

diaphragm & cap



THE DIAPHRAGM AND CAP

These are barrier methods of contraception which fit in the woman's vagina. They come in different shapes and sizes. Vaginal diaphragms are circular domes made of thin, soft latex (rubber) or silicone with a flexible rim. Cervical caps are smaller devices which are designed to fit neatly over the cervix and are made of latex or silicone.

Diaphragms and caps work in a similar way so the same information applies to both.

HOW DOES IT WORK?

They form a barrier at the entrance to the womb (cervix) which stops the man's sperm getting through to join the egg.

To be effective, diaphragms and caps need to be used with a spermicide. Spermicides are chemicals that kill sperm.

HOW EFFECTIVE IS IT?

If used according to instructions, latex diaphragms and caps are 92-96% effective when used correctly and with spermicide. This means that between four and eight women in 100 will get pregnant in a year. If they are not used according to instructions, more women will get pregnant. How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions.

WHERE DO YOU GET A CAP OR DIAPHRAGM?

You can get a diaphragm or cap from family planning clinics and some general practices. A trained nurse or doctor must fit you. After you have had a fitting and know your size you can purchase future ones from the chemist. Caps and diaphragm fitting is available on the GMS (medical card scheme) but you will have to pay for the device yourself.

WHAT ARE THE ADVANTAGES?

- » You only have to use it when you have sex.
- » It has no serious health risks.
- » You can put it in at any convenient time before you have sex.
- » It may give you some protection against cervical cancer and some sexually transmitted infections.

WHAT ARE THE DISADVANTAGES?

- » Can disrupt sex.
- » Some people find the spermicide messy.
- » It can take time to learn how to use it.
- » Not suitable for people who are sensitive to the chemicals in latex or spermicide.
- » Cystitis can be a problem for some women who use a diaphragm. Ask the doctor or nurse to check the size of your diaphragm if you suffer from cystitis.

WHO IS IT SUITABLE FOR?

Most women can use a diaphragm or cap. A diaphragm or cap may not be suitable if you:

- » have vaginal muscles which can't hold a diaphragm
- » have a cervix of an unusual shape or in an awkward position or you cannot reach it
- » are sensitive to the chemicals in latex or spermicide
- » have repeated urinary infections
- » have a vaginal infection (wait until after the infection has cleared)
- » have ever had toxic shock syndrome
- » do not feel comfortable touching your vagina.

If you have a high risk of getting a sexually transmitted infection (STI), for example if you or your partner has more than one partner, it may be advisable not to use a diaphragm or cap. Research shows that spermicide (Nonoxinol 9), which needs to be used with a diaphragm or cap to prevent pregnancy, does not protect against STIs. It may even increase the risk of getting an STI such as chlamydia or HIV.

HOW DO I PUT IN A DIAPHRAGM?

Instructions on how to use a diaphragm come with it and a doctor or nurse will show you how to put it in.

Always use a spermicide cream or jelly with the diaphragm. Apply two ribbons of cream on each side of the dome, and smear a little around the rim before you put it in.

Put your index finger on top of the diaphragm and squeeze it between your thumb and other finger, making a figure of eight. Slide the diaphragm into your vagina downwards and backwards. This should ensure that the diaphragm covers your cervix.

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Always check that your cervix is covered. It feels like the end of your nose. If your cervix is not covered, take the diaphragm out by hooking your finger under the rim or loop (if there is one) and pulling downwards and try again.

Some women squat while they put their diaphragm in. Others lie down or stand with one foot up on a chair. You will need to find out which position is easiest for you.

The diaphragm and spermicide can be put in at any convenient time before intercourse, so need not interfere with spontaneity. (More than three hours between insertion and intercourse just means using additional spermicide).

If you have intercourse more than 3 hours after inserting the diaphragm, use a pessary or more spermicide **without removing the diaphragm**.

Do not remove the diaphragm for at least 6 hours after intercourse. You can leave it in longer but not more than 24 hours without removing and cleaning it.

