**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

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| **Subject:** Vaginal Contraceptive Ring | **No.** |
| **Approved by:**  |  | **Effective Date:**  |
| **Revised Date:** January 2018, January 2019, January 2021**, October 2022** |
| **References:** U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC), 2016; U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR), 2016; Contraceptive Technology, 20th Ed |

**POLICY:** This Clinical Practice Standard follows the recommendations of the U.S. MEC, 2016; U.S. SPR, 2016; and Contraceptive Technology, 20th Ed.

**PURPOSE:** This Clinical Practice Standard provides direction for reproductive health clinics to assist clients in their use of the vaginal contraceptive ring.

The vaginal contraceptive ring is a soft, flexible, transparent ring made of ethylene vinyl acetate copolymer that releases hormones continuously. There are currently two FDA approved vaginal rings on the market -a monthly vaginal ring that releases 0.120 mg etonogestrel and 0.015 mg ethinyl estradiol per day (NuvaRing®, EluRyng®), and a yearly vaginal ring that releases 0.15 mg of segesterone acetate and 0.013 mg of ethinyl estradiol per day (Annovera®). The monthly contraceptive ring is designed to be placed vaginally once every 28 days. It is to be kept in place for 21 days and removed for a 7-day ring-free period to allow a withdrawal bleed. A new ring is used every 28 days. The monthly ring can also be used for an extended period with infrequent or no hormone-free days by leaving the ring inserted and replacing it every 28 days or on a monthly basis. The yearly vaginal contraceptive ring is designed to be placed vaginally for 21 days, removed for 7 days, and then reinserted. The same ring is used each month for 13 cycles. The yearly ring has not been studied for extended or continuous use.

Comparison between monthly and annual vaginal contraceptive ring:

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| --- | --- | --- |
|  | **monthly** | **yearly** |
| Progestin | Etongetrol 120mcg/day | Segesterone 150 mcg/day |
| Estrogen | EE 15 mcg/day | EE 15 mcg/day |
| Diameter  | 54 mm | 56 mm |
| Thickness | 4 mm | 8.4 mm |
| Lifespan | 1 cycle (replaced monthly) | 13 cycles (replaced annually) |

With typical use, approximately 9 out of 100 people who use the ring will become pregnant in the first year.

The vaginal contraceptive ring does not protect against sexually transmitted infections (STIs).

**STANDARD:**

1. (**insert AGENCY name**) MDs, NPs, PAs, DOs, and NDs may prescribe the vaginal contraceptive ring to any client who requests this method and has no U.S. MEC category 4 risk conditions.
2. (**insert AGENCY name**) RNs may dispense the vaginal contraceptive ring to any client who requests this method and has no U.S. MEC category 3 or 4 risk conditions. RNs may dispense the hormonal contraceptive ring to clients with U.S. MEC category 3 conditions only under a current written or verbal order from a prescribing provider.

**PROCEDURE:**

1. Follow [*Core Reproductive Health Services Clinical Practice Standard*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Core_RH.docx)
2. Follow the [U.S. MEC](https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/appendixd.html) guidelines to determine client eligibility for use of the ring:
3. RNs may initiate the client’s contraceptive method of choice as long as the client has no U.S. MEC category 3 or 4 risk conditions for its use.
4. If client has any MEC category 3 conditions, an NP, PA, DO, ND or MD *may* prescribe the method according to their clinical judgement, if requested by the client. Documentation must show that the client understands the risks of the method and finds other, lower-risk methods unacceptable. RNs may not dispense the method unless under explicit verbal order after discussing the client's case with the prescribing provider.
5. Clients requesting a method for which they have a category 4 risk condition, should be informed of lower risk options. If those are not desired, provider should consult with or refer to a GYN provider.
6. Each client will receive client instructions regarding warning signs, common side effects, risks, use of method, alternative methods, use of secondary method, and clinic follow-up schedule. Document the client’s education and understanding of the method of choice.

