

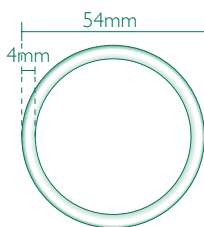
your guide to the contraceptive vaginal ring

Helping you choose the method
of contraception that's best for you



The contraceptive vaginal ring

The contraceptive vaginal ring is a flexible, transparent plastic ring. It's placed in the vagina where it steadily releases 2 hormones – oestrogen and progestogen. These are similar to the natural hormones produced by the ovaries.



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How effective is the vaginal ring?

If 100 sexually active women don't use any contraception, 80 to 90 will get pregnant in a year.

If the vaginal ring is always used perfectly, according to instructions, it's over 99% effective. This means that less than 1 in 100 people who use the ring perfectly will get pregnant in 1 year.

If the vaginal ring is not always used according to instructions, about 9 in 100 ring users will get pregnant in 1 year.

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How does the vaginal ring work?

The vaginal ring releases a continuous dose of hormones into the bloodstream through the vaginal wall.

It stops the ovaries from releasing an egg each month (ovulation). It also:

- thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg
- makes the lining of the uterus (womb) thinner so a fertilised egg is less likely to implant.

Where can I get the vaginal ring?

You can get the ring for **free** from a contraception or sexual health clinic, some GP surgeries and some young people's services.

In some areas of the UK, you can order the ring for **free** from an online sexual health service. They can send it by post and may offer a click and collect service. You usually need to be 16 or over.

All advice and treatment from these services is confidential.

You can also choose to **buy** the ring from online pharmacies or from private online services or clinics.

You don't need to have a vaginal or breast examination or cervical screening (smear test) when you're first prescribed the ring.

Can anyone use the vaginal ring?

Not everyone can use the vaginal ring so your doctor, nurse or online provider will need to ask you about your own and your family's medical history. Do mention any illnesses or operations you've had.

The ring **may** not be suitable if:

- you think you might be pregnant

- you smoke and are 35 years old or over
- you're 35 years old or over and stopped smoking less than a year ago
- you're very overweight, with a body mass index (BMI) of 35 or more
- you take certain medicines
- you're breastfeeding a baby less than 6 weeks old (see page 15).

The ring **may** not be suitable for you if you have now, or had in the past:

- thrombosis (blood clots) in any vein or artery or a member of your immediate family had thrombosis before they were 45 years old
- heart disease or a stroke
- systemic lupus erythematosus with positive antiphospholipid antibodies
- a heart abnormality or circulatory disease including hypertension (high blood pressure)
- migraine with aura
- breast cancer or you have a gene mutation that's associated with breast cancer
- active disease of the gall bladder or liver
- diabetes with complications.

The ring **may** not be suitable if you're:

- immobile for a long period of time or use a wheelchair
- at high altitude (more than 4,500m) for more than a week.

If you're healthy, don't smoke and there are no medical reasons for you not to use the vaginal ring, you can use it until you're 50 years old. You'll then need to change to another method of contraception.

What are the advantages?

Some of the advantages of the vaginal ring are:

- you don't have to think about it every day – 1 ring is used for 3 weeks
- it's easy to insert and remove
- unlike the pill, the hormones don't need to be absorbed by the gut, so the ring isn't affected if you vomit or have diarrhoea
- it usually makes your bleeds regular, lighter and less painful
- you can choose not to have a monthly bleed
- it may help with premenstrual symptoms
- it reduces the risk of cancer of the ovary, uterus and colon
- it improves acne in some people
- it may reduce menopausal symptoms
- it may reduce the risk of recurrent endometriosis after surgery
- it helps with problems associated with polycystic ovary syndrome (PCOS).

What are the disadvantages?

