



Introduction

- **Depot medroxyprogesterone acetate 104mg** subcutaneous (DMPA-SC) is a highly effective injectable form of contraception, which can be safely self-injected at home.
- An urban family planning clinic in New Jersey implemented a self-administration pilot program.
- The **purpose of project** was to evaluate the DMPA-SC self-administration pilot program and create recommendations for quality improvement and program dissemination across health centers.

Background & Significance

- DMPA-SC self-administration has a role in reproductive autonomy
- Decreased contraceptive access is attributed to the high rate and costs associated with unintended pregnancy in the U.S.
- Decreased contraceptive access perpetuates racial and ethnic disparities.

Methodology

Pilot program was evaluated by using:

- Patient (N=3) and staff (N=4) **feedback surveys**
- **Retrospective chart review** (N=15) comparing in-clinic vs. self-administration DMPA-SC users
- **Cost analysis** of a self-administration program

Results

- **100%** of patients **successfully self-injected** and would **recommend self-administration to a friend**
- **66.7%** staff stated self-administration option would **improve workflow**
- The **self-administration group continued DMPA-SC at the same rate** ($x = 2.33$, $SD = .58$) **as the in-clinic administration group** ($x = 2.33$, $SD = 1.23$), mean (0.0) not statistically significant ($t = 0.0$ [16]; $p = 0.5$) (95% confidence: -1.57 and 1.12).
- Self-administration had **13.26% cost savings** and **8.61% cost benefit**

“A Depo-Provera self-administration option can increase contraceptive access, adherence, and convenience while increasing staff satisfaction and improving workflow.”



Discussion

- **High satisfaction** scores among patient feedback group.
- Patients can **comfortably self-inject at home**.
- Patients were adequately **prepared for self-injection**
- Staff were **satisfied with the pilot program**.
- Self-administration option can **improve workflow**.
- Self-administration users are **just as likely** to continue on DMPA-SC as in-clinic users.
- Previous **oral contraceptive and DMPA users** more likely to **choose a self-administration option**.
- A self-administration option can be **cost-effective** (annual self-administration cost: \$1,103.80 vs. annual in-clinic cost: \$1,272.53).

Implications

- Self-administration can increase contraceptive access and adherence.
- Can improve overall patient and staff satisfaction across healthcare settings.
- Can be expanded to telemedicine providers to increase convenience and autonomy.
- Can be a cost effective option for health care settings.

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References

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