What is the Nuvaring?
The Nuva ring is a flexible, combined contraceptive vaginal ring, used to prevent pregnancy. Nuvaring contains a combination of progestin and estrogen, two kinds of female hormones. The ring is inserted in the vagina and left there for 3 weeks. You then remove it for a 1 week free period. After the ring is inserted it releases a continuous low dose of hormones into your body. The Nuva Ring is 99.4% effective against pregnancy with perfect use, and 98.8% effective with actual use.

What’s in the Nuvaring?
Nuvaring contains two hormones: estrogen and progesterone. These hormones are synthetic versions of naturally occurring female hormones. They work primarily by preventing ovulation. There is only one formulation (type) of the ring available.

How do I use the Nuvaring?

*If you did not use a hormonal contraceptive in the past month:*

Counting the first day of your menstrual period as Day 1, insert your first Nuvaring between day 1 and day 5 of the cycle, but at the latest on day 5 even if you have not finished bleeding. Use an extra method of birth control, such as condoms and spermicide for the first 7 days of ring use.

*If you are switching from a combination oral contraceptive:*

Insert Nuvaring anytime during the first 7 days after the last combined oral contraceptive pill and no later than the day you would have started a new pill pack. No extra birth control is needed.

*If you are switching from a progestin-only contraceptive (mini-pill, implant, injection or IUD):*

When switching from a mini-pill, start using Nuvaring on any day of the month. Do not skip days between your last pill and the first day of Nuvaring use.

When switching from an implant or progestin containing IUD, start using Nuvaring on the same day you have your implant or IUD removed. Use additional contraception for 7 days.

When switching from an injectable contraceptive such as Depo-Provera, start using Nuvaring on the day your next injection is due.

When you are switching from a progestin-only contraceptive, use an extra method of birth control such as condoms and spermicide for the first 7 days after inserting Nuvaring.

*Following a first trimester abortion or miscarriage:*

You should follow the advice of your medical provider before resuming sexual intercourse. We recommend you start using Nuvaring with your next menstrual cycle, after your post-abortion examination by your medical provider.
provider. At the time of your next menstrual period on or before day 5 of the cycle you should insert the Nuvaring, even if you have not finished bleeding. You need to use an extra method of contraception such as condoms and spermicide for the first 7 days of ring use.

**How do I insert the Nuvaring?**

Each Nuvaring comes in a foil pouch. After washing and drying your hands remove the Nuvaring from its foil pouch. Keep the foil pouch for proper disposal of the ring after use.

You may choose any position that is comfortable for you: lying down, squatting, or standing with one leg propped on a chair. Hold the ring between your thumb and index finger and press the opposite sides of the ring together. Gently push the folded ring into your vagina.

The exact position of the Nuvaring in the vagina is not important for it to work. Most users do not feel the ring once it is in place. If you feel discomfort, the Nuvaring is probably not inserted far enough into your vagina. Just use your finger to gently push Nuvaring further into your vagina. There is no danger of Nuvaring being pushed too far up in the vagina or getting lost. Once inserted keep the Nuvaring in place for 3 weeks in a row. You do not need to remove the ring during sex. Check before and after sex to be sure the ring is in place.

Nuvaring may be used with a tampon. Be careful the ring does not expel when taking out the tampon.

**How do I remove it?**

Remove the Nuvaring 3 weeks after insertion, on the same day of the week it was inserted and at about the same time. For example, if you inserted the ring on a Sunday at 10pm, the ring should be removed on the Sunday 3 weeks later at about 10pm.

You can remove the Nuvaring by hooking the index finger under the rim and pulling it out. Place the ring in the foil pouch and dispose it in a waste basket - do not flush it down the toilet. Your menstrual period will usually start 2 to 3 days after the ring is removed and may not be finished before the next ring is inserted. To continue to have pregnancy protection, you must insert the new ring 1 week after the last one was removed, even if your menstrual period has not stopped.

After a 1 week ring free break, insert a new ring on the same day of the week as it was inserted last cycle. For example, if Nuvaring was begun on a Sunday at 10pm, after a 1 week break you would insert a new ring the following Sunday at 10pm.

If you leave the ring out for longer than 1 week you may not be protected from pregnancy. Wait for your period to start before inserting the next ring and use male condoms and spermicide in the meantime and for the first 7 days after restarting Nuva Ring.

**What if it slips out?**

If the Nuvaring has been removed or accidentally expelled while removing a tampon, engaging in intercourse, or having a bowel movement the following is advised.

