Contraception decision tree for female mammals: Ctrl+Click on product for product details

Anticipated breeding recommendation within 1-2 years?

Yes. Which taxon?

- Ungulates
  - Depo-Provera Injections
    - Dosage & frequency of injection vary by taxon
    - Not for use in equids
    - Variable time to reversal
  - MGA Implant
    - Requires surgery
    - Remove implant to speed reversal
    - Not for use in Perissodactyls or Suids
  - MGA Feed/Liquid*
    - Oral daily
    - Quick to reverse
    - Not for use in Perissodactyls
  - Regumate* Feed
    - Commonly used for Perissodactyls
  - Improvest Vaccine
    - Data on dosage/efficacy/safety limited to few species
    - Short-term use only to maximize reversibility

- Primates
  - Lactating?
    - Yes
      - Progestin-only BC Pills
        - No placebo week provides continuous suppression of estrous behavior
    - No
      - Leave implant in & watch for repro behaviors
  - Implant just expired, awaiting transfer (<6 months)?
    - Yes
      - Leave implant in & watch for repro behaviors
    - No
      - Depo-Provera Injections*
        - Requires surgery
        - Remove implant to speed reversal
        - Not for use in equids

- Carnivores
  - History of progestin use?
    - Yes
      - Megestrol Acetate/Ovaban
        - Oral daily
        - Quick to reverse
    - No
      - MGA Implant
        - Requires surgery
        - Remove implant to speed reversal

- Suprelorin Implant**
  - 4.7mg (6 month formulation) may be sufficient for seasonal breeders
  - Removal after 6 months – 1 year encouraged

- Miscellaneous Mammals
  - MGA Implant
    - Requires surgery
    - Commonly used in marsupials, bats, and rodents
  - Regumate Feed
    - Commonly used in marine mammals
  - MGA Liquid
    - Sometimes used in anteaters, aardvarks, and rodents
  - Depo-Provera injections
    - Commonly used in marine mammals, marsupials, and bats and rodents

*Used for long-term or seasonal contraception as well in some taxa.
**See page 2 for further details on suprelorin
This guide is meant to give you an idea of the most commonly used contraceptive options available and start discussion about which approaches might be desirable in your scenario. **This guide is NOT meant to substitute for consultation with the RMC and your veterinarian.** All approaches here are generally considered effective at preventing reproduction. As with all treatments, individual responses may vary but this chart outlines options that are recommended for various taxa in a majority of cases. The timeline from treatment to return of fertility varies across contraceptive options, species, and individuals. The RMC strongly recommends removal of contraceptive implants (i.e. Suprelorin or MGA) after use whenever possible to quicken the return to fertility. **Some approaches are not recommended for certain taxa and not recommended during pregnancy. This guide applies to mammals only.** Full details are available at [www.stlzoo.org/contraception](http://www.stlzoo.org/contraception) or contact us at contraception@stlzoo.org

Though it is not listed here, separation of the sexes is an option for consideration. However, any reproductive management technique that allows a female to continually experience reproductive cycles without producing offspring could contribute to fertility challenges later, particularly in mammals. Separation of the sexes, placing females with castrated or vasectomized males, and treating females with PZP exposes them to continual waves of ovarian activity and thus poses some risk to future fertility. All of these options except PZP will alter aspects of courtship and/or reproductive behavior. Some products will also eliminate secondary sexual characteristics in some species.

Permanent contraception (e.g. tubal ligation, ovariohysterectomy, [vasectomy & castration in males]) is also a possibility. However, in some taxa (e.g. male cervids) there may be complications that could result from loss of circulating reproductive hormones. Before sterilizing any animal in an SSP-managed population, contact the SSP coordinator first.