

Chapter 1 : Barrier Methods of Birth Control | Cigna

Barrier methods of birth control act as barriers to keep the man's sperm from reaching the woman's egg. Some barrier methods also protect against sexually transmitted infections (STIs). A few barrier methods (spermicide, condom, and sponge) can be bought in most drugstores.

Talk openly with your partner and work together to be safe. Contraception is for the protection of both of you. Practice handling and using condoms when masturbating before you need to use them with a partner. Check the expiry date and that the air bubble is still present in the package. Teeth or long fingernails can tear the condom. Pinch tip of condom and place on tip of penis Roll the condom down to the base of the penis. If you are using lubricant, now is the time to put lots of it on the outside of the condom before inserting the penis during sexual intercourse. Check that the condom has not torn before throwing it away. If it has torn or if semen spills into the vagina, quickly insert a spermicide such as an applicator of foam and seek emergency contraception to help prevent pregnancy. You may also consider going for STI testing. Tie off the used condom and throw it away in the garbage not the toilet , and use a new one for each act of intercourse.

Diaphragm Accessibility Access to the Diaphragm is limited in Canada. A diaphragm is a method of birth control used by women. It is a soft, thin, dome-shaped rubber cup with a flexible rim. Spermicidal jelly is placed inside the dome. The diaphragm is placed high in the vagina to hold the spermicide against the cervix. The diaphragm comes in various sizes and must be fitted by a clinician to be effective. The diaphragm acts as a barrier between the opening of the cervix and semen which contains sperm. The fit may not be tight enough to stop all the sperm from getting past the diaphragm; therefore, the spermicide is used to kill the sperm. It can be inserted several hours before intercourse, but it must be left in the vagina for at least 6 hours following the last episode of intercourse. Additional spermicidal jelly should be inserted into the vagina before each act of intercourse without removing the diaphragm. It can be left in for up to 24 hours total time. You use it only when having intercourse. It is not meant to be used as a menstrual product. The diaphragm is not considered to be an effective method of protection against sexually transmitted infections. How effective is it? Diaphragms must be used with spermicide to be effective. Advantages It is female controlled and does not require partner assistance There is an immediate return to fertility as it offers contraception only when needed It can be used for 2-3 years if cleaned and stored properly It can be inserted several hours before intercourse It can be left in for up to 24 hours total time intercourse may be repeated in that time frame, however, additional spermicide should be inserted into vagina while leaving the diaphragm in place. Please read spermicide fact sheet for side effects, advantages, and disadvantages Disadvantages Need to be comfortable touching your vagina Requires visit to clinic or physician for fitting Are there any problems using a diaphragm? If you or your partner is allergic to latex, you will need to be fitted with a silicone diaphragm, which may be more costly. The use of a diaphragm can increase the risk of getting a urinary tract infection in some women. The diaphragm should be carefully washed and dried after use to avoid infections. The wrong-size diaphragm can cause cramping or pelvic pain, and will not provide effective protection against pregnancy. Refit your diaphragm after a 10 lb. Although rare, cases of toxic shock syndrome TSS have been reported with diaphragm use during the menstrual period. It is recommended that a diaphragm not be used if you are bleeding from your vagina for any reason or have a vaginal, cervical or pelvic infection. Use another method of birth control such as condoms during your period. How do I care for my diaphragm? After you take out your diaphragm, wash it with a mild soap like Ivory. Rinse and dry it well and put it away in its compact. Keeping your diaphragm away from heat and light will decrease the chance of weakening the rubber. A regularly used diaphragm can last two to three years. Products such as baby powder, body powder, or face powder seem to damage the rubber and should be avoided. You can dust your diaphragm with plain cornstarch, but be sure to wash it off before using again. Oil-based products like Vaseline or hand cream damage the diaphragm Recommendations Until you are sure the diaphragm is staying in place or until your first return visit to the clinic, use a back-up method of birth control such as condoms or oral contraceptive pills. Cases of toxic shock syndrome TSS have been reported with diaphragm use during the menstrual period. Use another method of birth control such as

foam and condoms during your period. When do I need to have my diaphragm checked? Return to the clinic or healthcare provider for a fit check approximately four weeks after getting your diaphragm. It is recommended to have a refitting yearly, and after a weight gain or loss of 10 or more pounds, after abortion, or after a pregnancy. During a routine yearly exam and Pap test your healthcare provider will check the fit and examine the diaphragm. If you feel irritation or discomfort, make a diaphragm check appointment.

