note - risk of pregnancy with a negative pregnancy test is not an exclusion. • Known hypersensitivity to an active ingredient or to any constituent of the product – see the individual Summary of Product Characteristics which can be accessed on the EMC website • Unexplained vaginal bleeding suspicious of a serious medical condition present before commencing the method. • Acute porphyria • Metabolic bone disease • Post-partum (0 to <6 weeks) with other risk factors for venous thromboembolism (VTE) • Major surgery (initiation) NB: Major surgery includes major elective surgery (>30 minutes' duration) and all surgery on the legs, or surgery which involves prolonged immobilisation of a lower limb. • Known thrombogenic mutations (e.g. factor V Leiden, prothrombin mutation, protein S, protein C and antithrombin deficiencies) • Known chronic kidney disease (CKD) (all stages) • Positive antiphospholipid antibodies **Cardiovascular disease** • Current or past history of ischaemic heart disease, vascular disease, stroke or transient ischaemic attack.

	• Individuals with multiple risk factors for cardio-vascular disease (such as smoking, diabetes, hypertension, obesity (BMI>30kg/m^2) and dyslipidaemias) • Hypertension with vascular disease. • Active thromboembolic disease • History of VTE or current VTE (on anticoagulants) • Individuals with multiple risk factors (defined as more than one risk factor) for VTE are excluded. Clinical judgement should be applied and advice from a prescriber sought. Examples of VTE risk factors include (but not exclusively) ○ family history of VTE, ○ immobility, ○ BMI> 35kg/m^2, ○ superficial VTE, ○ ovarian and endometrial cancer, ○ inflammatory bowel disease, ○ sickle cell disease **Cancers** • Currently being treated or completed treatment for breast cancer • Malignant liver tumour (hepatocellular carcinoma) • History / diagnosis of meningioma. **Gastro-intestinal Conditions** • Severe hepatic impairment. • Known severe (decompensated) cirrhosis • Benign liver tumour (hepatocellular adenoma) **Interacting medicines –** – see current British National Formulary (BNF) or individual product SmPC which is available on the EMC website
Cautions including any relevant action to be taken	• If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. • If the individual is less than 13 years of age the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy. • Discuss with appropriate medical/independent non-medical prescriber any medical condition or

	medication of which the healthcare professional is unsure or uncertain • Individuals aged under 18 years, should not use IM DMPA first line for contraception because of its effect on bone mineral density. IM DMPA may be considered if all alternative contraceptive options are unsuitable or unacceptable. • Individuals of any age with significant lifestyle and/or medical risk factors for osteoporosis, other methods of contraception should be considered prior to use of IM DPMA – IM DMPA may be considered if all alternative contraceptive options are unsuitable or unacceptable. Significant risk factors for osteoporosis include: o Alcohol abuse and/or tobacco use o Chronic use of drugs that can reduce bone mass, e.g. anticonvulsants or corticosteroids o Low body mass index or eating disorder, e.g. anorexia nervosa or bulimia o Previous low trauma fracture o Family history of osteoporosis o CKD • Medication should not be re-administered pending examination if there is a sudden partial or complete loss of vision or if there is a sudden onset of proptosis, diplopia, or migraine. If examination reveals papilledema or retinal vascular lesions, medication should not be re-administered. • **Offer Long Acting Reversible Contraception (LARC) to all individuals in particular those with medical conditions for whom pregnancy presents an unacceptable risk and those on a pregnancy prevention plan.** • **If an individual is known to be taking a medication which is known to be harmful to pregnancy a highly effective form of contraception is recommended. Highly effective methods include the LARC methods: IUD and implant. If a LARC method is unacceptable/unsuitable and IM-DMPA is chosen then an additional barrier method of contraception is advised.. See CoSRH statement: Contraception for women using known teratogenic drugs (Feb 2018) FSRH.**

Actions to be taken if the individual is excluded or declines treatment	• Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for declining treatment in the consultation record. • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options.