During the first or second week, if the ring is removed or expelled and has been out of the vagina for more than 3 hours, it may still be reinserted. However, an additional contraceptive method, such as condoms and spermicide should be used for the next 7 days, and emergency contraception should be used if you have had unprotected intercourse.
If you are in the third week of ring use and the ring has been out of the vagina for more than 3 hours, you should discard the ring and follow one of the following options:

Insert a new ring immediately to begin a new 3-week cycle.

or

Have a ring free week (your period should come during this week) and insert a new ring no later than 7 days from when the last ring was removed/expelled. This is only an option if the ring was used continuously for the preceding 7 days.

For either option you should use an additional method of contraception until the new ring has been used continuously for 7 days.

Can the ring be left in the vagina too long?
If the Nuvaring has been left in your vagina for an extra week or less (4 weeks total or less) remove it and insert a new ring after a 1 week ring-free break. Your period should come during this break. If the ring has been left in place for more than 4 weeks you may not be adequately protected from pregnancy and you must check to make sure you are not pregnant. When you get your period, insert Nuva Ring during the first few days. You must use an extra method of birth control such as condoms and spermicide until the new ring has been in place 7 days.

What if I don’t get my period?
If you miss a menstrual period you must check to be sure that you are not pregnant. You could be pregnant if:

- The ring was out of the vagina for more than 3 hours when it should have been inserted
- You waited more than 1 week after your period to insert a new ring
- You have followed the instructions but miss 2 periods in a row
- You have left the ring in place more than 4 weeks

Can I still use the ring if I develop a yeast infection?
It is safe to use most topical vaginal antifungals with the Nuvaring. Always let your medical provider know that you are using the ring when any medication is prescribed.

What are the side effects?
Like all medicines, Hormonal Contraceptives (HCs) like the Nuvaring have side effects that you need to be aware of. For HCs, there are rare but serious side effects and minor side effects.

Rare but serious side effect of hormonal contraceptives (HC’s):

Blood clots: HCs can make users slightly more prone to form blood clots. A blood clot can occur in a vein or artery and can have different symptoms depending on where it forms. Clots can occur in the legs, abdomen, heart, lungs, eye, or brain. In the brain, a clot could manifest as a stroke. The risk of these events occurring is very low, but increases in users over 35, in smokers, and in those with high blood pressure, heart disease, diabetes, clotting tendency, or a family history of clotting abnormalities. The warning signs of a blood clot spell out the word ACHES:

- Abdominal pain
- Chest pain (also shortness of breath)
- Headaches (especially those that are new, severe, or associated with persistent dizziness, difficulty speaking, fainting, numbness or weakness in extremities
- Eye problems (blurred vision or loss of vision)
- Severe leg pain (and/or redness and swelling in the calf or thigh)

If you develop any of the ACHES side effects OR jaundice (a yellowing of the eyes or skin) while on HCs, call Health Services right away at 863-1330. If you need emergency medical attention, call EMS at 863-4111. If you are out of town, contact a local health provider or go to a hospital emergency room.

**High blood pressure:** HCs can raise your blood pressure. This is why we check your blood pressure a few months after you begin taking HCs.

**Liver tumors:** HCs have been associated with an increased risk of forming benign liver tumors. This is a very rare occurrence, but you should contact your provider if you develop upper abdominal pain while taking HCs.

**Breast cancer risk:** Many patients ask about how HCs affect their future risk of developing breast cancer. The jury is still out on this issue. To date, there have been studies which suggest that there is a slightly increased risk of breast cancer in people who have used HCs; however, breast cancer was diagnosed earlier and had a better prognosis than in people who have never used the pill. We encourage all people, especially those with a strong family history, to explore this risk with their provider.

**Cervical cancer risk:** The risk of developing this type of cancer is slightly increased in HC users. Fortunately, routine Pap smear testing is an excellent screening tool and is recommended on a yearly basis for women taking HCs.

**More common minor side effects of hormonal contraceptives (HCs)**

**Nausea:** Some people experience some mild nausea when first starting HCs. Usually this goes away within a short time. Taking your pill with food or taking it before bedtime may help. If you have persistent problems or unusually severe nausea, contact your provider.

**Spotting or breakthrough bleeding:** This is vaginal bleeding that occurs during your active pills. This is a very common side effect during the first 3 months of HC use.

**Breast tenderness:** Mild breast tenderness may occur after starting HCs. The tenderness can be reduced by decreasing your caffeine and salt intake and by wearing a bra with good support. Usually it gets better within a few weeks. If you notice persistent discomfort or a discrete lump, make an appointment with your provider.