Chapter 2 : Use and Effectiveness of Barrier and Spermicidal Contraceptive Methods | GLOWM

Different barrier methods of birth control are available, for example, spermicides, male condoms, female condoms, contraceptive sponge, diaphragm, and cervical cap. Side effects, and efficacy (in preventing pregnancy) depends on the type of birth control.

Forward planning and may interrupt sex. The participation and commitment of both partners. Motivation at each act of intercourse. Are less effective at preventing pregnancy compared to hormonal and intrauterine methods. Can break or slip off. Loss of sensitivity during intercourse may occur. Men who sometimes lose their erection during sex may find it difficult to use a male condom correctly. Allergy to latex can occur rare. How to use female condoms Prior to use, advise the woman to: Check that the condom has the relevant safety markings for example BSI and CE Kitemarks , and is within the use-by date. Use a new condom for each episode of sex, That the condom should be inserted before the penis comes into contact with the genital area. Find a comfortable position in which to insert the condom; this may be sitting, squatting, or with one leg up on a chair. Hold the closed end of the female condom and squeeze the inner ring between her thumb and middle finger. Keeping the index finger on the inner ring facilitates insertion. Use her other hand to separate the labia, then put the squeezed ring into her vagina and push it up as far as it can go. Place her index or middle finger, or both, inside the open end of the female condom until the inner ring can be felt, and then push the inner ring as far back into the vagina as it can go. The ring will be lying just behind the pubic bone which can be felt by inserting a finger into the vagina and curving it slightly forward. Following insertion, the outer ring should rest closely against the vulva. Remove the condom immediately by twisting the outer ring of the condom to keep the semen inside, then pulling the condom gently out of her vagina. Wrap the used condom in tissue and place it in the bin do not flush down the toilet. It is a good idea to guide the penis into the female condom so that it does not enter between the vagina and the condom. It is normal for the condom to move during intercourse, but it will remain effective if the penis stays inside it. Advantages and disadvantages of female condom Advantages Reduce the risk of some sexually transmitted infections, including HIV. Protect against cervical cancer. Used with oil-based lubricants because they are made of polyurethane. Used if either partner is allergic to latex. Inserted up to 8 hours before sex. Female condoms are less likely to tear than the latex male condom. Some men prefer the freer sensations during the penetrative phase of intercourse. There are no known adverse effects. Disadvantages Require careful insertion. Require motivation at each act of intercourse. Can be dislodged, or the penis can be inserted between the vaginal wall and the female condom. Can be noisy during intercourse. May cause discomfort during sex due to the inner ring. Are not as effective at preventing pregnancy as hormonal and intrauterine methods. Back to top Efficacy For comparison of the efficacy of male and female condoms with other methods of contraception, see the section on How effective are the available contraceptive methods? Pregnancy rates are similar for latex and non-latex condoms. Sexually transmitted infections Male condom Consistent and correct use of male latex condoms can reduce the risk of HIV transmission. Condoms should not be lubricated with spermicide nonoxinol-9 because this may increase the risk of HIV transmission and other sexually transmitted infections. Consistent and correct use of male condoms reduces the risk of transmission of the following organisms and diseases: Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Herpes simplex virus, genital human papillomavirus HPV , syphilis, and hepatitis B virus. There is insufficient evidence to determine the efficacy of male condoms in preventing transmission of hepatitis A and C. Condoms without spermicidal lubricant may be advisable during infectious episodes. Female condom Consistent and correct use of female condoms is likely to reduce HIV transmission. Consistent and correct use of the female condom reduces the risk of transmission of the following organisms: Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis. Extrapolating from evidence on the above organisms, the consistent and correct use of female condoms may also reduce the risk of infection by organisms with similar modes of transmission, such as Herpes simplex virus, genital human papillomavirus, and syphilis. The efficacy of female condoms in preventing transmission of hepatitis A, B, and C is unknown. However, during infectious episodes, the female condom may be

recommended for preventing transmission of hepatitis A and C.

Chapter 3 : Obs&Gyn: Barrier contraceptives - Spermicides

Barrier contraceptives include vaginal spermicides (foams, creams, suppositories), condoms, diaphragms, cervical caps, and contraceptive sponges. Spermicides Vaginal foams, creams, and suppositories contain agents that provide a chemical barrier to sperm by damaging sperm cell membranes and thus preventing fertilization.