Description of treatment

Name, form and strength of medicine	Medroxyprogesterone Acetate 150 mg in 1 mL Injection (vial/pre-filled syringe)
Legal category	POM
Route or method of administration	Intramuscular injection (IM) **Advice for administration:** • Follow manufacturers' guidance for administration • Shake the syringe/vial vigorously before administration. • Deep intramuscular injection into the gluteal (preferred) or deltoid muscle • Ensure that the full contents of the syringe/vial is administered • Do not massage the site after the administration of the injection.
Off label use	Best practice advice given by College of Sexual and Reproductive Healthcare (CoSRH) is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website This PGD includes inclusion criteria and dosage regimen which are outside the market authorisation for many of the available products but which are included within CoSRH guidance: • Can be administered after day 5 of a cycle • Can be administered between 10-14 weeks. Refer to CoSRH guidance for administration after 14 weeks. • Administration after five days postpartum if not breast feeding/before six weeks postpartum if breast feeding. CoSRH

	guidance supports the use of IM DMPA any time after childbirth for both breastfeeding and non-breastfeeding individuals (providing risk factors for VTE allow). Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where medicines have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence.
Dose and frequency of administration	• Single IM injection (150mg/1ml) on day 1-5 of the menstrual cycle with no need for additional protection. • IM DMPA can be started at any time after day 5 if it is reasonably certain that the individual is not pregnant. Additional precautions are then required for 7 days after starting and advise to have follow up pregnancy test at 21 days after last UPSI. • When starting or restarting IM DMPA as quick start after levonorgestrel emergency contraception, additional contraception is required for 7 days and follow up pregnancy test required no sooner than 3 weeks after most recent UPSI. • In line with CoSRH guidance, individuals should delay starting or restarting hormonal contraception for 5 days following use of ulipristal acetate for emergency contraception. Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised for a further 7 days and follow up pregnancy test required no sooner than 3 weeks after most recent UPSI.

	• Can be started any time after childbirth. If started after 21 days additional barrier method / abstinence required for 7 days. • IM DMPA dose should be repeated 13 weeks after the last injection. • If required a repeat injection can be given up to 14 weeks after the previous dose with no additional contraceptive precautions. • If required on an occasional basis, IM DMPA injection may be repeated as early as 10 weeks after the last injection. • If the interval from the preceding injection is greater than 14 weeks the injection may be administered/supplied - the professional administering the injection should refer to FSRH current guidelines- Progesterone only injectables for advice on the need for additional contraception and pregnancy testing. • For guidance on changing from one contraceptive method to another, and when to start after an abortion and postpartum, refer to CoSRH - Switching or Starting Methods of Contraception and CoSRH Clinical Guideline: Contraception after Pregnancy
Quantity to be supplied	Single dose is to be administered per episode of care.
Duration of treatment	For as long as individual requires IM DMPA and has no contraindications to its use. **Note** - In individuals of all ages, careful re-evaluation of the risks and benefits of treatment should be carried out in those who wish to continue use every 2 years. In particular, in individuals with significant lifestyle and/or medical risk factors for osteoporosis, other methods of contraception should be considered prior to use of IM DPMA – IM DMPA may be considered if all alternative contraceptive options are unsuitable or unacceptable. Significant risk factors for osteoporosis include: • Alcohol abuse and/or tobacco use • Chronic use of drugs that can reduce bone mass, e.g. anticonvulsants or corticosteroids

	• Low body mass index or eating disorder, e.g. anorexia nervosa or bulimia • Previous low trauma fracture • Family history of osteoporosis • CKD **If no risks are identified then it is safe to continue IM DMPA for longer than 2 years until the age of 50.**
Storage	Medicines must be stored securely according to national guidelines and in accordance with the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website
Drug interactions	The efficacy of IM DMPA is **not** reduced with concurrent use of enzyme-inducing drugs. All concomitant medications should be checked for interactions. A detailed list of drug interactions is included in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website or the BNF Refer also to FSRH CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022) | FSRH/ Refer to a prescriber if any concern of a clinically significant drug interaction.
Identification and management of adverse reactions	A detailed list of adverse reactions is included in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website or the BNF The following possible adverse effects are commonly reported with IM DMPA (but may not reflect all reported adverse effects): • Headache, dizziness • Disturbance of bleeding patterns • Changes in mood • Weight change • Breast tenderness • Loss of libido • Abdominal discomfort or distension, nausea • Alopecia, acne, rash • Genitourinary tract infection

