

3.6 Initial Start – Vaginal Ring (Nuva Ring)

SUBJECTIVE	<p><u>Must include:</u> Comprehensive health history according to Title X Guidelines. Comprehensive health history should identify precautions for the use of CHCs. (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 – Appendix A).</p>
OBJECTIVE	<p><u>Must include:</u></p> <ol style="list-style-type: none"> 1. Blood pressure. 2. Height/Weight/BMI. 3. Physical examination as required by Title X.
LABORATORY	<p><u>Must include:</u> Pap test according to Title X protocols.</p> <p><u>May include:</u> Hgb/Hct-prn per protocol.</p>
ASSESSMENT	<ol style="list-style-type: none"> 1. No condition that represent an unacceptable risk to CHCs for the use of oral CHC. (U.S. Medical Eligibility Criteria for Contraceptive use, 2010. RNs dispensing hormonal contraceptives may dispense Category 1 [no restrictions] methods. RNs may dispense Category 2 [advantages generally outweigh theoretical or proven risks] methods with the following exceptions: undiagnosed breast mass; history of a DVT/PE in a first degree relative; inflammatory bowel disease; unexplained vaginal bleeding, and women less than 42 days postpartum. <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. Has condition that represents a theoretical or proven risk that usually outweighs the advantages of using CHCs. (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 – Category 3).
PLAN	<ol style="list-style-type: none"> 1. Obtain written informed consent for use of intravaginal CHC, witness and date. 2. Prescribe intravaginal CHC for approximately 1 year. 3. Schedule return to clinic for initial 3 month evaluation, prn problems or as designated by the clinician. 4. Counsel women 35 years of age and older that tobacco use is considered an absolute contraindication per the MT Family Planning Medical Standards Committee. Women 35 years and older that use tobacco are not eligible for CHC use. 5. Postpartum: <ol style="list-style-type: none"> a. Category 4: <21 days status post vaginal delivery. b. Category 3: 21 to 42 days status post vaginal delivery with other risk factors for VTE (such as ≥ 35 years, previous VTE, thrombophilia, immobility, transfusion at delivery, BMI ≥ 30, postpartum hemorrhage, postcesarean delivery, preeclampsia, or smoking.) c. Category 2: 21 to 42 days status post vaginal delivery without risk factors for VTE. d. Category 1: >42 days status post vaginal delivery.
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Provide written information specific to intravaginal CHC including use, effectiveness, benefits, risks, and danger signs as documented in the FDA approved manufacturer’s package inserts. 2. Provide information regarding sexually transmitted infections (STIs), including counseling that intravaginal ring offers no protection against STIs. 3. Instruct clients about: the danger signs and symptoms that need to be reported to the clinic, the method of inserting the intravaginal ring, the

- monthly timing of insertion, removal and discarding of a used intravaginal ring, expectation for withdrawal bleeding, replacement after unscheduled removal of ring, the need for back-up method and the storage of unused intravaginal rings.
4. Initiation of intravaginal ring –clients may begin using the ring in a variety of ways. Shorter time periods to wait to start a method may improve acceptability and continuation.
 - Quick start**—client begins use of the ring on the day of her visit to the family planning provider, as long as pregnancy can be excluded. Back up method is used for 7 days.
 - First day of menses start**—client begins use of the ring on the first day of menses. No back up method needed.
 - Jump start** (for clients prescribed Emergency Contraceptive Pills) —client begins use of the ring the day after she takes Emergency Contraceptive Pills. Use back up contraceptive method for 7 days.
 5. Use of the intravaginal ring – options on how to use the ring:

Calendar Month Method:

Put a new ring into the vagina on the same date each month and remove it on the same date each month. Leave the ring out for 3 to 4 days for withdrawal bleeding. The ring-free days should never be more than 7 days.

Example: Susie puts the ring into her vagina on the 1st of every month and leaves it in until the 27th of the month when she takes it out. She will start her withdrawal bleed (period) while the ring is out. Susie always puts in a new ring on the 1st of every month. Depending on the number of days in the month, the length of time the ring is out will vary from 3 to 4 days except for February which will only vary 1 to 2 days.

Continuous Cycling:

Put a new ring into the vagina on a particular date each month. Leave it in the vagina until the same date next month, then remove it and insert a new ring that same day.

Example: Lucy puts the ring into her vagina on the 1st of every month and leaves it in until the 1st of the next month when she takes it out and inserts a new ring on the same day.

CONSULT/REFER
TO PHYSICIAN

Existence of a condition where the theoretical or proven risks usually outweighs the advantages of using CHCs (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 – Category 3).