What are progestin-only birth control shots?
Progestin-only shots, such as Depo Provera, contain the hormone progestin, which works to prevent pregnancy. Unlike other types of birth control shots, Depo Provera contains no estrogen. To prevent pregnancy, a shot is given every 12 weeks.

How does Depo Provera work?
Depo Provera contains a hormone that prevents the ovary from releasing an egg. Depo Provera is injected into the arm or buttock muscle (rear end), where it dissolves slowly and is released into the body over time.

Depo Provera works very well to prevent pregnancy. For every 100 women using Depo Provera, 3 women per year will get pregnant.

Depo Provera may not work as well to prevent pregnancy if you are also taking certain kinds of medication. Always let your healthcare provider know about any medications you are taking.

Who can use Depo Provera?
Women of any reproductive age can use Depo Provera, except women who:
- are pregnant;
- have had breast cancer;
- have a current history of blood clots;
- have a history of heart disease or stroke;
- have unexplained vaginal bleeding; or
- have liver tumors, active hepatitis, jaundice, or severe cirrhosis.

If you have a history of depression, talk to your healthcare provider. Depo Provera may not be right for you.

If you are a teen and you decide to use Depo Provera, we suggest that you to talk to your family about it.

What are the risks of using Depo Provera?
Use of Depo Provera may cause you to lose calcium stored in your bones. If you use Depo Provera for more than two years, the loss of calcium may increase your risk of osteoporosis and broken bones, particularly after you menopause. Calcium intake and exercise should be addressed if you are receiving Depo Provera.

What are the side effects of Depo Provera?
The most common side effects are changes to your periods. Although these changes are not always the same for every woman, almost all women who use Depo Provera experience some changes. Irregular bleeding and spotting are common during the first few months of use.
This usually gets better over time. However, after one year of use at least 50% of women do not get their periods. Other possible side effects include weight gain, headaches, breast tenderness, hair loss, and other effects such as loss of sexual desire, depression, and fatigue.

**Will Depo Provera hurt my chances of getting pregnant in the future?**
Birth control shots are not a permanent form of birth control, so you will be able to get pregnant when you stop getting the shots. Studies show that it may take an average of 9 to 10 months for a woman to get pregnant after she has had her last shot. This means that it may take longer to get pregnant after you stop using Depo Provera than if you had used another kind of birth control. A woman's ability to get pregnant after using Depo Provera depends on many things, including her ability to get pregnant before she used Depo Provera.

**Does Depo Provera protect against AIDS and STDs?**
Birth control shots do not protect against HIV, the virus that causes AIDS, or against sexually transmitted diseases (STDs). Women at risk of HIV/AIDS or STDs should use a female condom or a male latex condom in addition to Depo Provera to prevent disease. If you or your partner is allergic to latex, use polyurethane condoms. Your healthcare provider can help you decide if you are at risk of HIV/AIDS or STDs.

**How often do I need to get Depo Provera shots?**
Depo Provera shots should be given every 12 weeks. If you cannot keep your appointment for your next shot of Depo Provera, call your healthcare provider. If you are late getting a shot, you may need a pregnancy test before you get another shot.

**You should call the clinic to receive follow-up and counseling for:**
- severe headaches
- heavy bleeding
- depression
- severe pain in your lower abdomen
- infection or pain around the part of your body where you got your shot of Depo Provera.

If you have any questions about birth control shots, ask your healthcare provider.

I have read and understand the above information.

Patient Signature: ___________________________ Date: ________________

The client has been counseled, provided with the appropriate informational material, and understands the content of both.

Counselor/Provider signature: ___________________________ Date: ________________

Print counselor/provider name: ___________________________

Name of patient: _______________________ Date of Birth: _________ Chart #:_________

Interpreter: ____________________________________________

REQUEST FOR FOR PROGESTIN-ONLY BIRTH CONTROL SHOTS