**Mood changes:** Some users may notice changes in their emotional status: depressed mood or emotional instability. If you have a history of depression, it is important to monitor your progress carefully when starting HCs. If you notice changes in your mood after beginning HCs, call your provider.

**Decreased sex drive:** While sex drive is affected by many things, the hormones in HCs can be a factor in decreased sex drive. If you are noticing
this side effect, let your provider know. A change to another pill can improve this.

**Weight gain:** Many patients ask about this side effect. Studies have shown that weight changes in young people on HCs are no different than people who don’t take HCs. Some users have noticed mild weight change (1 to 2 pounds) and mild fluid retention on some types of HCs. Contrary to popular opinion, taking HCs should not make you gain 10 or 15 pounds.

**Gallbladder disease:** HCs may accelerate the formation of gallbladder stones in users who have a strong family history of gallstone disease.

**Cervical changes:** HC usage, as well as pregnancy, has been associated with some cellular changes of the cervix, called a cervical ectropion. The delicate mucus secreting cells that line the inside of the cervix become present at the outer opening of the cervix. This can make the cervix more vulnerable to sexually transmitted diseases.

**Vaginal discharge:** All menstruating people have a cyclical vaginal discharge. HC users may notice subtle changes, but most won’t notice any changes.

**What are the benefits of taking hormonal contraceptives (HCs)?**

**Regular cycles:** HCs are great at regulating the menstrual cycle, and this is especially helpful for women with periods that come too often or too infrequently.

**Reduced menstrual cramps:** HCs can offer significant relief to people with painful menstrual cramps. They also reduce the amount of blood flow during the period. Less blood loss is helpful in preventing anemia.

**Acne:** We have known for years that HCs can improve some users’ acne. Some users have a marked improvement, others less. If this is a concern for you, discuss it with your provider.

**Other important benefits:**

The risk of developing benign breast cysts, ovarian cysts, pelvic inflammatory disease, and tubal pregnancy are reduced by taking HCs. They also are associated with a markedly decreased risk of uterine cancer and ovarian cancer.

**How can I get hormonal contraceptives (HCs) at Health Services?**

Before you receive a prescription for HCs, we like to see you for a visit to take your medical history. Call Health Services at 863-3953 to schedule an appointment.

**How long does it take for hormonal contraceptives (HCs) to be effective?**

When starting HCs, it will take 7 days to become effective at preventing pregnancy. You will need to use a second method of contraception during these 7 days. We recommend using condoms. In fact, we recommend using condoms consistently with HCs to protect against sexually transmitted infections. HCs offer protection against pregnancy only.

**What should I do if I don’t get my period?**
While your period may be much lighter on HCs, you will get a period (with the exception of Depo-Provera where you will eventually stop having a period).

Sometimes, however, no period occurs for a number of reasons: the low doses of the hormones, stress, or illness. If you’ve taken your HC regularly, pregnancy is unlikely. However, we do recommend taking a pregnancy test to rule out this possibility before starting your next cycle. We perform confidential urine pregnancy tests at no cost. If you aren’t getting a regular period on HCs, we may suggest a different HC or other birth control method.

**Can I skip a period on purpose?**

There may be a week when you would really like to avoid your period because of a special trip or event. You may accomplish this by not taking a break from the Nuvaring. Instead, insert your next ring immediately after you finish 3 weeks on Nuvaring. Your period should hold off until you finish this cycle and you remove the ring for your ring-free week. We encourage people to try this only after they have been using HCs successfully for a few months and have seen how their bodies adjust to HCs. If you’d like to try this method, call your medical provider to discuss the details.

**What happens if I take antibiotics while I’m on hormonal contraceptives (HCs)?**

We do know there are certain medicines that diminish the effectiveness of HCs. The common antibiotics we use shouldn’t affect the metabolism of HCs. However, there have been some anecdotal reports by HC users who became pregnant while taking antibiotics. Health providers may differ on their recommendations regarding this issue. While the risk is very low, we encourage people to use condoms for the duration of their antibiotic prescription and for the following 7 days.

**Do hormonal contraceptives (HCs) affect my ability to get pregnant later on?**

There is no evidence that HC usage at any time is related to infertility.

**Important Phone Numbers**

- To make an appointment with a medical provider, call 401.863-3953.
- For the pharmacy or for questions about your prescription, call 863-7882.
- For questions or urgent care after hours, call Nursing Services at 863-1330.
- For emergency care, call EMS at 863-4111.

Brown Health Services Patient Education Series: Nuvaring  
www.brown.edu/health  401-863-3953  
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