The Progesterone Vaginal Ring (PVR) is a vaginal ring which contains progesterone and can prevent pregnancy. It has been proven to be a safe and effective method of contraception for lactating women.

The PVR is safe for mothers and their infants because it relies on the mother breastfeeding and there are no effects on health. It works as a contraceptive by:

- Reinforcing the inhibitory effect of breastfeeding on ovulation.
- Extending postpartum amenorrhea.

**PVR DOES NOT AFFECT BREASTFEEDING**

A nursing mother will be able to breastfeed without disruption. She will be able to nurse just as much and for as long as she would have without the PVR. The natural hormone progesterone that is in the ring does not affect the volume of breast milk a lactating woman produces or the frequency of breastfeeding (Nath and Sitruk-Ware 2010). On the contrary, the efficacy of the method depends on continued breastfeeding with a minimum of four feeding episodes per day.

A clinical trial comparing the PVR and the IUD found that women on the PVR breastfed for the same amount of time or longer than those on the IUD. Reasons for weaning were similar in both groups (Sivin et al. 1997).
EFFECT ON INFANT HEALTH

The PVR has been shown to have no effects on the growth or development of infants whose mothers were using it.

Clinical trials have demonstrated that infants of mothers who were using the PVR did not differ in growth and development than those whose mothers were using the copper IUD (Nath and Sitruk-Ware 2010).

- The weights of infants of mothers using the PVR were similar to those of whose mothers were using the IUD over the first year of life. Similar infant weight increases over the first year of life have been reported by other clinical studies as well (Massai et al. 2005).
- The dose of the hormone delivered by the ring is lower than what an ovulating woman would normally secrete in her blood. Therefore, the exposure an infant has to the hormone is far lower than what it would be if its mother had resumed her regular menstrual cycles.
- When mothers use contraception, babies typically get very low levels of progesterone from breast milk. For example, estimates indicate that babies of mothers using implants receive about 5 mcg/day of progesterone which is considerably lower than the European Medicines Agency (EMA) stipulated maximum intake of 150 mcg per day.
- Less than 10 percent of progesterone is bio-available to babies due to the low levels of progesterone in breast milk and its short half-life after passing through the baby’s digestive tract where the hormone is quickly eliminated (Nath and Sitruk-Ware 2010; Massai et al. 2000).

EFFECT ON SEXUAL PARTNERS

Sexual partners have limited exposure to the progesterone in the ring and hence are not affected by it. At most, some men may feel the presence of the ring. Users have reported that the ring has not had any effect on their or their partner’s sexual pleasure (Nath and Sitruk-Ware 2010).

EXPANDING CONTRACEPTIVE OPTIONS

In 2015, the PVR has been added to the World Health Organization’s (WHO) Essential Medicines List (EML) and Medical Eligibility Criteria (MEC) for Contraceptive Use guidance for providers.

SUMMARY

The PVR is an effective and safe contraceptive for mothers, their babies, and their sexual partners. This method vastly expands the range of contraceptive choices available for nursing women.

References


CONTACT INFORMATION

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