HOW DO I PUT IN A CAP?

While instructions on how to use a cap come with it make sure you understand the nurses directions as it is vital your cap is correctly in place. It must fit neatly over your cervix.

The different types of cap are all used in a similar way. Fill one-third of the cap with spermicide, but don't put any spermicide around the rim as this will stop the cap from staying in place. Squeeze the sides of the cap together and hold it between your thumb and first two fingers. The cap must fit neatly over your cervix. It stays in place by suction. Always check that your cervix is covered. Add extra spermicide after it has been put in.

All types of cap must be left in place for at least six hours after the last time you have intercourse. You can leave it longer, but ideally not more than 24 hours.

HOW TO CARE FOR YOUR DIAPHRAGM OR CAP

After use, clean it by washing gently in warm water with unscented toilet soap. Rinse with warm water and dry thoroughly. Never boil it and avoid disinfectants, detergents, carbolic and strongly perfumed soap, Vaseline and any other oil-based lubricant. These spoil the rubber. Inspect your device regularly for tears and holes by holding it up to the light. Never stretch it with sharp fingernails.

It is important that the device should retain its circular shape. If it gets out of shape, just bend the rim gently to restore. When not in use keep it in its box in a cool, dry place.

WHAT IS A PRACTICE DIAPHRAGM / CAP?

At your first visit to the family planning clinic you may be given a diaphragm or cap to try for a week or so. Practise inserting and removing as instructed in the clinic but do not use the practice diaphragm/cap as a contraceptive. Leave your practice device in overnight and also wear it during the day to make sure it stays in place and is comfortable.

A DIAPHRAGM OR CAP WILL BE LESS EFFECTIVE IF:

- » you don't use it every time you have sex
- » it doesn't cover your cervix
- » you don't have the right size
- » you use it without spermicide
- » you have sex three hours or more after you put it in and you don't use extra spermicide
- » you don't use extra spermicide with your diaphragm or cap every time you have more sex
- » you remove it too soon (less than six hours after the last time you had sex)
- » you use oil-based products such as baby lotion, bath oils or some vaginal medicines (pessaries) with latex diaphragms or caps. These can damage the latex.

If any of these happen, or if you have had sex without using contraception, you can get advice about emergency contraception.

WHAT IF I HAVE MY PERIOD?

Ideally diaphragms and caps should not be used during your period because of a possible risk of toxic shock syndrome (TSS). However do not worry if your period starts while the diaphragm is in place. The blood will collect inside and eventually run over. You can safely remove it at any time.

You can do all the usual things you do while the diaphragm is in place without feeling its presence. You can go to the toilet as usual.

PREGNANCY AND THE CAP / DIAPHRAGM

IF I BECOME PREGNANT

If you have used your contraceptive properly it is unlikely you are pregnant. If you think you might have put yourself at risk of pregnancy take a pregnancy test and see your doctor at once.

WANT TO BECOME PREGNANT

As caps and diaphragms are a barrier method they don't interfere with fertility and as soon as you want to try and conceive, just stop using them during intercourse.

SPECIAL PRECAUTIONS

You should return every 12 months for a check that your cap/diaphragm still fits. You may need a different size diaphragm if you put on or lose more than 3 kilos (7 pounds) in weight. This is because your internal measurements may change when your weight does. Similarly a new size may be required after having a baby, miscarriage or abortion. Always put in your diaphragm before coming to the doctor for a return visit. If a smear test is to be done do not use spermicide.

Only use products with your barrier method recommended by the family planning clinic. If you have any difficulty with the method always come back to the doctor. In any case come back for a check visit as advised.

TO MAKE AN APPOINTMENT AT AN IFPA MEDICAL CENTRE OR FIND OUT MORE ABOUT OUR SERVICES PLEASE CALL:

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THE IFPA ALSO OPERATES A NATIONAL INFORMATION SERVICE PROVIDING EDUCATIONAL RESOURCES AND DETAILS OF STI AND CONTRACEPTIVE SERVICES IN YOUR AREA.

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