

C5.11 - CONTRACEPTIVE VAGINAL RING

Policy

This policy outlines the use of the Contraceptive vaginal ring, a flexible, transparent ring containing progesterone (etonogestrel) and estrogen (ethinyl estradiol). The ring is marketed as NuvaRing[®] or EluRyng[®]. The contraceptive ring is a polymeric ring that releases on average 0.12mg/day of etonogestrel and 0.015mg/day of ethinyl estradiol. The hormone is absorbed by the mucosal surfaces of the vagina.

Procedure

Mode of Action

The vaginal ring works by inhibiting ovulation and forming thickened cervical mucus that inhibits sperm mobility. The mechanism of action is the same as for combined hormonal contraceptive pills.

Effectiveness

Theoretical effectiveness 98%-99%.

Typical use effectiveness is likely 93%.

Indications for Use

Any individual who is a candidate for combination oral contraceptives may use the vaginal ring. See oral combined hormonal contraception above.

Contraindications for Use

Contraindications for use of the contraceptive vaginal ring are the same as those for oral contraceptives.

Advantages

- The same as for oral contraceptives.
- The vaginal ring only needs to be placed once per month, although hormone levels remain therapeutic for 35 days after insertion.
- The vaginal ring does not interfere with intercourse. It can be removed for up to 3 hours during intercourse, but then needs to be replaced.
- The client controls starting and stopping this method.
- The vaginal ring does not require a daily regimen.
- The vaginal ring is easily reversible.

Side Effects

- The same side effects as oral contraceptives.
- Vaginal infection and irritation.

Contraindications, Precautions and Drug Interactions

Contraindications are the same as for combined oral contraceptive pills.

Risks

Risks are the same as for combined oral contraceptive pills except for increased vaginal discharge and irritation.

Use

Insert one ring per cycle and leave for three weeks. Position in the vagina is not important. Quick start method may be used.

Initiate If:

1. No hormonal contraceptive used in the last month:
 - a. Begin on or before day 5 of the cycle. Insert even if not done bleeding.
 - b. Use back-up method until ring has been in place for 7 consecutive days.
2. Switching from combination oral contraceptives:
 - a. Insert ring on or before start of the new pill cycle and back-up method need not be used.
 - b. Use back-up method for 7 consecutive days if inserted after oral contraceptive restart day.
3. Switching from Progestin only method. Use a back-up method until ring has been in place for 7 days:
 - a. Progestin only pills – may insert the ring on any day. Do not skip any days between pills and insertion of the ring.
 - b. Insert on the same day as removal of the progestin implant.
 - c. Insert on the same day as removal of progestin containing IUD or IUS.
 - d. Insert prior to the 14th week or 98 days from last Depo-Provera injection. If inserted after the 14th week or 98th day, use a back-up method until ring has been in place for 7 consecutive days.

Deviations from Recommended Regimen

1. Inadvertent removal, expulsion – The ring may be rinsed with lukewarm (never hot) water and replaced in the vagina. A back-up method should be used until the ring has been in place for 7 consecutive days. NOTE: The ring may be removed for periods of up to 3 hours or less without losing effectiveness.
2. If the ring is in place for more than 3 weeks up to 4 weeks, remove and observe the ring-free week. If ring is in place for more than 4 weeks, pregnancy must be ruled out and another method used until the ring can be reinserted. A back-up method must be used until the ring has been in place for 7 consecutive days.
3. Extended cycle dosing can be used. This would mean keeping the ring in place for 4 weeks and then immediately replacing with a new ring in order to “skip” a withdrawal bleed.

In the Event of a Missed Menses

1. If the regimen has been adhered to, the ring may be inserted at the prescribed time.
2. If regimen has not been adhered to (ring out more than 3 hours or ring free period was extended), pregnancy should be considered.
3. If the regimen has not been adhered to and two consecutive menses have been missed, pregnancy must be ruled out.
4. If ring has been retained longer than 4 weeks, pregnancy should be ruled out.