Printable page generated Wednesday, 14 Nov , Various male and female barrier methods of contraception have been in use for centuries, and they are one of the oldest methods in use. They are designed to prevent the passage of sperm into the uterus during the sexual act. The success of such methods depends on the quality of the barriers, and the motivation and willingness of the couple to use the method. The male condom is the only male barrier known, while a number of different female barriers exist, such as the diaphragm, female condom and cervical cap, all of which are widely available. Spermicides are often used in conjunction with barrier methods. They are chemical barriers which can also be used on their own. In this study session, you will learn about the various barrier methods, their types and mechanism of actions, their effectiveness of use, and the advantages and disadvantages of each. Learning Outcomes for Study Session 8 When you have studied this session, you should be able to: Examples of mechanical barriers include the male condom, female condom, diaphragm, cervical cap, and sponge. The condom is the only contraceptive method that helps prevent sexually transmitted infections STIs. Spermicides are usually available without a prescription or medical examination. In Ethiopia, it has perhaps been the only barrier method ever known and used. Thus, in this study session, more emphasis will be given to the male condom than to any other barrier method and you will learn about it in detail. It can also be called a rubber, sheath or skin, and is known by many different brand names. It works by providing a barrier between partners during sexual intercourse, so that bodily fluids, such as semen and blood, are not shared. Most condoms are made of thin latex rubber. Some condoms are coated with a dry lubricant or with spermicide. Different sizes, shapes, colours and textures are common. You can learn how to demonstrate it using wooden models or toys. You need to practise it on your own, or aided by your mentor, so that you can demonstrate it to any client in your community. Eventually, you will need to ask your client to demonstrate it back to check that the process has been understood. Check the condom package. Do not use the condom if it is torn or damaged. Avoid using an expired condom. Do so only if a newer condom is not available. Tear and open the package carefully. Do not use fingernails, teeth, or anything that can damage the condom. For the best protection, put the condom on before the penis makes any genital contact. The condom should unroll easily. Forcing it on could cause it to break during use. If the condom does not unroll easily, it may be on backwards, be damaged, or be too old. Throw it away and use a new condom. If the condom is on backwards and another one is not available, turn it over and unroll it onto the penis. Slide the condom off, avoiding spilling semen. If having sex again, use a new condom. Wrap the condom in its packaging and put it in the rubbish or latrine. Keep it away from the reach of children. Condom failure Condoms are used around the world by unmarried and married couples. All users are not equally expert in handling condoms. Therefore, do not assume that the client knows how to correctly use a condom, regardless of past experience. There is always a chance that male condoms could break or slip during sex. The most common causes of condom failure are breakage and slipping. To prevent a condom from breaking due to dryness, the user has to make sure there is enough lubrication from natural secretions, or use a water-based lubricant. A water-based lubricant is a jelly-like lubricant made of water, e. Oil-based lubricants can cause condoms to break. To keep a condom from slipping off, the user should be certain that the rim stays near the base of the penis during intercourse. This is especially important at the end of intercourse as the penis is withdrawn. Not having a condom when needed. Starting intercourse without a condom on the penis, then interrupting intercourse to put on the condom or deciding not to use the condom at all. Tearing the condom with a fingernail. Not holding the rim of the condom when withdrawing the penis from the vagina, causing condom slippage and leakage. Forgetting to use the condom altogether. They should not use two condoms at once. Placing two male condoms on a penis can raise the chance of tearing. Used condoms should be thrown away after each sex act. Male condoms and female condoms should not be used at the same time. They are safe, and have no hormonal

side-effects. They can be stopped at any time, and fertility returns shortly after each use. They are very easy to find and use without seeing a healthcare provider first. Moreover, men of any age can use them, and using a condom enables a man to take responsibility for preventing pregnancy and sexually transmitted infections.

