

## STANDARD NURSE PROTOCOL FOR NuvaRing®

<b>DEFINITION</b>	All combination hormonal contraceptives suppress gonadotropins. Although the primary effect of this action is inhibition of ovulation, other alterations include changes in the cervical mucus (which increase the difficulty of sperm entry into the uterus) and the endometrium (which reduce the likelihood of implantation). The NuvaRing is a vaginal contraceptive loop made with a flexible polymer, which contains estrogen and progestin.
<b>SUBJECTIVE</b>	<ol style="list-style-type: none"><li>1. Patient desires to use the NuvaRing® as choice of contraception.</li><li>2. Has detailed health history (includes menstrual, sexual, contraception, personal health and family history) that does not reveal a condition representing an unacceptable health risk according to the product prescribing information and the World Health Organization (WHO) Medical Eligibility Criteria for Contraceptive Use.</li><li>3. <b>If breastfeeding, has been breastfeeding at least 6 months after childbirth, to ensure that breastfeeding has been well established.</b></li><li>4. If age 35 or older and does not smoke.</li></ol>
<b>OBJECTIVE</b>	<ol style="list-style-type: none"><li>1. Physical examination and laboratory tests according to programmatic guidelines.</li></ol> <p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"><li>2. Physical exam deferred up to 3 months. Document reason for deferral on chart. Document on Request for and Consent to Family Planning Services (form 3700) that client agreed to have physical exam delayed.</li></ol>
<b>ASSESSMENT</b>	Patient has no conditions representing an unacceptable health risk if using the NuvaRing.
<b>PLAN</b>	<b>DIAGNOSTIC STUDIES</b> <ol style="list-style-type: none"><li>1. Lipid profile beginning by age 45. Consider screening women age 20-44 in the presence of high-risk factors for CVD. Rescreen every 5 years or more often depending on test results and high-risk factors. For Recommended Tests and Immunizations for Women with High-Risk Factors refer to <a href="http://www.womenshealth.gov">www.womenshealth.gov</a>.</li><li>2. Blood glucose beginning by age 45. Consider screening women at an earlier age in the presence of high-risk factors for diabetes.</li></ol>

Rescreen every 3 years or more often depending on test results and high risk factors. For Recommended Tests and Immunizations for Women with High-Risk Factors refer to [www.womenshealth.gov](http://www.womenshealth.gov).

3. Screen women for colorectal cancer according to district policy/procedure for colorectal cancer screening.

## **THERAPEUTIC**

### **PHARMACOLOGIC**

1. Box of 3 NuvaRing® sachets. Store out of direct sunlight. NOTE: Prior to dispensing to the user, refrigerate at 2-8°C (36-46 ° F). After dispensing to the user, NuvaRing can be stored for up to 4 months at room temperature out of direct sunlight. When dispensed to the user, place an expiration date on the label not to exceed either 4 months from the date of dispensing or the expiration date, whichever comes first.
  - a. Place one folded NuvaRing® high in the vagina within five days of starting a menstrual period, even if still bleeding. May also be started days 2-5 of cycle, but in this case use barrier method for first seven days of NuvaRing use in the first cycle.
  - b. Wear ring for three weeks in a row and then remove ring.
  - c. After 7 ring-free days, insert a new ring.
2. Use a back-up non-hormonal method of birth control for one week when initiating NuvaRing for the first time. Do not use a diaphragm with the NuvaRing. Women switching from estrogen-progestin oral contraceptives to the vaginal ring should insert the ring within 7 days of the last hormonally-active tablet and no later than the day that a new oral contraceptive cycle would have been started; a back-up method of contraception is not needed.

### **PATIENT EDUCATION/COUNSELING**

1. Counsel the patient according to the seven elements of informed consent (BRAIDED – Benefits Risks Alternatives Inquiries Decision Explanation Documentation).
2. If starting to use NuvaRing® within the first five days following a complete first trimester abortion, do not need to use an additional method of contraception.