**PLAN:**

1. Initiation of the vaginal contraceptive ring:
2. The vaginal contraceptive ring can be initiated at any time if it is reasonably certain that the client is not pregnant.
* If started within the first 5 days since menstrual bleeding started, no additional contraceptive protection is needed.
* If the vaginal contraceptive ring is started > 5 days since menstrual bleeding started, the client needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
1. RNs may provide up to a 12-month supply of contraception under a standing order/protocol when initiating a method. RNs are allowed to dispense beyond the initial 12 months only if under a current prescription from the clinic’s prescribing provider.

With either ring, when the initial start of the method occurs within a visit with the NP, PA, or MD, the provider will write a prescription for up to 1-year supply and may dispense this amount depending on the client’s preference and anticipated use.

Evidence supports that an extended supply of contraception prevents breaks in use and unintended pregnancy. RNs and providers are encouraged to dispense a 12-month supply whenever possible.

1. Special considerations:
2. Amenorrhea (not postpartum):
* The vaginal contraceptive ring can be started at any time if it is reasonably certain the client is not pregnant.
* The client needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
1. Postpartum (breastfeeding):
* The vaginal contraceptive ring can be started when the client is medically eligible to use the method and if it is reasonably certain that the client is not pregnant.
	+ - * 1. Postpartum clients who are breastfeeding should not use the vaginal contraceptive ring during the first 3 weeks after delivery (category 4) because of concerns of increased risk for venous thromboembolism and generally should not use the vaginal contraceptive ring during the fourth week postpartum (category 3) because of concerns about potential effects on breastfeeding.
* If the client is < 6 months postpartum, amenorrheic, and fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥ 85 %] of feeds are breastfeeds), no additional contraceptive protection is needed.
* A client who is < 21 days postpartum, no additional contraceptive protection is needed.
* If the client is ≥ 21 days postpartum and has not experienced a menstrual cycle, the client will need to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
* If the client’s menstrual cycle has returned and it has been > 5 days since the menstrual bleeding started, the client will need to abstain from intercourse or use additional contraceptive protection for the next 7 days.
1. Postpartum (not breastfeeding):
* The vaginal contraceptive ring can be started when the client is medically eligible and if it is reasonably certain that the client is not pregnant.
	+ - * 1. Postpartum clients should not use the vaginal contraceptive ring during the first 3 weeks after delivery (category 4) because of concerns of increased risk for venous thromboembolism.
				2. Postpartum client with other risk factors for venous thromboembolism generally should not use the vaginal contraceptive ring 3-6 weeks after delivery (category 3).
* If a client is ≥ 21 days postpartum and has not experienced a menstrual cycle, the client will need to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
* If the client’s menstrual cycle has returned and it has been > 5 days since the menstrual bleeding started, the client will need to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
1. Post abortion (spontaneous or induced):
* The vaginal contraceptive ring can be started within the first 7 days after first or second trimester abortion, including immediately post abortion (category 1).
* The client needs to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days unless the vaginal contraceptive ring is started at the time of the surgical abortion.
1. Switching from another contraceptive method:
	* + - 1. The vaginal contraceptive ring can be started immediately if it is reasonably certain that the client is not pregnant. Waiting for the next menstrual period is not necessary.
* If it has been > 5 days since menstrual bleeding started, the client will need to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
	+ - * 1. Switching from an IUD/IUS:
* If the client has had sexual intercourse since the start of their current menstrual cycle and it has been > 5 days since menstrual bleeding started, theoretically, residual sperm might be in the genital tract. A healthcare provider may consider any of the following options:
1. Advise the client to retain the IUD/IUS for at least 7 days after the vaginal contraceptive ring is initiated and return for IUD/IUS removal;
2. Advise the client to abstain from sexual intercourse or use a barrier method for 7 days before removing the IUD/IUS and switching to the new method; advise the client to use ECPs at the time of IUD removal.
3. Vaginal contraceptive ring can be started immediately after of ECPs (with the exception of Ella®)
4. Vaginal contraceptive ring can be started no sooner than 5 days after use of Ella®)
	* + - 1. If uncertain whether the client might be pregnant, the benefits of starting the vaginal contraceptive ring likely exceed any risk; therefore, starting the vaginal contraceptive ring should be considered at any time, with a follow-up pregnancy test in 2-4 weeks.

