**Progestosterone vaginal ring**

**Description**

The progesterone vaginal ring Progering® is used to extend the contraceptive effectiveness of lactational amenorrhea among breastfeeding women. Progesterone vaginal rings are inserted in the vagina for continuous use for up to three months and replaced with a new ring if breastfeeding is continued and extended contraception is desired. Women can use these rings continuously for up to one year. Although not recommended, the ring may be removed during sexual intercourse for a period of up to two hours. If the ring is removed for a longer period of time, an additional contraceptive method should be used for the following seven days. Upon introduction of complementary foods or a reduction in the frequency of breastfeeding, progesterone rings should be replaced with another effective method if continued contraception is desired.

The progesterone vaginal ring functions by diffusing a continuous flow of progesterone through the vaginal walls—approximately 10 mg per day—which then enters the bloodstream and regulates the woman’s fertility by suppressing ovulation. Progesterone also thickens the cervical mucus, inhibiting sperm penetration into the uterus.

Progesterone vaginal rings play an important role in today’s contraceptive method mix, especially as a contraceptive choice for breastfeeding women. Acceptability studies conducted with other contraceptive rings in Australia, Canada, Chile, Dominican Republic, the United States, and Europe have demonstrated that women generally like the vaginal ring for many reasons, including its effectiveness; its ease of use, including insertion and removal; the user control of these actions; and the lack of need to check it regularly.

**Efficacy**

Clinical trials have shown a high contraceptive efficacy (over 98.5 percent) and a good safety profile. There are reports of some side effects such as vaginal discharge, urinary discomfort, bleeding disturbances, and rare reproductive tract infections. In a Chilean study, less than 5 percent of users experienced any one of these side effects.

The effectiveness of the progesterone ring during the recommended three months of use has been shown to be comparable to that of the Copper T-380A intrauterine device. While progesterone rings are less effective overall than rings containing both a progestin and an estrogen, they are highly effective among breastfeeding women because exclusive breastfeeding itself provides some protection from pregnancy. Also, they are more appropriate for use by breastfeeding women because they do not contain estrogen, which can reduce milk production. The most common reason for discontinuation of progesterone rings is weaning, as mothers choose more effective contraception after they reduce breastfeeding episodes. Bleeding disturbances, a common side effect of all progesterone-only methods, is another frequent reason for discontinuation. The progesterone ring does not provide protection from sexually transmitted infections, including HIV.

**Current program/sector use**

The product Progering® is sold commercially in six countries in Latin America through gynecologists and pharmacies. There is limited data on commercial sales in these countries and available information suggests that market penetration is weak. Further clinical trials and social research are also being conducted on this product in India in anticipation of its registration and commercialization there once approved by the Drug Controller of India. Further acceptability studies will be conducted in Kenya, Nigeria, and Senegal prior to introduction in these markets.
Manufacturer

Progering® is the brand name of the progesterone vaginal ring currently available in Latin America for contraceptive use and is manufactured by Laboratorios Andrómaco SA in Santiago, Chile. The product is supplied to providers and/or pharmacies by Laboratorios Andrómaco or its subsidiary ABL Pharma.

Registration status

Progering® was registered in Chile and Peru in 1998 for use by breastfeeding women. It was approved and launched in 2010 in other countries in Latin America including Bolivia, Chile, Ecuador, Guatemala, Honduras, and Peru. The Population Council, CONRAD, and the private companies Silesia SA and Andrómaco SA funded its development in the 1990s.

Public-sector price agreements

None, but Andrómaco is seeking public-private partnerships to expand access to the product.

References


For more information on the Caucus on New and Underused RH Technologies, please visit our web page at http://www.rhsupplies.org/working-groups/ caucus-on-newunderused-rh-technologies.html.