There are some serious possible side effects (see page 7, Are there any risks?). In addition:

- you may not feel comfortable inserting and removing the ring
- you may get temporary side effects at first, including increased vaginal discharge, headaches, nausea, breast tenderness and mood changes
- breakthrough bleeding and spotting (unexpected vaginal bleeding on days you're using the ring) may occur in the first few months of use
- it doesn't protect you from sexually transmitted infections, so you may need to use condoms too.

Are there any risks?

The vaginal ring can have some serious side effects. These aren't common but can happen to anyone. For most people, the benefits of the ring outweigh the possible risks. Your doctor, nurse or online provider will ask some questions to check whether you could be at higher risk.

- A very small number of ring users may develop venous thrombosis (a blood clot in a vein), arterial thrombosis (a blood clot in an artery), heart attack or stroke. If you've ever had a blood clot, don't use the vaginal ring.
- The risk of venous thrombosis is greatest if any of these apply to you: you smoke, are very overweight, have a thrombophilia (a tendency to blood clotting), are immobile for a long period of time or use a wheelchair, or a member of your immediate family had a venous thrombosis before they were 45 years old.
- There appears to be a slightly higher risk of venous thrombosis in vaginal ring users compared to those using some combined pills.
- The risk of arterial thrombosis is greatest if any of these apply to you: you smoke, have high blood pressure, are very overweight, have migraine with aura, or are diabetic.
- Research suggests users of the ring appear to have a small increased risk of being diagnosed with breast cancer compared to non-users of hormonal contraception. This risk reduces with time after stopping the ring and is undetectable 10 years later.
- Research suggests that there's a small increase in the risk of developing cervical cancer with longer use of oestrogen and progestogen hormonal contraception. This reduces over time after stopping the ring.

See a doctor straight away if you have any of the following:

- pain in the chest, including any sharp pain which is worse when you breathe in, breathlessness or coughing up blood
- painful swelling in your leg(s)
- weakness, numbness or bad 'pins and needles' in an arm or leg
- unusual headache or migraines that are worse than usual
- sudden problems with your speech or eyesight.

If you develop any new conditions, tell your doctor or nurse so they can check it's still safe for you to use the ring.

If you go into hospital for an operation or have an accident which affects the movement of your legs, tell the doctor you're using the vaginal ring. You may need to stop using the ring or need treatment to reduce the risk of thrombosis.

Will I put on weight if I use the ring?

Research hasn't shown that the vaginal ring causes weight gain. You may find your weight changes throughout your cycle due to fluid retention or other reasons not related to the ring.

When can I start to use the ring?

You can start the ring any time in your menstrual cycle if you're sure you're not pregnant.

If you start the ring:

- **on the first day of your period**, you'll be protected from pregnancy immediately
- **up to and including the fifth day of your period**, you'll be protected from pregnancy immediately; if you have a very short cycle or a cycle that changes, talk to your doctor, nurse or online provider about whether

you may need additional contraception at first

- **at any other time in your menstrual cycle**, you'll need to use additional contraception, such as condoms, or avoid sex for the first 7 days of using the ring.

How do I insert the vaginal ring?

Your doctor or nurse should advise you on how to insert and remove the ring.

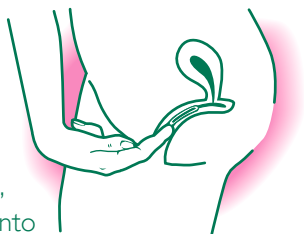
With clean hands, squeeze the ring between your thumb and finger and use one hand to insert it into your vagina. If necessary, spread your labia (vaginal lips) with your other hand. Push the ring into your vagina until it feels comfortable.



It doesn't need to cover your cervix (entrance to the uterus) to work.

How will I know the ring is in place?

The ring doesn't need to be in an exact position. Most ring users can't feel the ring. If you can feel it and it's uncomfortable, push it a little further into your vagina. You can check it's still there with your fingers.



There's no danger that the ring can get lost inside the vagina – it's stopped by the cervix.

If you're sure it's inside you but you can't feel it with your fingers, see a doctor or nurse.

How do I remove the ring?

Remove the ring by hooking a finger under it, or grasping it between your thumb and finger, and gently pulling it out.

If you have pain or bleeding when trying to remove the ring, or can't remove it, tell your doctor or nurse immediately.



How do I use the vaginal ring?

There are different ways to use the vaginal ring. The ring is designed to give you a withdrawal bleed once a month. A withdrawal bleed isn't the same as your period. It's caused by you not getting hormones during a ring-free break. Ring instructions tell you to take a 7-day ring-free break but you can have a shorter break or miss it and not have a withdrawal bleed (see page 14).

Missing or shortening the ring-free break could help you if you get heavy or painful bleeding, headaches or mood swings on ring-free days.

The riskiest time to forget your ring is just before or after the ring-free break. You're more at risk of pregnancy so taking a shorter break or missing a break could make this less risky.

You can use the ring in the following ways.

- **Leave the vaginal ring in for 21 days then remove it and wait for 4 or 7 days.** This is called a ring cycle and has been the standard way to use the ring. You'll usually have a withdrawal bleed during the ring-free break. Start using the ring again on the fifth or eighth day, even if you're still bleeding.
- **Leave the vaginal ring in for 21 days then remove it and insert a new ring**

- immediately. Leave this in for another 21 days. Remove it and insert a new ring immediately. Leave this in for another 21 days. Remove it and wait 4 or 7 days before inserting a new ring.** This is called extended use or tricycling. You'll usually have a withdrawal bleed during the ring-free break. Start using the ring again on the fifth or eighth day even if you're still bleeding.
- **Leave the vaginal ring in for 21 days. Remove it and insert a new ring immediately. Continue changing to a new ring every 21 days, with no breaks.** This is called continuous ring use. You won't have a withdrawal bleed but you may still get some bleeding which may be occasional or more frequent. Any bleeding you get is likely to reduce over time if you keep using the ring continuously.
 - **Leave the vaginal ring in for 21 days. Remove it and insert a new ring immediately. Continue changing to a new ring every 21 days. If you get bleeding that's unacceptable to you for 3–4 days then have a 4-day ring-free break.** This is called flexible extended use. Insert a new ring on the fifth day even if you're still bleeding. This can help manage the bleeding. After the ring has been in for 21 days, either change to a new ring or have another ring-free break.

You can use the ring continuously without a break for as long as you like, as long as your doctor, nurse or online provider doesn't advise you to stop.

Used vaginal rings can be put into the disposal sachet provided and put in the bin. They must not be flushed down the toilet.

What if I haven't used the ring correctly?

I'm late restarting after a ring-free break

LESS THAN 8 full days since you removed your last ring.

Insert a new ring now.

Continue using the ring as normal.

8 OR MORE full days since you removed your last ring.

Insert a new ring now. Keep this ring in until the day you usually change it. Use condoms or avoid sex for the next 7 days.

Up to 48 hours since ring came out (and it's not a planned break)

Insert the ring as soon as possible and keep it in until the day you usually change it.

48 hours or more since ring came out (and it's not a planned break)

Insert the ring as soon as possible and keep it in until the day you usually change it.

If you're due to start a ring-free break in the next 7 days, **don't take it.**

Use condoms or avoid sex until you've had a ring in place for 7 days in a row.

I've left a ring in for too long (longer than 21 days – what to do now depends on how long the ring's been in)

Ring's been in for 28 days or less: Take your planned ring-free break OR insert a new ring now if you don't want a break.

More than 4 weeks and up to 5 weeks: Insert a new ring now. Use condoms or avoid sex until the ring's been in place for 7 days in a row. **If you're due to start a ring-free break, don't take it.**

More than 5 weeks: Insert a new ring now. Use condoms or avoid sex until the ring's been in place for 7 days in a row. **If you're due to start a ring-free break, don't take it.**

You may need emergency contraception and a follow-up pregnancy test if you had unprotected sex in or after the ring-free break.

Talk to a doctor, nurse or pharmacist as soon as possible.

If you're in the first week after a ring-free break, you don't need additional or emergency contraception (EC), as long as you've used the ring correctly every day so far this week **and** in the week before the ring-free break.

If you're in any other week, you don't need additional contraception or EC as long as you've used the ring correctly for the previous 7 days.

You may need emergency contraception (EC) now and a pregnancy test in 3 weeks if:

- you're in the first week after a ring-free break **and**
- you had unprotected sex this week **OR** in the break.

If you're in any other week, you don't need EC as long as you've used the ring correctly for the previous 7 days.

You don't need additional or emergency contraception as long as the ring was continuously in place after day 21.

You don't need emergency contraception as long as the ring was continuously in place for the last 7 days.

You may need emergency contraception now and may need a pregnancy test now or in 3 weeks if you had unprotected sex during week 5 or later.

Am I protected from pregnancy during the ring-free break?

Yes. You're protected if:

- you used the vaginal ring according to instructions during the last 21 days **and**
- you start the next ring cycle on time **and**
- you're not taking medicines that'll affect the ring (see page 15).

Can I miss out a withdrawal bleed?

Yes. This isn't harmful. There are no known benefits to withdrawal bleeds and no known risks to missing them. There's no need to have a withdrawal bleed unless you want one (see page 10, How do I use the vaginal ring?).

Sometimes you do still get bleeding. This is nothing to worry about. If you've used the ring correctly, you'll still be protected from pregnancy.

Will I, or a partner, be able to feel the vaginal ring during sex?

Occasionally, you or a partner might be able to feel the ring during sex. This isn't uncomfortable or unpleasant for most people. The ring isn't likely to affect or harm your partner.

Can I use a tampon or menstrual cup on days I'm using the vaginal ring?

Yes. It's safe to use tampons or a menstrual cup while the ring is in place.

Can the ring fall out of my vagina?

The muscles of your vagina hold the ring in place. Occasionally, the ring may come out of your vagina (expulsion), for example if it wasn't inserted properly, during sex or a bowel movement, or while removing a tampon. If this happens often you may want to consider another method of contraception.

What if the ring breaks inside me?

This is very rare and unlikely to affect how the ring works. It won't harm you. Remove the broken ring and insert a new one as soon as possible. Continue with the cycle that you were on.

If I take other medicines, will it affect the vaginal ring?

If you're given medicines by a doctor, nurse or hospital, always say you're using the vaginal ring.

Commonly used antibiotics don't affect the vaginal ring. Medicines such as some of those used to treat epilepsy, HIV and TB, and the herbal medicine St John's Wort may make the ring less effective. These are called enzyme-inducers. If you take these medicines, talk to your doctor or nurse about how to use the vaginal ring – you may need to use a different method of contraception.

Treatments for thrush don't affect the effectiveness of the vaginal ring.

I've just had a baby. Can I use the vaginal ring?

If you feel comfortable, you can usually start to use the vaginal ring 21 days after you give birth, if you're not breastfeeding. Starting on day 21, you'll be protected from pregnancy straight away. If you start later than day 21, use additional

contraception or avoid sex for the first 7 days.

If you're breastfeeding a baby less than 6 weeks old, the ring may affect your milk production. It's usually recommended to use a different method of contraception until 6 weeks after the birth.

Can I use the vaginal ring after a miscarriage or abortion?

You can start using the vaginal ring straight after a miscarriage or abortion. You'll be protected from pregnancy straight away.

What if I want to change to another method of contraception?

It's easy to change from the vaginal ring to another method of contraception. Get advice from your doctor or nurse. You may need to miss out the ring-free break or use additional contraception for a short time.

I'm bleeding on days I'm using the vaginal ring, what should I do?