3. If client is switching from progestin-only pills, she should place the first ring on the same day she takes the last pill.
4. The NuvaRing® does not require fitting or placement in a specific position, nor the use of spermicidal jelly. It does not need to surround the cervix. If discomfort is felt, the device is probably not placed high enough in the vagina.
5. Keep the foil pouch. After removal of the system in 3 weeks, dispose of the NuvaRing® in the pouch. Do not flush it down the toilet. Keep it out of reach of children and animals.
6. The primary side effects of the NuvaRing® are similar to those of combined OC pills. Some women may experience vaginal irritation or infection. Discuss danger signs (ACHES).
7. NuvaRing® can be accidentally expelled when it has not been inserted properly, while removing a tampon, or when straining to move the bowels. If expelled, rinse ring with cool/lukewarm water and re-insert promptly (within 3 hours from the time it was expelled). If lost, insert a new one. Remove new ring on the original replacement date.
8. The NuvaRing® does not need to be removed for intercourse. If removed for longer than 3 hours, use a back-up method for 7 days. If device is out >3 hours and patient has unprotected sex, use emergency contraception.
9. Check for possible pregnancy if:
  - a. Miss a period and the device was out of the vagina for longer than 3 hours.
  - b. Miss a period and waited longer than a week to insert a new device.
  - c. Miss a period and the NuvaRing® was in place more than 4 weeks.
  - d. Followed instructions, but miss 2 periods in a row.
10. Cigarette smoking increases the risk of serious cardiovascular side effects from combination oral contraceptive use and NuvaRing®.
11. If smoker or tobacco user, refer to local cessation program and/or Georgia Tobacco Quit Line, 1-877-270-STOP (7867).

12. NuvaRing® does not protect against HIV infection and other sexually transmitted diseases. Counsel on use of condoms to reduce the risk of STDs including HIV.
13. If scheduled for laboratory tests or major surgery, tell the health care provider that you are using the NuvaRing®.
14. Ovulation resumes during the first recovery cycle after discontinuation, suggesting rapid return of fertility.
15. Emphasize importance of keeping immunizations current; assess client's immunization status and administer vaccines indicated according to the current Advisory Committee on Immunization Practices (ACIP) childhood or adult immunization schedule. If client declines vaccination, document refusal. See the Georgia Immunization Program Manual, Recommended Schedule and Guidelines, for current ACIP schedules and administration guidelines for each vaccine. The Georgia Immunization Manual may be accessed online at <http://www.health.state.ga.us/programs/immunization/publications.asp>.

#### **FOLLOW- UP**

1. Return to clinic in three months for another box of three (3) NuvaRing® sachets. After that, return as needed for re-ordering NuvaRing® or for yearly exams.
2. If patient did not receive a physical exam, have her return within 3 months for an exam and reassessment.
3. Return for evaluation or contact clinic if side effects or danger signs develop. Outside of clinic hours, seek physician or emergency care if danger signs develop.

#### **CONSULTATION/REFERRAL**

1. Development of danger signs.
2. Any serious health concerns expressed by the patient.
3. Abnormal initial laboratory values or development of abnormal values or physical findings that indicate the ring should not be continued.
4. To nutritionist as indicated.

5. If patient is under the supervision of medical provider for a health problem (e.g., hypertension).

## REFERENCES

1. American Society of Health-Systems Pharmacists. *American Hospital Formulary Service*, Bethesda, MD, 2009, pp. **3141-3155**.
2. Robert Hatcher, et al., *Contraceptive Technology*, **19th ed.**, Ardent Media, Inc., New York, 2007.
3. Joellen Hawkins, et al., *Protocols for Nurse Practitioners in Gynecological Settings*, **9th ed.**, Springer Publishing Co., New York, **2007**.
4. *NuvaRing Physician Prescribing Information*, Organon USA, Inc., **2008**.
5. WHO, *Medical Eligibility Criteria for Contraceptive Use*, 3<sup>rd</sup> ed., **2008**.
6. "Facts and Comparisons," *Facts and Comparisons 4.0 Online*, Wolters Kluwer Health, Inc., **2009**, <<http://online.factsandcomparisons.com>>.
7. "Preventive Screenings and Immunizations," HHS, Office of Women's Health, <<http://www.womenshealth.gov/screeningcharts/highrisk/>>.