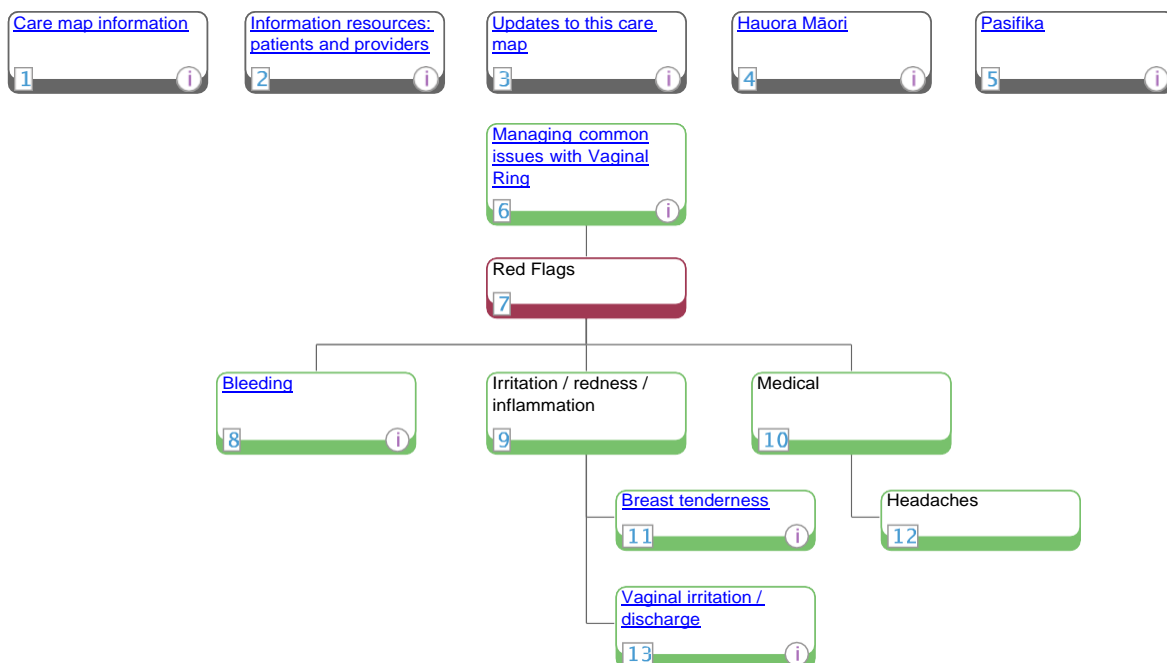


Combined Hormonal Vaginal Ring – Management of Issues

Obstetrics and Gynaecology > Gynaecology > Contraception

- i Information
- R Referral
- N National info
- L Local info
- Note
- Primary care
- Secondary care
- Red flag
- Information



1. Care map information

In scope:

- management of issues relating to use of Vagina ring

Out of scope:

- presentation for planned contraception
- this pathway does not cover emergency contraception
- use of contraception methods for medical conditions e.g. menstrual control, PCOS, PMS, endometriosis etc.
- non-reversible forms of contraception
- presentation for planned contraception using methods other than other contraceptive options (combined hormonal vaginal ring)

References:

See Provenance Certificate for full list of references.

2. Information resources: patients and providers

Provider information:

- [Hook Me Up Services Directory](#)

Patient and Carer information:

- [Family Planning patient handouts](#)
- [Pros, cons and contraindications for contraceptive options](#) in young adolescents
- American Family Physician - [family planning and contraception](#)
- Family Doctor - [birth control options](#)
- FAQ's - [contraception](#)

Te Ara Whānau Ora Brochure:

- [Te Ara Whānau Ora Brochure](#)

3. Updates to this care map

Date of publication: August 2016.

For further information on contributors and references please see the care map's Provenance.

4. Hauora Māori

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health.

This knowledge can be actualised by (not in any order of priority):

- acknowledging [Te Whare Tapa Wha \(Māori model of health\)](#) when working with Māori whānau
- asking Māori clients if they would like their whānau or significant others to be involved in assessment and treatment
- asking Māori clients about any particular cultural beliefs they or their whānau have that might impact on assessment and treatment of the particular health issue ([Cultural issues](#))
- consider the importance of [whānaungatanga \(making meaningful connections\)](#) with their Māori client / whānau

- knowledge of [Whānau Ora, Te Ara Whānau Ora and referring to Whānau Ora Navigators](#) where appropriate
- having a historical overview of legislation that has impacted on Māori well-being

For further information:

- [Hauora Māori](#)
- [Central PHO Maori Health website](#)

5. Pasifika

[Pacific Cultural Guidelines \(Central PHO\) 6MB file](#)

Our Pasifika community:

- is a diverse and dynamic population:
 - more than 22 nations represented in New Zealand
 - each with their own unique culture, language, history, and health status
 - share many similarities which we have shared with you here in order to help you work with Pasifika patients more effectively

The main Pacific nations in New Zealand are:

- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging [The FonoFale Model \(pasifika model of health\)](#) when working with Pasifika peoples and families.

