How FPA can help you
Call sexual health direct, the helpline run by FPA. It provides:
• confidential information and advice and a wide range of booklets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
• details of contraception, sexual health and genitourinary medicine (GUM) clinics and sexual assault referral centres.

FPA helplines

England
helpline 0845 122 8690 – 9am to 6pm, Monday to Friday

Northern Ireland
helpline 0845 122 8687 – 9am to 5pm, Monday to Friday

www.fpa.org.uk – visit for confidential information and advice or send your enquiry to Ask WES.

A final word
This booklet can only give you basic information about the contraceptive vaginal ring. The information in this booklet is based on evidence-guided research from the World Health Organization and the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. Different people may give you different information and advice on certain points. All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember – contact your doctor, practice nurse or a contraception clinic if you are worried or unsure about anything.
The contraceptive vaginal ring

The contraceptive vaginal ring is a flexible, transparent, plastic ring. It is placed in the vagina where it releases two hormones – estrogen and progestogen. These are similar to the natural hormones that women produce in their ovaries and are like those used in the combined pill.

How effective is the vaginal ring?

How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions.

If 100 sexually active women don’t use any contraception, 80–90 will become pregnant in a year.

If the vaginal ring is used correctly and according to instructions it is over 99 per cent effective. This means that less than one woman in 100 will get

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pregnant in a year. If the vaginal ring is not used according to instructions, more women will become pregnant.

**How does the vaginal ring work?**
The vaginal ring releases a constant dose of hormones into the bloodstream through the vaginal wall. The main way it works is to stop the ovaries from releasing an egg each month (ovulation). It also:

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

**Where can I get the vaginal ring?**
You can go to a contraception or sexual health clinic, or a general practice. If you prefer not to go to your own general practice, or if they don’t provide contraceptive services, they can give you information about another practice or clinic. All treatment is free and confidential. You don’t need to have a breast examination or cervical screening test when you are first prescribed the vaginal ring.

**Can anyone use the vaginal ring?**
Not everyone can use the vaginal ring so your doctor or nurse will need to ask you about your own and your family’s medical history. Do mention any illnesses or operations you have had. Some of the conditions which may mean you should not use the vaginal ring are:

- you think you might be pregnant
- you smoke and are 35 years old or over
- you are 35 years old or older and stopped smoking less than a year ago
- you are very overweight
- you take certain medicines
- your vaginal muscles can’t hold a vaginal ring.

You have now or had in the past:
- thrombosis (blood clots) in any vein or artery
- a heart abnormality or circulatory disease including hypertension (high blood pressure)
- heart disease or a stroke
- systemic lupus erythematosus
- current breast cancer or breast cancer within the last five years
- migraines with aura
- active disease of the gall bladder or liver
- diabetes with complications.

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

**What are the advantages of the vaginal ring?**
Some of the advantages of the vaginal ring are:

- you don’t have to think about it every day – you only use one ring a month
- it doesn’t interrupt sex
- it is easy to insert and remove
- unlike the pill, the hormones do not need to be absorbed by the stomach, so the ring is not affected if you vomit or have diarrhoea
- bleeding will usually become more regular, lighter and less painful
- it may help with premenstrual symptoms
• it may reduce the risk of cancer of the ovary, uterus and colon
• it may reduce the risk of fibroids, ovarian cysts and non-cancerous breast disease.

What are the disadvantages of the vaginal ring?
There are some serious side effects of the vaginal ring (see below Are there any risks?). In addition:
• Some women may not feel comfortable inserting and removing it.
• 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 are using the ring) may occur in the first few months of ring use (see page 15).
• The vaginal ring does not protect you against sexually transmitted infections, so you may need to use condoms as well.

Are there any risks?
The vaginal ring can have some serious side effects, but these are not common. For most women the benefits of using the ring outweigh the possible risks. All risks and benefits should be discussed with your doctor or nurse.
• A very small number of women may develop a venous thrombosis, an arterial thrombosis or have a heart attack or stroke. If you have ever had thrombosis, you should not use the vaginal ring.
• The risk of venous thrombosis is greatest during the first year that you use the vaginal ring and if you smoke, you are very overweight, 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.
• The risk of arterial thrombosis is greatest if you smoke, are diabetic, have hypertension, are very overweight, have migraines with aura, or a member of your immediate family had a heart attack or stroke before they were 45 years old.
• Research into the risk of breast cancer and hormonal contraception is complex and contradictory. Research suggests that users of all hormonal contraception appear to have a small increased risk of being diagnosed with breast cancer compared to non-users of hormonal contraception.
• Research suggests that there is a small increase in the risk of developing cervical cancer with longer use of estrogen and progestogen hormonal contraception.
• Some research suggests a link between using estrogen and progestogen hormonal contraception and developing a very rare liver cancer.

See a doctor straightaway if you have any of the following:
• pain in the chest, including any sharp pain which is worse when you breathe in
• breathlessness
• you cough up blood
• painful swelling in your leg(s)
• weakness, numbness or bad ‘pins and needles’ in an arm or leg
• severe stomach pains
• a bad fainting attack or you collapse
• unusual headaches or migraines that are worse than usual
• sudden problems with your speech or eyesight
• jaundice (yellowing skin or yellowing eyes).

If you need to go into hospital for an operation or you have an accident which affects the movement of your legs, you should tell the doctor that you are using the vaginal ring. The doctor will decide if you need to stop using the ring or need other treatment to reduce the risk of developing thrombosis.

**Will I put on weight if I use the vaginal ring?**
No. Research has not shown that women put on weight when they use the vaginal ring. However, some women may find their weight changes throughout their cycle due to fluid retention.

**When can I first start to use the vaginal ring?**
If you start using the vaginal ring on the first day of your period you will be protected from pregnancy immediately.

If you start the ring at any other time in your menstrual cycle you will need to use additional contraception, such as condoms, for the first seven days.

If you are switching from another contraceptive method your doctor or nurse will advise you on when to start using the vaginal ring.

**I’ve just had a baby. Can I use the vaginal ring?**
If you feel comfortable you can start to use the vaginal ring 21 days after you give birth. Starting on day 21 you will be protected from pregnancy immediately. If you start later than day 21 you will need to use additional contraception for the first seven days you use the ring.

If you are breastfeeding a baby under six months old the vaginal ring may reduce your flow of milk. It is usually recommended that you use a different method of contraception.

**Can I use the vaginal ring after a miscarriage or abortion?**
Yes. You can start using the vaginal ring immediately after a miscarriage or abortion. You will be protected against pregnancy immediately.

**How do I insert the vaginal ring?**
Your doctor or nurse should advise you on how to insert and remove the vaginal 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 does not need to cover your cervix (entrance to the uterus) to work.
**How will I know the vaginal ring is in place?**
The ring does not need to be in an exact position. Most women can’t feel the ring. If you can feel it and it is also uncomfortable, push the ring a little further into your vagina. You can check it’s still there with your fingers.

There is no danger that the vaginal ring can get lost inside the vagina – it is stopped by the cervix. However, if you are sure it’s inside you but you can’t feel it with your fingers, see a doctor or nurse.

**Will I, or my partner, be able to feel the vaginal ring during sex?**
Occasionally, you or your partner might be able to feel the ring during sex. This is not uncomfortable or unpleasant for most people. The ring is not likely to affect or harm your partner.

**How do I remove the vaginal ring?**
Remove the vaginal ring by hooking a finger under it, or by grasping it between your thumb and finger, and gently pulling it out.

If you experience pain or bleeding when trying to remove the ring, or cannot remove it, tell your doctor or nurse immediately.

**How do I use the vaginal ring?**

**Weeks 1–3:** The vaginal ring should be left in the vagina for three weeks (21 days). After three weeks remove the ring on the same day of the week that it was inserted.

**Ring-free interval:** Stop using the ring for one week (seven days). This is known as the **ring-free interval**. During this week you may get a bleed. You don’t have periods when you use the vaginal ring – you have a withdrawal bleed (which doesn’t always happen). It is caused by you not taking hormones in the ring-free week.
**New ring cycle:** After the ring-free interval, insert a new ring on the same day of the week that you took the previous one out. You should do this even if you are still bleeding. Continue using the vaginal ring as you did in the last cycle.

**Disposing of the vaginal ring:** Put the used vaginal ring in the disposal sachet provided and place it in a waste bin. It must not be flushed down the toilet.

**Am I protected from pregnancy during the seven day, ring-free interval?**
Yes. You are protected if:
- you used the vaginal ring according to instructions during the last three weeks and
- you start the next ring cycle on time and
- you are not taking medicines that will affect the ring (see page 15).

**What if I forget to take the vaginal ring out at the end of week three?**

**Seven days or less**
If the ring has been left in for up to seven days after the end of week three (up to four weeks in total):
- As soon as you remember, remove the ring and insert a new ring immediately.
- You must use additional contraception until the new ring has been in place for seven continuous days.
- Ask your doctor or nurse for advice if you have had sex in the previous few days and were not using a condom as you may need emergency contraception.

**More than seven days**
If the ring has been left in for more than seven days after the end of week three (more than four weeks in total):
- As soon as you remember, remove the ring and insert a new ring immediately.
- You must use additional contraception until the new ring has been in place for seven continuous days.
- Ask your doctor or nurse for advice if you have had sex in the previous few days and were not using a condom as you may need emergency contraception.

**What if I forget to put a new vaginal ring in at the end of the ring-free interval?**
Insert a new ring as soon as you remember and use additional contraception until a new ring has been in place for seven continuous days. Ask your doctor or nurse for advice if you have had sex in the previous few days and were not using a condom as you may need emergency contraception.

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

Research shows that the ring is not more likely to come out if you have had children.

**What should I do if the ring comes out of my vagina for a short time?**
The longer the ring has been out of the vagina, the higher the risk of pregnancy. You may also experience breakthrough bleeding. If the ring comes out of the vagina for:
Less than three hours:
- Rinse the ring with cool or lukewarm water (not hot) and re-insert the same ring as soon as possible within three hours.
- You don’t need to use additional contraception and you are protected against pregnancy.

More than three hours in the first or second week of use:
- Rinse the ring with cool or lukewarm water (not hot) and re-insert the same ring as soon as possible.
- You must use additional contraception until the ring has been in place for seven continuous days.
- Ask your doctor or nurse for advice if you have had sex in the previous few days and were not using a condom as you may need emergency contraception.

More than three hours in the third week of use:
Throw the ring away and choose one of the following two options:
1. insert a new ring immediately and start a new ring cycle. You may not experience a withdrawal bleed but breakthrough bleeding or spotting may occur; or
2. do not insert a new ring. Start your seven day, ring-free interval. You will have a withdrawal bleed. Insert a new ring seven days from the time the previous ring came out of the vagina. This option can only be chosen if the ring was used continuously for the previous seven days.

In both cases, you must use additional contraception until the ring has been in place for seven continuous days and ask your doctor or nurse for advice if you have had sex in the previous few days and were not using a condom as you may need emergency contraception.

If you lose the vaginal ring insert a new one and continue with the cycle that you were on.

What if the ring breaks inside my vagina?
This is very rare and it is unlikely to affect how the ring works. It will not 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 are given medicines by a doctor, nurse or hospital always say you are using the vaginal ring. Commonly used antibiotics do not affect the vaginal ring. Medicines such as some of those used to treat epilepsy, HIV and TB and the complementary medicine St John’s Wort may make it less effective. These types of drugs are called enzyme inducers. If you take these medicines, talk to your doctor or nurse about how to use the vaginal ring or whether you will need to use a different method of contraception.

Treatments for thrush do not affect the effectiveness of the vaginal ring.

I am bleeding on the days when I am using the vaginal ring, what should I do?
Breakthrough bleeding or spotting is common when you first start to use the vaginal ring and is not usually anything to worry about. It may take up to three months to settle down. It is important to continue using the ring correctly even if the
bleeding is as heavy as your withdrawal bleed.

You can use a tampon while the ring is in place; this is not harmful. However, try to make sure that the ring does not come out accidentally when removing the tampon.

Bleeding may also be caused by not using the vaginal ring correctly or by a sexually transmitted infection. If it carries on or starts after you have used the ring for some time, seek advice.

**I didn’t bleed in my ring-free interval – am I pregnant?**

If you used the ring according to instructions and have not taken any medicines that might have affected the ring (see page 15), then it is very unlikely that you are pregnant. Start your next ring cycle at the right time. If you are worried ask your doctor or nurse for advice or do a pregnancy test. Always take a test or speak to a health professional if the ring has not been used properly, or if you miss more than one withdrawal bleed.

**Can I miss out a withdrawal bleed?**

Yes. This is not harmful. Remove the ring after three weeks and immediately insert another without having the seven day, ring-free interval. You may experience breakthrough bleeding but this is nothing to worry about. If you are using the ring correctly you will still be protected against pregnancy.

**What should I do if I want to change to another method of contraception?**

It is 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 interval or use additional contraception.

**What should I do if I want to stop using the vaginal ring or try to get pregnant?**

Ideally, it is easier if you stop using the vaginal ring at the end of the ring cycle and do not insert a new ring after your withdrawal bleed. If you don’t want to wait until this time, ask your doctor or nurse for advice because you can risk becoming pregnant if you have had sex recently. If you do not want to become pregnant you should use another method of contraception as soon as you stop using the ring. Your normal periods may not come back immediately – for some women it can take a few months.

If you want to try for a baby it helps to wait for one natural period after stopping the ring before trying to get pregnant. This means the pregnancy can be dated more accurately and you can start pre-pregnancy care such as taking folic acid and stopping smoking. You can ask your doctor or nurse for advice.

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

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

**How often do I need to see a doctor or nurse?**

When you first start using the vaginal ring you will be given a supply to see how it suits you. After that you should go back to the doctor or nurse to get new supplies and to have your blood pressure checked. If there are no problems, you can be given a further supply of vaginal rings.
How do I find out about contraception services?

Contraception is free for women and men of all ages through the National Health Service.

- You can find out about all sexual health services from sexual health direct, the helpline run by FPA, on 0845 122 8690 or at www.fpa.org.uk.
- You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.wales.nhs.uk. In Scotland you can find details of general practices at www.show.scot.nhs.uk. In England and Wales you can also call NHS Direct on 0845 46 47 and in Scotland NHS 24 on 0845 4 24 24 24. In Northern Ireland call the FPA helpline on 0845 122 8687 or for details of general practices see www.n-i.nhs.uk.
- You can also get details of your nearest contraception, genitourinary medicine (GUM) or sexual health clinic from a telephone directory, health centre, local pharmacy, hospital, midwife, health visitor or advice centre.
- You can get details of young people’s services from Brook on 0808 802 1234, www.brook.org.uk.

Emergency contraception

If you have had sex without using contraception, or think your method might have failed there are different types of emergency contraception you can use.

- The emergency contraceptive pill, Levonelle – can be taken up to three days (72 hours) after sex. It is more effective the earlier it is taken after sex. It is available with a prescription or to buy from a pharmacy.
- The emergency contraceptive pill, ellaOne – can be taken up to five days (120 hours) after sex. It is only available with a prescription.
- An emergency IUD – can be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).

Ask your doctor or nurse about getting emergency pills in advance, just in case you need them.

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections.

Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which does not protect against HIV and may even increase the risk of infection.

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