Disadvantages and side-effects Condoms do have some disadvantages. The common ones are as follows: Some people connect condoms with immoral sex, sex outside marriage, or sex with prostitutes, and do not want to use them. Some people are too embarrassed to buy, ask a partner to use, put on, take off, or throw away condoms. There is a small possibility that a condom will slip off during sex. Condoms can weaken and may break during use if stored for too long or in too much heat, sunlight or humidity, or if used with oil-based lubricants, such as vaseline or edible oils. It has inner and outer rings Figure 8. A soft ring at the closed end of the tube covers the cervix during intercourse and holds it inside the vagina. Another ring at the open end of the tube stays outside the vagina and partly covers the lip area. It is the only female-controlled device offering this protection. Like the male condom, the female condom provides a barrier between partners during sexual intercourse, to prevent the sharing of bodily fluids, like semen and blood. This ensures that pregnancy does not occur, and STIs are not transmitted. Female condoms can be inserted up to 8 hours before intercourse, and are only effective when placed prior to intercourse. At first, female condoms can be uncomfortable to use, but they become easier with practice. Note that a female condom and a male condom should not be used at the same time, because this can cause friction that may lead to slipping or tearing of the condoms. To insert the condom Figure 8. She can use her other hand to spread the outer lips, and insert the squeezed condom into the vaginal canal. The inner ring should be pushed just past the pubic bone and over the cervix. After insertion, she has to make sure the condom is not twisted. About one inch of the open end will stay outside the body. The outer ring of the female condom needs to be held in place during intercourse. After intercourse, she has to squeeze and twist the outer ring to keep all fluids, including sperm, inside the condom, and gently pull it out and throw it away. However, the following advantages are specific to female condoms: Unlike the male condom, erection is not necessary to keep the condom in place. Female condoms can be used by people who are known to be sensitive to latex because, while most male condoms are made of latex, female condoms are made of plastic, which rarely causes an allergic reaction.

Disadvantages These are the most common disadvantages of the female condom: Female condoms make a noticeable sound during sexual intercourse. It is sometimes difficult to insert or use, and some women can have difficulty on the first attempt at self-insertion. It can break or leak. It is much more expensive than a male condom. The diaphragm is a small dome-shaped latex cup with a flexible ring that fits over the cervix. The cup acts as a physical barrier against the entry of sperm into the uterus. A diaphragm is usually used along with spermicide. However, it is considered a good choice by women whose health or lifestyle prevents them from using more effective hormonal contraceptives. The largest ring that fits comfortably is usually the size chosen. Diaphragms can be inserted up to two hours before sex, because spermicide is only effective for two hours. If the woman inserts her diaphragm more than two hours before intercourse, she will have to insert more spermicide into her vagina later see Box 8. As a general rule, diaphragms should be replaced every one to two years.

Chapter 4 : Family Planning Module: Barrier Contraceptive Methods: View as single page

Spermicides are best used with a barrier contraceptive, such as a condom or diaphragm. Spermicides should not be used more than once a day. Doing so may irritate the vagina and damage the tissues lining it.

Barrier contraceptives - Spermicides D. Spermicides Spermicides are chemical barriers that consists of two components: Spermicides can be delivered through foam, cream, jelly, film, suppositories or tablets. They can be used either alone or with another contraceptive method. They will inactivate or kill sperm, making fertilization unlikely and also act as mechanical barriers. No douching is permitted with in 8 hrs. Can be used by: Women who cannot or do not want to use hormonal methods. Couples who have sexual intercourse infrequently. Women wanting a method that they control. Breast feeding women who need contraception. Should not be used by: Women having cervical cancer awaiting treatment High risk of HIV. Spermicides are effective at preventing pregnancy when used consistently and correctly. They are safe, with no systemic side effects. Easy to initiate and discontinue with immediate return to fertility. Do not require clinical visit while starting or partner co-operation while using. Spermicides are not effective as other methods in typical use. Side effects like local irritation can occur, especially if used several times a day. May interrupt sexual activity. Usage can be messy. Can make yeast infection or urinary tract infections more common because of repeated use and local aberrations. Formally thought to reduce the risk of STDs but research found no protection against them.

Chapter 5 : Spermicidal Contraception. About Spermicidal contraceptive | Patient

Spermicides are pharmaceutical agents containing chemicals that kill or incapacitate sperm administered vaginally in a vehicle (gel, foam, cream, suppository, or film). 17 Table 1 lists the common physical and chemical barrier methods of contraception. Barrier and spermicidal methods of contraception are coitus-dependent; all are temporally.

Skip to the navigation Treatment Overview Barrier methods of birth control block sperm from entering the uterus. Using a spermicide with a barrier method gives you the best possible barrier method protection. The spermicide kills most of the sperm that enter the vagina. The barrier method then blocks any remaining sperm from passing through the cervix to fertilize an egg. Barrier methods include the diaphragm, cervical cap, male condom, and female condom and spermicidal foam, sponges, and film. Unlike other methods of birth control, barrier methods are used only when you have sexual intercourse. Be sure to read the instructions before using a barrier method. It is very important that you use a barrier method correctly every time you have sex. Sexually transmitted infection protection Male or female condoms are the only birth control methods that protect against sexually transmitted infections STIs , including infection with the human immunodeficiency virus HIV. To help protect yourself and your partner from STI infection, be sure to use a condom every time you have sex. Advantages of all barrier methods Barrier methods of birth control: Are only used at the time of sexual intercourse. Are safe for a woman to use while she is breastfeeding. Do not affect other health conditions, such as high blood pressure or diabetes. Are less expensive than hormonal methods of birth control, and some are available without a prescription. Condoms and diaphragms may reduce the risk of cervical cancer, which is caused by a sexually transmitted human papillomavirus. Condoms also are the best method for reducing the risk of sexually transmitted infections, including HIV. Disadvantages of all barrier methods Failure rates for barrier methods are higher than for most other methods of birth control. If you are considering using a barrier method for birth control, think through what the emotional and financial costs of an unintended pregnancy would be if the method fails. To prevent pregnancy with a barrier method, you and your partner must be comfortable with using it and be prepared to use it every time you have sex. For some couples, barrier methods are not a good choice because one or both partners: Find it embarrassing to use. Do not want a barrier method to interrupt foreplay or intercourse. Some people develop allergies to spermicides. But using spermicide is advised with diaphragms or cervical caps. For people who have an allergy to latex, polyurethane condoms are available. Latex condoms are slightly more dependable than polyurethane condoms. A male or female condom is removed promptly and thrown away. A contraceptive sponge has to be left in for 6 or more hours, then removed and thrown away. A diaphragm or cervical cap has to be left in for 6 or more hours, then washed and stored for reuse. Why It Is Done Condoms are necessary when you need to protect yourself or your partner from sexually transmitted infection STI or when you do not know that you are both infection-free. Latex or polyurethane male condoms give you and your partner the most effective possible protection from STIs, including infection with HIV. Natural membrane sheepskin condoms do not protect you against all STIs. Barrier methods of birth control, such as a diaphragm, cervical cap, or condom, are a good choice if: You want an option that does not require hormones or insertion of an intrauterine device. You want an option that does not restrict when you have sexual intercourse, such as natural family planning. You are planning to become pregnant soon and prefer a method you can stop using anytime you want. You have heavy menstrual periods. A diaphragm may be used for birth control during a menstrual period and can contain the menstrual blood as long as it is not left in for longer than 6 hours at a time. You and your partner find it easy to use the method every time you have sex. How Well It Works Barrier methods of birth control vary in how effective they are in preventing pregnancy. Barrier methods of birth control Barrier.

Chapter 6 : Spermicides (barrier method of contraception) - Women Health Info Blog

The effectiveness of spermicides as a sole method of contraception is less than that of condoms, but their use in combination with barrier methods (barrier method plus concurrent use of a spermicide) adds significantly to their effectiveness.

Allergy to latex in either partner Either partner unable or unwilling to use condom consistently Modified from: Contraception, In Cohn HP ed: They must be used correctly at each sexual engagement. A commonly mentioned drawback is the need to interrupt intercourse for placement; however, couples may surmount this by making the placement of the condom part of the sexual experience. Most commercially available condoms are made of latex rubber. They come in an astounding variety of shapes e. Condoms come in an assortment of colors, combinations of colors, even fluorescent, and they may be flavored. They come in different sizes: They come as extra-strength and extra-thin. They may be lightly powdered or lubricated with silicone or a water-soluble spermicide or without spermicide, or a desensitizing product. Their variety seems to be limited only by the imagination of the manufacturers. Indications are that there is a market for such diversity and attesting to the contemporary losing of old social restraints about sexual intimacy. Usually, condoms are neatly rolled and packaged flat in paper, plastic, or aluminum foil. They have a long shelf-life, especially if they are protected from direct sunlight, heat, oily substances, and ozone, all of which contribute to rapid latex deterioration. Effectiveness of the male condom is associated with user ability, sexual practices, propensity for breakage, and issues related to manufacturing. No studies demonstrate that condoms lubricated with a spermicide are more effective than unlubricated condoms in preventing pregnancy. Problems of slippage occur more often with lubricated than non-lubricated condoms. Regarding sexual practices, vigorous coitus appears to increase ruptures. In conjunction with the ISO and multiple other international agencies, the World Health Organization releases a manual describing the guidelines for ensuring quality condoms, including specifications for latex type, appropriate shelf lives, minimum bursting volumes and pressures, electronic testing for identification of microscopic holes, water leak tests, and even packaging specifications. Aging is a major predictor for condom breakage, so patients must be advised to discard condoms when past their expiration date. One FDA study found that fluorescent polystyrene microspheres nm similar in diameter to the HIV virus 90â€” nm could pass through 29 of 89 unlubricated latex condoms. The harsh physical conditions of the in vitro test under which the study was performed included 30 mL of a watery suspension of particles at a concentration times that reported for the average normal human ejaculate 3 mL under high pressure over 30 minutes. Based on the rigorous nature of study conditions, the authors acknowledge that their findings likely represent a worst-case scenario for the risk of fluid transfer with condoms, which is still at least 10, times better than not using a condom at all. It is worthwhile to emphasize that the prevention of STDs may prevent future infertility 33 , 34 and cancer of the cervix. Latex-free and deproteinized latex condoms are good alternatives for latex-allergic patients. They are less elastic and wider than latex condoms, making them less constrictive. It is made from Duron, a thermoplastic polyester polyurethane, and it is straight-sided and reservoir-tipped. It is wider, approximately 64 mm when lying flat versus 52 mm for the standard latex condoms. Three Tactylon models were manufactured standard, baggy, and with a wider closed end of 80 mm to allow greater comfort by diminishing glans constriction and to provide a more elastic, standard shape condom. It bears a unique design. Rather than being rolled on like latex condoms, Ezon is slipped onto the penis. Trojan Supra Carter-Wallace Inc. It is somewhat larger than most condoms, measuring mm long and 59 mm wide. The authors noted that the contraceptive efficacy of non-latex products needs further investigation. They fit loosely on the penis and conduct more heat than latex condoms, supposedly providing more sensitivity during intercourse. Their thicknesses are variable but similar to that of rubber latex condoms approximately 0. They are considerably more expensive than their latex counterparts. These condoms must be kept moist to prevent cracking of the animal membrane, so they are packaged with water-based lubricant. Laboratory tests show that natural membrane condoms contain micropores that allow passage of HIV, hepatitis B virus, and herpes simplex virus, and thus they are not indicated for STD prevention. No

use-effectiveness data are available on natural membrane condoms, but they have been shown to prevent the passage of sperm and are permitted by the FDA to be labelled for pregnancy prevention. Disruption of the vaginal and upper reproductive tract epithelium by N-9 was demonstrated in animal and human studies. A World Health Organization report summarized the research findings on use of condoms with N-9 lubricant. The committee concluded that condoms with N-9 were not more effective than condoms alone in pregnancy prevention, and that such condoms should not be encouraged for use. Use of condoms with N-9, however, was better than using no condom at all. N-9 was found to increase the risk of HIV transmission in high-risk women, but it remains a contraceptive option for women at low risk of HIV infection. Condoms lubricated with N-9 have been associated with an increased frequency of UTIs versus condoms without the spermicide, 86 and others conclude that non-lubricated condoms are also associated with UTI. Risk factors for condom failure included younger age, multiparity, non-Hispanic black race, and poverty. All must be familiar with the instructions for condom use and be able to direct patients appropriately Table 4. Make sure you have the rim side up so you can unroll it all the way down to the base of the penis, before the penis comes in contact with a body opening Leave a space at the tip of the condom to collect semen; remove air pockets in the space by pressing the air out towards the base Use only water-based lubricants. Lubricants such as petroleum jelly, mineral oil, cold cream, vegetable oil, or other oils may damage the condom Replace a broken condom immediately After ejaculation and while the penis is still erect, withdraw the penis while holding the condom carefully against the base of the penis so that the condom remains in place Do not reuse condoms Modified from: Department of Health and Human Services, U. Government Printing Office, Although issues exist with consistent method use, the dual function role of male condoms in preventing pregnancy and sexually transmitted infection must be emphasized. Currently, the condom is the only widely available method providing dual protection, and this importance must be conveyed to users for promotion of individual and public health. First introduced in Europe in , they were first approved for use in the United States in The most widely available condoms internationally include: New designs and updates continue to emerge and be tested. It has two flexible rings often of the same material , one at each end. The external open ring is designed to stay outside the vagina, resting against the vulva. The inner ring, at the closed end of the sheath, is firmer and must be inserted into the vagina. Insertion of a female condom is facilitated by squeezing the inner ring with one hand while separating the vulvar labia with the other as when inserting a tampon or a diaphragm. Care should be taken not to twist the sheath; otherwise, insertion of the penis will be impossible. The internal ring should be pushed beyond the pubic bone and as close as possible to the cervix. The internal ring, which is not incorporated into the wall of the condom, should not be removed. After intercourse, the open ring should be squeezed and twisted to keep the semen inside without spilling. The device is intended for single use. Clockwise from top left. A Reality female condom. B Holding it for insertion. D Pushing the internal ring beyond the pubic bone, close to the uterine cervix, and E the device in place. The female condom is somewhat more expensive than its male counterpart. However, given the potential impact in reducing HIV infection afforded by a female-controlled method, some donor organizations have contracted with producers to provide the devices at low cost. These social campaigns have negotiated costs of less than one US dollar per device, and some studies indicate that such campaigns are cost-effective. Reuse of the female condom has been reported in many countries, especially those with limited resources. The general recommendation is to use a new condom for each act of intercourse, due to concerns for compromised structural integrity of the condom with handling and washing. Some studies examine the possibility of reuse of female condoms; most found that repeated cleansing of the condoms was associated with structural defects, but usually only after multiple washes. The female condom is a welcome addition to the contraceptive armamentarium. It is acceptable to women of many different cultures and provides its users with credible dual protection under female control. It was popularized by her followers and the family planning movement she initiated as part of her efforts to liberate women from the burdens of undesired pregnancy. The vaginal diaphragm was the first highly effective method of contraception available to women. As such, and for more than 40 years until the advent of oral contraceptives and the intrauterine device, it was the backbone of the family planning movement in the US. The diaphragm was originally used by upper- and middle-class women who had not only the sophistication to

recognize their sexual rights, but also the means and privacy to take advantage of them. It placed the contraceptive initiative and responsibility under the control of women. Important advantages of the diaphragm include moderate protection against sexually transmitted infections, lack of systemic side effects, cost-effectiveness, reversibility, and low maintenance, with requirement for only a single physician visit in most cases. Vulcanized rubber completely covered the ring and closed the space, shaping a dome. This domed rubber cup, with no modifications except for improvements in the quality of the rubber and the ring, has remained virtually unchanged as an excellent female-controlled barrier contraceptive. Those constructed with rubber or latex rubber are sensitive to oily substances and lubricants. When properly fitted and placed, diaphragms ride diagonally in the vagina between its posterior fornix and the tissues on the back of the pubic arch. Types of diaphragms Diaphragms are available in three general types: The flat spring or Mensinga diaphragm allows lateral compression but has no frontal elasticity. The coil spring type has a ring made of coiled steel that permits good lateral as well as limited frontal elasticity. Flat and coil spring diaphragms form a straight line when compressed to insert them. Because of their construction, they offer only lateral elasticity. They are suitable for most women, and they fit well, even when there is moderate vaginal relaxation without cystocele. Arcing spring diaphragms come in two types. It is rigid in the anteroposterior axis and exerts strong lateral pressure. It cannot be fitted in most women with a retroverted uterus. The other arcing diaphragm is the All-Flex. The rim of this diaphragm forms an arch regardless of where it is compressed. It also offers some frontal elasticity.

Chapter 7 : Barrier Methods | Options for Sexual Health

This information is based on the Faculty of Sexual and Reproductive Healthcare (FSRH) clinical guideline Barrier methods for contraception and STI prevention [FSRH, a], the Society of Obstetricians and Gynaecologists Of Canada (SOGC) guideline Canadian contraception consensus.