**ROUTINE FOLLOW-UP:**

1. The recommendations listed below address when routine follow-up is needed for safe and effective continued use of contraception for healthy clients. Although routine follow-up is not necessary for the use of the vaginal contraceptive ring, recommendations might vary for different users and different situations. Specific populations such as adolescents, those with certain medical conditions or characteristics, and those with multiple conditions may benefit from more frequent follow-up visits.
2. Advise client to return at any time to discuss side effects or other problems or if the client wants to change the method being used.
3. At other routine visits, healthcare providers should do the following:
* Assess the client’s satisfaction with their contraceptive method and whether the client has any concerns about method use;
* Assess any changes in health status, including medications that would change the appropriateness of combined hormonal methods safe and effective use based on U.S. MEC;
* Assess blood pressure;
* Consider assessing weight changes and counsel clients who are concerned with any weight changes perceived due to contraceptive method; and
* Provide up to the maximum number of refills of the birth control method under a current prescription from (**insert AGENCY name**) prescribing provider.

Late or Missed Doses (see **Attachment 1**):

1. Recommendation after delayed insertion or reinsertion with vaginal contraceptive ring.
2. Delayed insertion of a new ring or delayed reinsertion of a current ring for < 48 hours since a ring should have been inserted:
* Insert ring as soon as possible;
* Keep the ring in until the scheduled ring removal day;
* No additional contraceptive protection is needed; and
* Emergency contraception is not usually needed but can be considered (with the exception of Ella®) if delayed insertion or reinsertion occurred earlier in the cycle or in the last week of the previous cycle.
1. Delayed insertion of a new ring or delayed reinsertion for ≥ 48 hours since a ring should have been inserted:
* Insert ring as soon as possible;
* Keep the ring in until the scheduled ring removal day;
* Use back-up contraception or avoid sexual intercourse until a ring has been worn for 7 consecutive days;
* If the ring removal occurred in the third week of ring use:
1. Omit the hormone-free week by finishing the third week of ring use and starting a new ring immediately.
2. If unable to start a new ring immediately, use back-up contraception or avoid sexual intercourse until a new ring has been worn for 7 consecutive days.
* Emergency contraception should be considered (with the exception of Ella®) if the delayed insertion or reinsertion occurred within the first week of ring use and unprotected sexual intercourse occurred in the previous 5 days.
* Emergency contraception may also be considered (with the exception of Ella®) at other times as appropriate.

Extended/Continuous Use of Vaginal Contraceptive Ring:

1. Extended contraceptive use is defined as a planned hormone-free interval after at least two contiguous cycles.
2. Continuous contraceptive use is defined as uninterrupted use of hormonal contraception without a hormone-free interval.
3. Annovera® has not been studied for extended or continuous use.
4. Before initiation of vaginal contraceptive rings, provide counseling about potential changes in bleeding patterns during extended or continuous use.
5. Unscheduled spotting or bleeding is common during the first 3-6 months of extended or continuous combined hormonal use. It is not harmful and typically decreases with continued use.
6. If clinically indicated, consider an underlying gynecological problem, such as inconsistent use, interactions with other medications, cigarette smoking, an STI, pregnancy, or new pathologic uterine conditions. Refer to the prescribing provider/PCP for evaluation.
7. If an underlying gynecological problem is not found and the client wants treatment, consider the following treatment option:
* Advise the client to discontinue combined hormonal contraceptive use for 3-4 consecutive days; a hormone-free interval is not recommended during the first 21 days of using the continuous or extended combined hormonal contraceptive method. A hormone-free interval also is not recommended more than once per month because contraceptive effectiveness might be reduced.
* If unscheduled spotting or bleeding persists and the client finds it unacceptable, counsel them on alternative contraceptive methods, and offer another method if it is desired.

