

### Case Report: A Woman Using Progestin Injectable Contraception for 9 Years

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### ABSTRACT

Long-term use of progestin injectable contraception may increase the risk of menstrual disorders, decreased bone mineral density, reduced libido, and reduced quality of life. This study aimed to describe the midwifery care provided to a three-month progestin injectable contraceptive acceptor who had used the method for nine years. This study employed a case report design using a midwifery management approach with SOAP (Subjective, Objective, Assessment, and Plan) documentation. The client was a 42-year-old woman who had used three-month progestin injectable contraception for nine years because she no longer wished to become pregnant. She had previously used an implant, a one-month injectable contraceptive, and a three-month injectable contraceptive. Her body weight decreased from 58 kg to 55 kg while using the implant and returned to 58 kg after switching to injectable contraception. During the use of the three-month progestin injectable contraceptive, she experienced persistent amenorrhea. After receiving comprehensive midwifery care, including assessment, education, counseling, and evaluation, the client decided to switch to an intrauterine device (IUD) on June 29, 2026. Comprehensive midwifery care, including assessment, education, counseling, and evaluation, improved the client's understanding of selecting an appropriate contraceptive method based on her health condition, age, and mutual agreement with her husband.

**Keywords:** Progestin Injectable Contraception, Contraceptive Acceptor, Midwifery Care

### INTRODUCTION

Family planning is an important component of reproductive health services that enables women and couples to determine the number and spacing of pregnancies according to their reproductive goals. Contraceptive services are not limited to pregnancy prevention but also include counseling, monitoring, and evaluation to ensure that the selected contraceptive method remains appropriate for women's health conditions and reproductive needs. Three-month progestin injectable contraception, particularly depot medroxyprogesterone acetate (DMPA), is widely used because of its effectiveness, practicality, and three-month administration interval.<sup>(1,2)</sup>

In Indonesia, injectable contraception remains one of the commonly used contraceptive methods. The selection of injectable contraception may be influenced by convenience, effectiveness, previous contraceptive experience, partner support, and individual reproductive goals.<sup>(3,4)</sup> Women who perceive a contraceptive method as convenient and suitable for their needs may continue using it for an extended period. However, continued use should be accompanied by periodic assessment and counseling because contraceptive needs and reproductive goals may change over time.<sup>(2,5)</sup>

DMPA prevents pregnancy primarily through suppression of ovulation and changes in cervical mucus and the endometrium. These hormonal effects can produce changes in menstrual patterns, including spotting, irregular bleeding, reduced menstrual bleeding, and amenorrhea.<sup>(6,7)</sup> Studies concerning DMPA use have reported an association between the duration of injectable contraceptive use and menstrual disorders.<sup>(8,9)</sup> Amenorrhea is therefore an important aspect of counseling for DMPA users because women need to understand that the absence of menstruation may occur as a consequence of hormonal contraception and does not necessarily indicate a pathological condition.<sup>(2,6)</sup>

Long-term DMPA use also requires attention to potential side effects and other health considerations. Studies included in the LTA have described menstrual disturbances and other possible side effects among DMPA users, although their occurrence and severity may vary among individual users.<sup>(7,10,11)</sup> Therefore, counseling should provide balanced information rather than assuming that every woman who uses DMPA for a long period will

experience the same effects. Health education may include information regarding healthy nutritional intake, physical activity, calcium and vitamin D intake, and periodic health evaluation.<sup>(2,12)</sup>

Another important aspect of contraceptive care is reassessment of reproductive goals. Women who no longer wish to become pregnant may consider long-acting reversible contraceptive methods, including intrauterine devices (IUDs) and contraceptive implants.<sup>(13,14)</sup> The choice of contraceptive method should consider medical eligibility, reproductive goals, previous contraceptive experience, personal preferences, and the woman's understanding of available alternatives.<sup>(3,5)</sup> Counseling therefore has an important role in supporting informed contraceptive decision-making. Knowledge, previous experience, convenience, partner support, and perceived benefits and disadvantages may influence contraceptive selection and continuation.<sup>(3,13,15)</sup>

This case is clinically relevant because the client was a 42-year-old woman who had continuously used three-month progestin injectable contraception for approximately nine years. Before using DMPA, she had used an implant and one-month injectable contraception. During DMPA use, she experienced prolonged amenorrhea. She reported that she remained comfortable with the method because it was practical and she no longer intended to become pregnant. Her reproductive goal was therefore prevention of further pregnancy, but her knowledge regarding alternative long-acting contraceptive methods was still limited. The LTA documented that she had no major complaint interfering with daily activities and that her general condition was good.

The case became particularly relevant because the client's contraceptive decision changed following health education and individualized counseling. During the first visit, the client was still comfortable using DMPA and had not decided to change methods. At the second visit, counseling focused on long-term DMPA use, bone health, healthy lifestyle, and alternative long-acting contraceptive methods. At the third visit, the client demonstrated a firm decision to use an IUD and planned its insertion.