Client Instructions

1. This method does not protect against STI/HIV.

2. Dispose of the ring in the foil pouch away from pets or children.
 3. Call the clinic or report to the ER if any of the following warning signs should occur:
 - A Abdominal Pain (severe)
 - C Chest Pain (shortness of breath)
 - H Headaches (severe)
 - E Eye Problems (blurred or loss of vision)
 - S Severe Leg Pain (calf or thigh)
 4. Discuss return of normal menses and fertility after discontinuation of method, especially with continuous cycle use.
 5. Implants, DMPA, POP, CHCs: Certain drugs to treat cystic fibrosis (e.g., lumacaftor) might reduce effectiveness of hormonal contraceptives, including oral, injectable, transdermal, and implantable contraceptives.
-

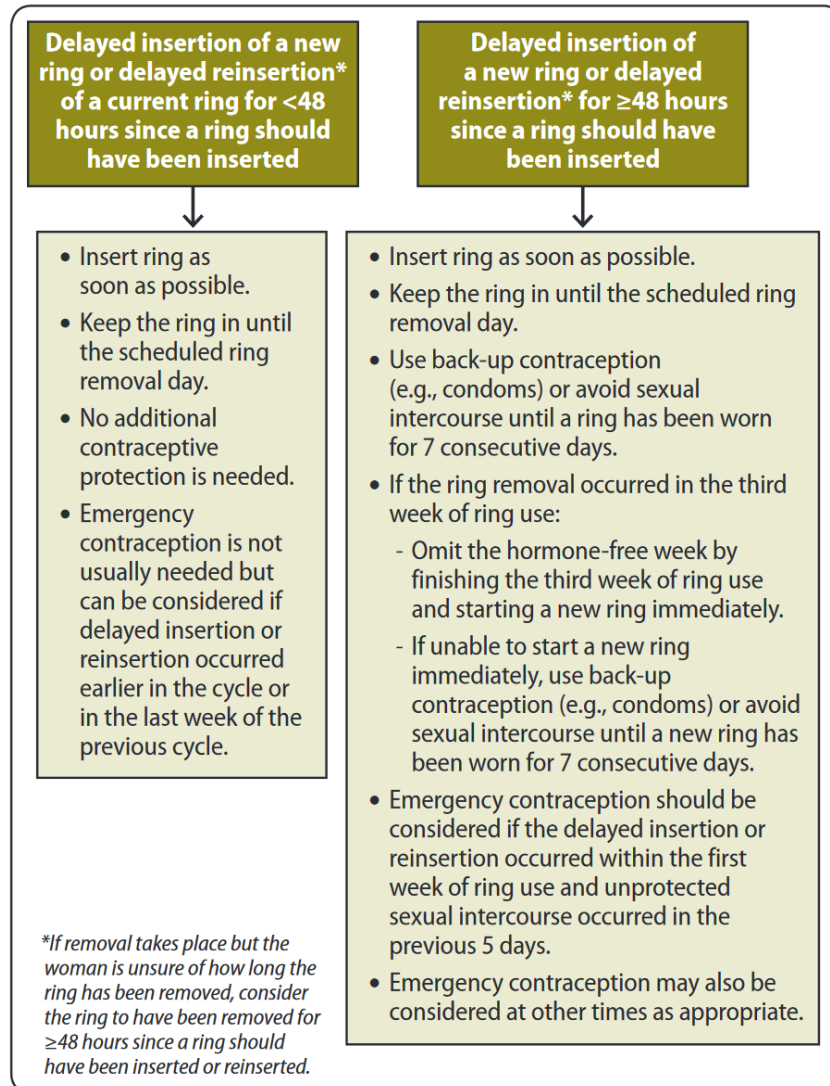
Fertility Return

Return to fertility after discontinuation reestablishes quickly. Immediate use of an alternative contraceptive is recommended after removal if the client is not seeking pregnancy. Encourage prenatal vitamin initiation at time of removal if not switching to a different highly or moderately effective contraceptive method.

Hormone Contraception and HIV

The CDC has affirmed the safe use of hormone contraception in individuals who are HIV-positive. Individuals with HIV should be strongly advised to always use condoms. There are no contra-indications to any hormonal contraceptive in HIV positive individuals. If using a progestin-only injectable contraceptive because of the inconclusive body of evidence on the possible increased risk for HIV acquisition.

Recommended Actions After Delayed Insertion or Reinsertion With Combined Vaginal Ring



Date Revised	September 2023
References	Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html
Additional Resources	Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use, 2020 https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf