Combined Injectables Fact Sheet

What are Injectable Contraceptives?
Injectable contraceptives are a highly effective, long-acting, reversible, and private method of contraception. They contain synthetic steroid hormones that are usually given by injection into the muscle of a woman’s hip, upper arm, or buttocks, which are then released slowly into the bloodstream from the injection site. Injectable contraceptives include combined injectables and progestin-only injectables (see Progestin-Only Injectables Fact Sheet).

What are Combined Injectables?
Combined injectables contain two hormones—progestin and estrogen—like the natural progesterone and estrogen in a woman’s body. Combined oral contraceptives (COCs) also contain these two types of hormones. (Progestin-only injectables contain only the progestin hormone.)

Combined injectables are also called monthly injectables, CICs, and the injection. One formulation of combined injectables contains medroxyprogesterone acetate (MPA) and estradiol cypionate; another formulation contains norethisterone enanthate (NET-EN) and estradiol valerate.

MPA/estradiol cypionate is marketed under the trade names Ciclofem, Ciclofemina, Cyclofem, Cyclo-Provera, Feminena, Lunella, Lunelle, Novafem, and others. NET-EN/estradiol valerate is marketed under the trade names Mesigyna and Norigynon.

How Do Combined Injectables Work?
Combined injectables work primarily by preventing ovulation (the release of eggs from the ovaries). They also thicken the cervical mucus, preventing sperm from penetrating into the uterus and fallopian tubes and meeting an egg, and suppress endometrial growth, making the uterine lining unsuitable for implantation of a fertilized egg.

Health Risks and Benefits
Long-term studies of combined injectables are limited, but most researchers expect that health benefits and risks are similar to those of COCs. Thus, it is expected that combined injectables will protect against endometrial cancer, ovarian cancer, and pelvic inflammatory disease. It is also expected that combined injectables may protect against ovarian cysts and iron-deficiency anemia and will reduce the following: menstrual cramps, menstrual bleeding problems, ovulation pain, excess hair on face or body, symptoms of polycystic ovarian syndrome, and symptoms of endometriosis. The potential health risks of combined injectables include: a very rare risk of blood
clot in deep veins of legs or lungs (deep vein thrombosis or pulmonary embolism) and an extremely rare risk of stroke and heart attack.

A key difference between combined injectables and COCs is that combined injectables do not pass through the liver first because they are not taken by mouth like COCs. Short-term studies have shown that combined injectables have less effect than COCs on blood pressure, blood clotting, the breakdown of fatty substances (lipid metabolism), and liver function.

Key Points

Effectiveness
- A highly effective contraceptive method with a typical pregnancy rate of about 3% during the first year of use (3 pregnancies per 100 women). In other words, 97 of every 100 women using injectables will not become pregnant during the first year of use. Effectiveness depends on returning on time for injections.

Frequency and Timing of Injections
- Women using combined injectables have an injection every month (12 times a year).
- Injections of combined injectables can be as much as seven days early or up to seven days late.

Return to Fertility
- Fertility returns after a woman stops using combined injectables. However, return to fertility is slightly delayed. Women take one month longer, on average, to become pregnant after stopping combined injectables than women who used methods other than injectables.

Side Effects
- Bleeding changes are common but not harmful. Bleeding changes are less common among users of combined injectables compared with users of progestin-only injectables. Most women have frequent, irregular or prolonged bleeding during the first three months of use, but most have regular bleeding patterns after one year of use. About 2% of users have no monthly bleeding after one year of use.
- Gradual weight gain is common. Some women gain an average of one kilogram per year. Some users lose weight or have no significant change in weight.
- Some women who use combined injectables report having headaches, dizziness, and breast tenderness.

Bone Density
- Loss of bone mineral density is not a concern with combined hormonal methods, including combined injectables.

Sexually Transmitted Infections (STIs) and HIV
- Injectable contraceptives do not prevent transmission of STIs, including HIV. Women at risk for STIs/HIV should also use condoms along with the injectables to prevent STI/HIV transmission.
- Injectable contraceptives are safe and effective for women who have HIV, including those who have AIDS and those taking most antiretroviral (ARV) medications.

Who Can Use Combined Injectables?
Nearly all women can use combined injectables safely and effectively, including women who:
- Have or have not had children
- Are not married
- Are of any age, including adolescents and women over 40 years of age
- Have just had an abortion or miscarriage
• Smoke any number of cigarettes daily and are under 35 years old
• Smoke fewer than 15 cigarettes daily and are over 35 years old
• Have anemia now or had anemia in the past
• Have varicose veins
• Have HIV or AIDS, regardless of whether they are taking anti-retroviral therapy. (Note that some anti-retroviral medications may reduce the effectiveness of combined hormonal contraceptives. See Medical Eligibility Criteria for more information.)

When Can a Woman Begin Using Combined Injectables?

No tests are necessary for a woman to begin using combined injectables. She can begin:
• Without a pelvic exam
• Without any blood tests or other routine laboratory tests
• Without cervical cancer screening
• Without a breast examination
• Even when she is not having monthly bleeding at the time, if it is reasonably certain a woman is not pregnant (see Pregnancy Checklist).