The final outcome of the care was the client's decision to discontinue three-month progestin injectable contraception after nine years and switch to an IUD, which was inserted on 29 June 2026. Therefore, this case report aimed to describe comprehensive midwifery care for a woman with long-term use of three-month progestin injectable contraception, including assessment, health education, contraceptive counseling, and follow-up, and to describe the role of individualized counseling in supporting an informed decision to change from DMPA to an IUD.

## METHODS

This study used a Case Report design with a descriptive approach to describe the provision of midwifery care to a 42-year-old woman who had used three-month progestin injectable contraception for approximately nine years. The case was documented using the SOAP approach, consisting of subjective data, objective data, assessment, and plan/intervention. The use of structured clinical documentation allowed the care process and changes in the client's contraceptive decision to be followed across visits.

The subject was one woman, Ny. D, aged 42 years, who had continuously used three-month progestin injectable contraception for approximately nine years. She had a previous history of contraceptive implant and one-month injectable contraception use. The client had no intention of becoming pregnant again and was selected because of the prolonged duration of DMPA use and the need for reassessment of contraceptive needs and available alternatives.

Data collection was conducted at the client's home and at PMB Ny. "L", Magetan Regency. Three main visits were conducted. The first visit was performed on 30 January 2026 and focused on anamnesis and assessment. The second visit was conducted on 29 March 2026 and focused on education regarding long-term DMPA use, bone health, healthy lifestyle, and long-acting contraceptive options. The third visit was conducted on 12 April 2026 and focused on evaluating the client's understanding and discussing the subsequent contraceptive plan.

Data were obtained through anamnesis, physical examination, observation, and documentation of the care process. Subjective data included reproductive history, contraceptive history, menstrual pattern, complaints, daily activities, and reproductive goals. Objective data included general condition, vital signs, anthropometric measurements, and physical examination findings.

The variables assessed in this case included duration of DMPA use, menstrual pattern, contraceptive-related complaints, general health condition, previous contraceptive history, reproductive goals, knowledge regarding long-term DMPA use, understanding of alternative contraceptive methods, and contraceptive decision-making following counseling.

Data were analyzed descriptively by comparing subjective and objective findings at each visit and interpreting the changes in the client's understanding and contraceptive decision. The results were presented

chronologically and compared with relevant literature regarding DMPA use, menstrual changes, contraceptive continuation, counseling, and contraceptive decision-making.

The client was informed about the purpose and procedures of the case report and was given the opportunity to accept or refuse participation without coercion. Written informed consent was obtained before data collection. The client's personal information was treated confidentially and used only for academic purposes.

## RESULTS

The client was a 42-year-old woman with one child aged 12 years. She had previously used an implant for approximately 1.5 years, followed by one-month injectable contraception and subsequently three-month progestin injectable contraception. At the time of the initial assessment, she had used DMPA for approximately nine years. She reported prolonged amenorrhea during DMPA use but did not consider it a major problem because she felt comfortable with the method and did not intend to become pregnant again.

Physical examination showed a good general condition and normal vital signs. Blood pressure was 110/70 mmHg, temperature 36.5°C, pulse 80 beats/minute, and respiratory rate 21 breaths/minute. Her body weight was 58 kg and height was 155 cm. No clinically significant abnormality was identified during the physical examination.

Table 1. Summary of the three visits

| Visit             | Date            | Main findings                                                                               | Intervention                                                                                                                    | Outcome                                                                  |
|-------------------|-----------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| I                 | 30 January 2026 | 42 years; DMPA use 9 years, prolonged amenorrhea, comfortable with DMPA, no major complaint | Assessment, explanation of amenorrhea, reproductive-health education, lifestyle advice, information about IUD/implant           | Client understood the information but remained comfortable with DMPA     |
| II                | 29 March 2026   | No major complaint, general condition good                                                  | Education regarding long-term DMPA use, bone health, calcium/vitamin D, physical activity, and counseling regarding IUD/implant | Client received and understood information regarding alternative methods |
| III               | 12 April 2026   | No major complaint, stable condition                                                        | Evaluation of understanding, reinforcement of IUD information, informed-choice counseling, planning of IUD insertion            | Client became firm in choosing IUD and planned insertion in June         |
| Follow up outcome | 29 June 2026    | DMPA discontinued                                                                           | IUD insertion                                                                                                                   | Client changed from DMPA to IUD                                          |

## DISCUSSION

The client had used DMPA continuously for approximately nine years and experienced prolonged amenorrhea. This finding is consistent with evidence that duration of DMPA use is associated with changes in menstrual patterns. Dwi Astuti *et al.* reported a relationship between the duration of DMPA use and menstrual disorders, while Venesia Manek *et al.* found a significant relationship between duration of DMPA use and amenorrhea.<sup>(6,8)</sup> Nurhayati *et al.* similarly reported an effect of longer DMPA use on menstrual-cycle disorders.<sup>(7)</sup> Mukaromah *et al.* also demonstrated a relationship between progestin injectable contraception and menstrual-cycle changes.<sup>(9)</sup> The client's prolonged amenorrhea therefore represents a finding that is compatible with the known menstrual effects of DMPA. However, the absence of menstruation in this case was not accompanied by a major complaint or impairment of daily activities. This emphasizes the importance of counseling that distinguishes expected contraceptive-related menstrual changes from pathological conditions.