Bleeding is very common when you first start using the ring and isn't usually anything to worry about. It may take up to 3 months to settle down. It's very important to keep using the ring according to instructions, even if the bleeding is as heavy as a withdrawal bleed. If you're using the ring continuously it's normal to get some bleeding (see page 10, How do I use the vaginal ring?).

Bleeding may also be caused by not using the ring correctly or by a sexually transmitted infection.

If it doesn't settle down or starts after you've used the ring for some time, seek advice.

I didn't bleed in my ring-free break – am I pregnant?

If you used the ring according to instructions and haven't taken any medicines that might've affected the ring (see page 15), then it's very unlikely you're pregnant. Start your next ring cycle at the right time. If you're worried, ask your doctor or nurse for advice or do a pregnancy test. Using the ring doesn't affect a pregnancy test.

Always take a test or speak to a health professional if you miss more than one expected bleed. If you do get pregnant, available evidence suggests that using the ring won't harm the fetus.

What if I want to stop using the ring or try to get pregnant?

Ideally, it's easier if you stop using the vaginal ring at the end of a ring cycle. If you don't want to wait, ask your doctor or nurse for advice because you can risk getting pregnant if you've had sex recently.

If you don't want to get pregnant, use another method of contraception as soon as you stop using the ring. When you stop using the ring your fertility will return to whatever's normal for you. Don't worry if your periods don't start immediately. For some people it can take a few months.

If you want to try for a baby, you can start pre-pregnancy care such as taking folic acid and stopping smoking before you stop using the ring.

You can start trying to get pregnant as soon as you stop using the ring if you want to. You can also choose to wait until you've had one natural period. This will make it easier to work out when you got pregnant.

Should I give my body a break from the vaginal ring every few years?

No. You don't need to take a break because the hormones don't build up. There are no known benefits to your health or fertility from taking a break.

How often do I need a check-up?

When you start using the vaginal ring or get new supplies, your doctor or nurse will advise you when to get your next check-up. Your medical history, blood pressure and weight need to be checked at least once a year while you're using the ring. It's important to get advice sooner than this if you have problems with the ring, develop new health problems or want to change to a different method of contraception.

How do I find out about contraception services?

The Sexual Health Helpline provides confidential advice and information on all aspects of sexual health. The number is **0300 123 7123**. It's open Monday to Friday from 9am-8pm and at weekends from 11am-4pm.

For more information on sexual health visit www.sexwise.org.uk

Information for young people can be found at www.brook.org.uk

You can find details of sexual health clinics and services and details of GP surgeries and pharmacies on these websites:

- England, www.nhs.uk
- Wales, 111.wales.nhs.uk
- Scotland, www.nhsinform.scot
- Northern Ireland, www.sexualhealthni.info and online.hscni.net

Emergency contraception

If you've had sex without contraception, or think your method might've failed, you can use emergency contraception. An intrauterine device (IUD) is the most effective option. Some people will get pregnant even when they take emergency pills correctly.

- An emergency IUD (copper coil) can be fitted up to 5 days after sex, or up to 5 days after the earliest time you could've ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate (UPA) can be taken up to 5 days (120 hours) after sex.
- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to 3 days (72 hours) after sex.

Emergency pills are available for free with a prescription or to buy from a pharmacy.

Try and get emergency contraception as soon as possible after unprotected sex.

Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections (STIs).

Condoms and internal condoms (also known as female condoms), used correctly and consistently, can help protect against STIs. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly has a chemical called nonoxinol-9, which may increase the risk of HIV and other infections.

A final word

This booklet can only give you general information. The information is based on evidence-guided research from The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and the World Health Organization.

All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method.

Contact your doctor, practice nurse or a sexual health clinic if you're worried or unsure about anything.

Scan this QR code to register and download the digital version of this leaflet



the sexual health company



sexwise.org.uk

www.fpa.org.uk

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If you'd like information on the evidence used to produce this booklet or would like to give feedback email fpadirect@fpa.org.uk