	• A delay of up to 1 year in the return of fertility after discontinuation of IM or SC DMPA. • Association with a small loss of bone mineral density which is recovered after discontinuation of the injection The available evidence suggests a possible association between current or recent use of hormonal contraception (including progestogen-only injectables) and a small increase in risk of breast cancer; absolute risk remains very small. There is a weak association between cervical cancer and use of DMPA for 5 years or longer. Any increased risk appears to reduce with time after stopping and could be due to confounding factors. Individuals should be advised that evidence suggests a link between the prolonged use of medroxyprogesterone acetate and a small increased risk of intracranial meningioma requiring surgery.
Additional facilities and supplies	• Access to working telephone • Suitable waste disposal facilities • Immediate access to in-date anaphylaxis kit (IM adrenaline 1:1000)
Management of and reporting procedures for adverse reactions	• Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report via BrisDoc's Learning Event - Learning Events and Feedback – BrisDoc Healthcare Services • It is considered good practice to notify the individual's GP in the event of an adverse reaction.
Written information and further advice to be given to individual or carer	• Provide manufacturer's information leaflet (PIL) provided within the original pack. • Explain mode of action, side effects, risks and benefits of the medicine. • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs).

	• Ensure the individual has contact details of local service/sexual health services. • Advise there may be a delay of up to 1 year in the return of fertility after discontinuation of IM or SC DMPA.
Advice / Follow-up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • The individual should seek further advice if they have any concerns.

Records to be kept	• The consent of the individual and
	  ○ If individual is under 13 years of age record action taken
	  ○ If individual is under 16 years of age document capacity using Fraser guidelines.
	  ○ If individual is under 16 years of age and not competent, record action taken.
	  ○ If individual over 16 years of age and not competent, record action taken
	• If individual not treated under PGD record action taken
	• Name of individual, address, date of birth
	• GP contact details where appropriate
	• Relevant past and present medical history, including medication and family history.
	• Any known allergies
	• Name of registered health professional
	• Name of medication administered
	• Date of administration
	• Dose administered, and site of administration
	• Batch number and expiry date of administered product
	• Advice given, including if excluded or declines treatment
	• Individual has been advised on the date/s for next appointment as required

	• Details of any adverse drug reactions and actions taken • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Any referral arrangements made • Any administration outside the terms of the product marketing authorisation • Recorded that administration is via Patient Group Direction (PGD) Records should be signed and dated (or password-controlled e-records) and securely kept for a defined period in line with local policy. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. All records should be kept in line with NHS England Records Management Code of Practice. This includes individual data, master copies of the PGD and lists of authorised practitioners.

Key references (accessed December 2025)

- Electronic Medicines Compendium
- Current edition of British National Formulary
- NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017
- College of Sexual and Reproductive Health Clinical Guidance: Progestogen-only Injectable Contraception (December 2014, amended July 2023)
- College of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception – May 2022
- College of Sexual and Reproductive Health CEU Statement: Response to new study by Roland et al (2024). Use of progestogens and the risk of intracranial meningioma: national case-control study.
- College of Sexual and Reproductive Healthcare UK Medical Eligibility Criteria for Contraceptive Use (2025)
- College of Sexual and Reproductive Healthcare Clinical Guideline: Quick Starting Contraception (April 2017)

Appendix A - Registered health professional authorisation sheet

PGD Name/Version: DMPA Version 3.0 **Valid from:** 01/08/2020 **Expiry:** 27/01/2027

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it and agree with the following statement:

'I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.'

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practice only within the bounds of their own competence and professional code of conduct.

Name	Designation	Signature	Date

Authorising manager

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of BrisDoc Healthcare Services for the above-named health care professionals who have signed the PGD to work under it

Name	Designation	Signature	Date

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

Valid from: 01/08/2020
Review date: 27/01/2026

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.