The client's decision to continue DMPA for nine years was influenced by her previous experience and perception of convenience. She reported that the method was practical and that she did not plan another

pregnancy. This finding is consistent with studies indicating that contraceptive choice and continuation can be influenced by convenience, previous experience, knowledge, partner support, and perceived benefits.<sup>(3,15–17)</sup> Budu et al. demonstrated that contraceptive continuation is influenced by individual and demographic factors, emphasizing that continuation is a complex decision rather than being determined solely by contraceptive effectiveness.<sup>(18)</sup> Similarly, Efendi *et al.* reported a relationship between DMPA side effects and continuation of contraceptive use.<sup>(10)</sup> Thus, the client's prolonged continuation of DMPA may be understood in the context of her positive experience and absence of symptoms that she considered disruptive.

The care provided in this case did not immediately direct the client to discontinue DMPA. Instead, counseling was provided progressively. The client first received information about long-term DMPA use, amenorrhea, healthy lifestyle, bone health, and available contraceptive alternatives. This approach allowed the client to consider the information before making a decision. The role of counseling is supported by Wulansari and Sari, who found that family-planning counseling can improve knowledge and attitudes toward appropriate contraceptive selection.<sup>(19)</sup> Meiliza, Sartika Silaban, and Tuti Farida also identified knowledge, husband's support, and the role of health workers as factors associated with selection of three-month injectable contraception.<sup>(3)</sup> These findings support the approach used in this case, in which counseling was conducted as a process of information-sharing and decision support rather than as an instruction to change methods.

After receiving counseling, the client decided to change from DMPA to an IUD. This decision was consistent with her reproductive goal of avoiding another pregnancy and her preference for a method that did not require repeated three-month injections. The decision was made after the client had received information and demonstrated understanding of the available alternatives. The change in contraceptive method illustrates the importance of reassessing contraceptive needs over time. A method that has previously been acceptable may no longer be the most suitable option when reproductive goals, age, preferences, or information change. Manurung emphasized the importance of decision-making in the selection of long-term contraceptive methods.<sup>(13)</sup> Surbakti et al. likewise identified individual factors as important considerations in contraceptive selection.<sup>(20)</sup> The client's decision should therefore be interpreted as an informed choice, rather than as an indication that long-term DMPA use was necessarily inappropriate for every user.

The case demonstrates that midwifery care for long-term DMPA users should include more than routine administration of the next injection. Periodic reassessment, discussion of reproductive goals, education regarding expected menstrual changes and potential side effects, and presentation of alternative contraceptive methods are important components of patient-centered care. The Kemenkes RI training module emphasizes the role of health professionals in providing contraceptive services and counseling, while the Family Planning handbook provides practical guidance for contraceptive counseling and method selection.<sup>(1,2)</sup> The Indonesian Health Profile also provides national-level context regarding contraceptive services in Indonesia.<sup>(14)</sup> In this case, the progressive counseling approach enabled the client to move from being comfortable with her existing method to making an informed decision to change to an IUD. The outcome suggests that individualized counseling can support contraceptive decision-making without coercion.

The client had no major clinical complaints and physical examination findings were generally normal. Additional examinations such as pelvic examination, Pap smear, hemoglobin testing, or ultrasound should be performed based on clinical indications rather than routinely for every DMPA user. Relevant references in the LTA include guidance regarding pelvic examination, cervical screening, hemoglobin assessment, and imaging.<sup>(21,22)</sup> Because the client subsequently underwent IUD insertion, appropriate follow-up remains important to assess complaints such as pain, abnormal bleeding, abnormal vaginal discharge, or other symptoms after insertion. The present case report, however, is limited because long-term post-insertion follow-up was not available within the reporting period.

This case report involved only one client and therefore cannot be generalized to all long-term DMPA users. Furthermore, the post-IUD period was not followed for an extended duration. The report primarily describes the process of assessment, counseling, decision-making, and change of contraceptive method rather than measuring the clinical effectiveness of IUD use.

## CONCLUSION

Comprehensive midwifery care for a 42-year-old woman who had used three-month progestin injectable contraception for approximately nine years was conducted through assessment, health education, contraceptive counseling, monitoring, and evaluation. The client experienced prolonged amenorrhea during DMPA use but remained in good general condition and did not report major complaints interfering with daily activities.

Counseling focused on understanding amenorrhea, potential considerations of long-term DMPA use, healthy lifestyle practices, and alternative long-acting contraceptive methods.

Following the counseling process, the client developed a clear understanding of the available contraceptive options and decided to discontinue DMPA and switch to an IUD. The IUD was inserted on 29 June 2026. The case demonstrates the importance of continuous, individualized, and non-coercive contraceptive counseling in supporting informed contraceptive decision-making.

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### Competing Interests

All the authors declare that there are no conflicts of interest.

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