Acknowledging general pacific guidelines when working with Pasifika peoples and families:

- [Cultural protocols and greetings](#)
- [Building relationships with your pasifika patients](#)
- [Involving family support, involving religion, during assessments and in the hospital](#)
- [Home visits](#)
- [Contact information](#)

Pasifika Health Service - Better Health for Pasifika Communities:

- the Pasifika Health Service is a service provided free of charge for:
 - all Pasifika people living in Manawatu, Horowhenua, Taranaki and Otaki who have long term conditions
 - all Pasifika mothers and children aged 0-5 years
- an appointment can be made by the patient, doctor or nurse
- the Pasifika Health Service contact details are:
 - Palmerston North Office - 06 354 9107
 - Horowhenua Office - 06 367 6433
- [Better Health for Pasifika Communities brochure](#)

Additional resources:

- Ala Mo'ui - [Pathways to Pacific Health and Wellbeing 2010-2014](#)
- Primary care for pacific people: [a pacific health systems approach](#)
- Tupu Ola Moui: [The Pacific Health Chart Book 2004](#)
- Pacific Health [resources](#)
- [List of local Maori/Pacific Health Providers](#)
- [Central PHO Pacific Health website](#)

6. Managing common issues with Vaginal Ring

For many of the reported side effects there is little supporting evidence for a causal association nor advice on management. However, causal relationships may not yet have been shown and individual responses are averaged out in studies therefore the likelihood of a causal relationship should be critically considered in each case.

Investigation and management of the symptom should not entirely focus on the contraceptive method as the cause of the symptom. The presence of a side effect does not invalidate the contraceptive method nor suggest a change in method is required, but should instead invite reflection on the patient experience and preferences.

Always consider the usefulness of a wait and see approach.

8. Bleeding

- may be less of an issue with CVR compared to COC including extended regimens
- if bleeding occurs within the first 3 months changes to contraception are not recommended because the bleeding will often settle
- problematic bleeding after 3 months may require a discussion about changes in contraceptive method

11. Breast tenderness

- there is no proven association, but anecdotal cases are reported. Advise that minor side effects are likely to settle within 3 months of initiating hormonal contraception
- advise re. simple analgesia and wearing of supportive bra for strenuous activity and night time (WHO)

13. Vaginal irritation/discharge

- consider oral contraceptives

Contraception

Provenance Certificate

[Overview](#) | [Editorial methodology](#) | [References](#) | [Contributors](#) | [Disclaimers](#)

Overview

This document describes the provenance of MidCentral District Health Board's Contraception Pathways.

This localised pathway was last updated in August 2016

One feature of the "Better, Sooner, More Convenient" (BSMC) Business Case, accepted by the Ministry of Health in 2010, was the development of 33 collaborative clinical pathways (CCP).

The aims of the 'Contraception' Pathways are to:

- facilitate better understanding of contraception options available
- provide guidance to health professionals and patients when considering contraceptive options
- promote and encourage the use of a contraception assessment template
- provide clinicians with information on clinical risk assessment (UK MEC Guidelines), social risk factors and age and consentability when a patient presents regarding contraception
- encourage appropriate use of contraceptive options
- promote use of best practice guidelines
- provide clinicians with information on the management of issues relating to the different contraceptive methods
- provide easy access to information resources for patients/carers and providers

To cite this pathway, use the following format:

Map of Medicine. MidCentral District View. Palmerston North: Map of Medicine; 2014 (Issue 1).

Editorial methodology

This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.

References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This localised version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.

1	UK MEC Guidelines
2	Faculty of Sexual and Reproductive Healthcare (FSRH)
3	World Health Organisation (WHO)
4	Family Planning
5	NZ Formulary
6	The Best Practice Advocacy Centre New Zealand (bpac)
7	International Headache Society 2013. Cephalgia – An International Journal of Headache, 33 (9) 629-808. Headache Classification Committee of the International Headache Society (HIS). The International Classification of Headache Disorders, 3 rd edition.

Contributors

MidCentral DHB's Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

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Disclaimers

Clinical Board Central PHO, MidCentral DHB

It is not the function of the Clinical Board Central PHO, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.