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**MEDICAL PRACTICE**

# Standard operating procedure

**Sayana ® Press (medroxyprogesterone Acetate)**

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1.2	Jodie Godfrey	21/09/21
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15/01/2025	****	15/01/2026

# Contents

**Sayana ® Press (medroxyprogesterone Acetate)** 104 mg/0.65 ml suspension for injection

## CONSIDER:

- Is the patient suitable for progesterone contraception?
- Assessing your patient's understanding to recall to administer every 13 weeks (+/- 1 week)
- Assessing competence/maturity of women to administer
- Appropriateness of using an injective device
- Patient under 18? consider Bone Mineral Density and Fraser competence
- Is the patient 40 years > consider switching. Consider Bone mineral density

## THINK:

- About contra-indications
- About managing your patient's expectations – eg. Return to fertility (up to one year), menstrual changes etc
- Safeguarding – Home storage of consumables and sharps, especially in young family households
- Re-evaluate use of this method of contraception after 2 years (osteoporosis assessment)

## DO:

- After assessment by clinician to assess eligibility of Sayana ® Press, demonstrate to your patient how the device works
- Observe competence of patient to self administer

## Sayana ® Press (medroxyprogesterone Acetate) 1.0

- Ensure they have access to patient checklist, patient information leaflet, purple lidded sharps bin and be aware of collection/disposal procedure.
- Re-inforce to patient may cause dimpling of the skin
- Remind patient that this injection will not protect them from STI's
- Provide verbal and written information (NICE 2014). This information should take into consideration their individual needs and should include: contraceptive efficacy, duration of use, risks and possible side effects, non- contraceptive benefits, the procedure for initiation and discontinuation, when to seek help while using the method.

<https://www.nice.org.uk/guidance/cg30/resources/surveillance-report-2017-longacting-reversible-contraception-2005-nice-guideline-cg30-4609152685/chapter/how-we-made-the-decision>

### THERAPEUTIC INDICATIONS:

Sayana ® Press is indicated for long-term female contraception. Each subcutaneous injection prevents ovulation and provides contraception for at least 13 weeks (+/- 1 week). However, it should be taken into consideration that the return to fertility (ovulation) may be delayed for up to one year.

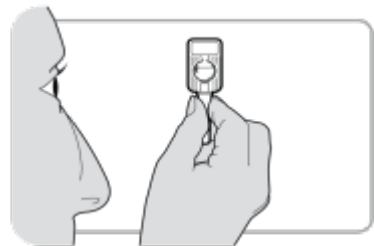
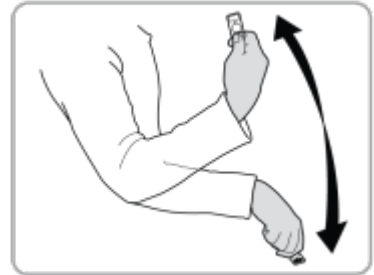
The Sayana ® Press, single-dose container should be at room temperature. It must be vigorously shaken just before use to ensure that the dose being given represents a uniform suspension. The contents are completely sealed inside the reservoir of the injector. The injector must be activated before use. The activation process pierces an internal seal so that the medicine can come out through the needle when the reservoir is squeezed. The liquid does not completely fill the reservoir. There is a small bubble of air above the liquid. The dose is administered as a subcutaneous injection (SC) into the anterior thigh or abdomen. When the injection is being given, the injector must be used with the needle downwards. This ensures that the full dose of liquid is delivered out through the needle. **The medication should be injected slowly for 5-7 seconds.**

## Sayana ® Press (medroxyprogesterone Acetate) 1.0

### Mixing the medicine

- Ensure that the SAYANA PRESS single-dose container is at **room temperature**.
- Hold the injector firmly by the port.
- Shake the injector vigorously for at least 30 seconds to mix the medicine.

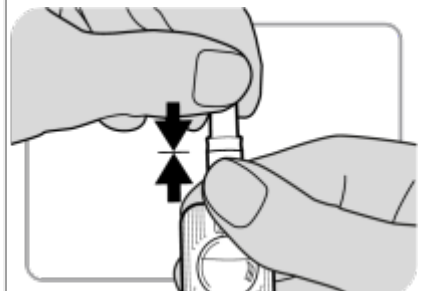
- The medicine should appear white and uniform. If it is not, discard the injector and use a new one.
- If you see liquid leaking out or any other problem, discard the injector and use a new one.
- If there is a delay before injecting, you must repeat the mixing step.



### Activating the injector

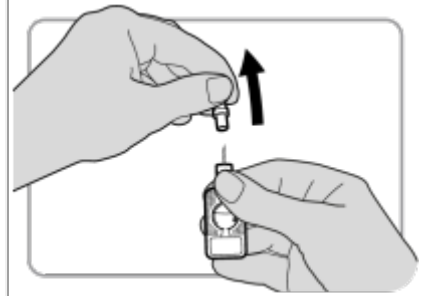
- Hold the injector firmly by the port, making sure the needle shield is pointing upwards. Take care not to squeeze the reservoir.
- Hold the needle shield with the other hand.

- Push the needle shield firmly towards the port until it will go no further. The injector is now activated.



## Sayana® Press (medroxyprogesterone Acetate) 1.0

- Pull the needle shield off, and discard it.



<https://www.medisa.com/medisa/> to order sharps and info leaflets

<C:\Users\liz.turner\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\14R8XPRR\Sayana Press Guideline 2018.doc>

[https://www.pfizerpro.co.uk/product/sayana-press/long-term-female-contraception/sayanar-press-overview#hcp\\_administration](https://www.pfizerpro.co.uk/product/sayana-press/long-term-female-contraception/sayanar-press-overview#hcp_administration)

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Patient Label

Tick as a statement of agreement and understanding

**Health Professional/Clinician**

- 
- I have assessed the likelihood of pregnancy
- The patient has consented to self administer
- The patient is aware of the possible side effects and when to seek medical advice
  
- I have completed a teaching session with the patient on how to self administer and I am confident in her ability to do so

**AND/OR**

- I have witnessed the patient self administration and I am confident In her ability to do so
  
- I have provided a purple lidded sharps bin and advised of local disposable arrangements

**Staff name** ..... **Signature**..... **Date**.....

**Patient**

- I understand that the injection can be given by my doctor or nurse or I can be taught how
- I have chosen to inject myself
  
- I understand that I need one injection every 13 weeks

**Sayana ® Press (medroxyprogesterone Acetate) 1.0**

The benefits of self administration of Sayana ® Press and the possible side effects have been explained to me

I will contact the surgery if I have any worries about injecting, particularly:

- Very painful or longer lasting reactions at the injection site
- If I am worried I may not have given the injection correctly
- If it has been more than 14 weeks since my last injection
- If I have changed my mind and don't want to give the injection myself
- Any other concerns I may have

I understand the need to keep my sharps bin in a safe place and return it to the practice when filled or needing a replacement

**Patient name** ..... **Signature** ..... **Date** .....

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## References

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## Version Control

Date	Version	Author	Change Details
21/09/21	1.0	K Brook	SOP created
Feb 2023	1.1	J Godfrey	Reviewed
July 2024	1.2	J Godfrey	Reviewed moved to new template