**STOPPING THE VAGINAL CONTRACEPTIVE RING:**

1. Combined hormonal contraceptive may be stopped at any time.
2. Fertility will return rapidly following cessation of either ring.
3. If client does not want to be pregnant, advise the client to begin a new contraceptive method immediately.
4. If client desires to be pregnant:
5. Provide the client with preconception counseling, and
6. Advise the client to begin taking a daily prenatal vitamin with 0.4 to 0.8 milligrams of folic acid at least 30 days before trying to become pregnant.

**CLIENT EDUCATION:**

1. Provide client with instructions sheet on how to insert and remove a vaginal contraceptive ring. Leave a vaginal contraceptive ring in place for 3 weeks and then remove for 1 week. When using the monthly vaginal ring, discard the ring. When using the yearly vaginal ring, remove the ring and clean/dry/store as directed. Document the client’s education and understanding.
2. The monthly and yearly rings have distinct storage requirements.
3. Monthly vaginal ring:
* Advise client to store the vaginal contraceptive ring in the refrigerator (if possible: 36-46 degrees) in order for the vaginal contraceptive rings to last until the expiration date.
* Vaginal contraceptive rings stored at room temperature are good for 4 months. Instruct the client to throw the vaginal contraceptive rings away if rings stored at room temperature are not used after 4 months, or if expiration date has passed.
* Instruct client to avoid exposing vaginal contraceptive rings to direct sunlight; do not store above 86 degrees.
1. Yearly vaginal ring
* This method does not require refrigeration. After removal, wash the ring with mild soap and lukewarm water, pat it dry with a clean paper towel or cloth, and store it in the case provided. Store away from children, pets, and extreme temperatures.
1. Instruct client not to flush vaginal contraceptive ring down the toilet; dispose in a waste receptacle out of reach of children and pets.
2. Advise client that vaginal contraceptive rings may change their periods; client may have spotting or irregular bleeding for the first few months.
3. Advise client to call the clinic if they have any questions or concerns regarding birth control method.
4. Clients shall be informed that any signs or symptoms of complications should be reported to the clinic; if the clinic is not open, the client should call 911 or go to the emergency room.
5. Advise client of warning signs of ACHES (client should be informed to seek immediate care if any warning signs are noted):
6. Abdominal pain;
7. Chest pain;
8. Headaches;
9. Eye problems; or
10. Severe leg pain.

**REFERENCES:**

Centers for Disease Control and Prevention. 2016. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

Centers for Disease Control and Prevention. 2016. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf>

Nanda, K. 2011. Vaginal Contraceptive Ring, In Deborah Kowal (Ed) *Contraceptive Technology,* 20th Ed. Pg 355-365. Ardent Media: Atlanta, GA

**ATTACHMENT 1:**

**Recommended action after delayed insertion or reinsertion with vaginal contraceptive ring**

Delayed insertion of a new ring or delayed reinsertion of a current ring for <48 hours since a ring should have been inserted

Delayed insertion of a new ring or delayed reinsertion for >48 hours since a ring should have been inserted.

* Insert ring as soon as possible.
* Keep the ring in until the scheduled ring removal day.
* Use back-up contraception (e.g. condoms) or avoid sexual intercourse until a ring has been worn for 7 consecutive days.
* If the ring removal occurred in the third week of ring use:
	+ omit the hormone-free week by finishing the third week of ring use and starting a new ring immediately.
	+ If unable to start a new ring immediately, use back-up contraception (e.g. condoms) or avoid sexual intercourse until a new ring has been worn for 7 consecutive days.
* Emergency contraception should be considered (with the exception of Ella®) if the delayed insertion or reinsertion occurred within the first week of ring use and unprotected sexual intercourse occurred in the previous 5 days.
* Emergency contraception may also be considered (with the exception of Ella®) at other times as appropriate.
* Insert ring as soon as possible
* Keep the ring in until the scheduled ring removal day.
* No additional contraceptive protection is needed.
* Emergency contraception is not usually needed but can be considered (with the exception of Ella®) if delayed insertion or reinsertion earlier in the cycle or in the last week of the previous cycle.

**\***If removal takes place but the client is unsure of how long the ring has been removed, consider the ring to have been removed for ≥ 48 hours since a ring should have been inserted or reinserted.