Glossary What are barrier methods of birth control? Some barrier methods also protect against sexually transmitted infections STIs. A few barrier methods spermicide, condom, and sponge can be bought in most drugstores. Others diaphragm and cervical cap must be prescribed by a health care professional. How effective are barrier methods of birth control in preventing pregnancy? Barrier methods are not as effective at preventing pregnancy as other birth control methods, such as the birth control implant, injection, or intrauterine device IUD. Out of women per year, 18%–28 women will become pregnant when using barrier methods. They work best when they are used correctly every time you have sex. Even one act of sex without using a barrier method can result in pregnancy. If your barrier method breaks or becomes dislodged during sex, or if you forget or are unable to use it, you may want to consider emergency contraception. What is spermicide and how do I use it? Spermicide is a chemical that inactivates sperm. Most spermicides in the United States contain a chemical called nonoxynol Spermicide can be used alone or with all other barrier methods except the sponge, which already contains a spermicide. It comes in different forms, including foams, creams, gels, suppositories, and films. When used alone, a spermicide should be inserted into the vagina close to the cervix. You need to wait 10–15 minutes after insertion for the spermicide to become effective. Read the label carefully to see how long before sex you need to insert the spermicide into your vagina. Keep in mind that spermicides are effective for only 1 hour after they are inserted. You must reinsert spermicide for each act of sex. Do not douche or try to remove the spermicide for at least 6 hours after insertion. What are the benefits, risks, and side effects of using spermicide? Spermicides are easy to use and can be bought in many stores. They cost less to use than other birth control methods. Spermicides do not affect milk supply if you are breastfeeding. Possible risks and side effects: Spermicides can cause vaginal burning and irritation. Some people are allergic to spermicide and may have a reaction. Spermicides that contain nonoxynol-9 do not protect against STIs, including infection with human immunodeficiency virus HIV, and may increase the risk of getting HIV from an infected partner if used many times a day. Spermicides should only be used if you have only one sexual partner and both of you are at low risk of HIV infection. What are condoms and how do I use them? A condom acts as a physical barrier that prevents sperm from entering the uterus and reaching an egg. Two types are available: A male condom is a thin sheath made of latex rubber, polyurethane plastic, or natural animal membrane that is worn over the erect penis during sexual intercourse. A female condom is a thin plastic pouch that lines the vagina. It is held in place by a closed inner ring at the cervix and an outer ring at the opening of the vagina. It provides some protection against STIs. Using both a condom and another method, such as a spermicide, is the best way to protect against pregnancy and STIs. Condoms should be used with a lubricant to prevent them from tearing or breaking and to reduce irritation. Use only water-based or silicone lubricants with latex condoms, and do not use a male and female condom together. Throw condoms away after use. What are the benefits, risks, and side effects of using condoms? Condoms cost less than other birth control methods and can be bought in many stores. They can be used immediately after childbirth. They do not affect milk supply if you are breastfeeding. Latex and polyurethane condoms provide the best available protection against STIs. The female condom can be inserted up to 8 hours before sex. Some people are allergic to latex or polyurethane and may have a reaction. What is the sponge and how do I use it? The sponge is a round device made of soft foam that contains spermicide. It is inserted into the vagina to cover the cervix and keeps sperm from entering the uterus. The spermicide also inactivates sperm. The sponge can be put in up to 24 hours before sex and should be left in place for at least 6 hours after sex. The sponge should be worn for no longer than 30 hours total. If you have sex again in this time frame, you do not have to replace the sponge. Throw the sponge away after use. The sponge is less effective in women who have given birth. If you want to use the sponge after having a baby, you should wait 6 weeks after giving birth until the uterus and cervix

return to their normal size. What are the benefits, risks, and side effects of using the sponge? It can be bought in many stores. Each sponge contains enough spermicide for repeated acts of sex during a hour period. It does not affect milk supply if you are breastfeeding. Because the spermicide in the sponge can increase the risk of getting HIV from an infected partner, you should use the sponge only if you have one sexual partner and both of you are at low risk of HIV infection. Its use may cause vaginal burning and irritation from the spermicide. Some people are allergic to spermicide or to the polyurethane or sulfites found in the sponge and may have a reaction. Getting toxic shock syndrome when using the sponge is rare, but it has occurred in a few women. Do not use it during your menstrual period, if you gave birth less than 6 weeks ago, or if you have had toxic shock syndrome before from a tampon or a sponge. Do not wear the sponge for more than 30 hours total. What is the diaphragm and how do I use it? The diaphragm is a small, dome-shaped device made of silicone or latex that fits inside the vagina and covers the cervix. It must be used with spermicide. There are two types of diaphragms: You should wait 6 weeks after giving birth to use a diaphragm, until the uterus and cervix return to normal size. The diaphragm must remain in place for 6 hours after sex, but for no more than 24 hours total. If you have sex again within this time frame, apply more spermicide without removing the diaphragm. You then need to wait another 6 hours before taking out the diaphragm. What are the benefits, risks, and side effects of using the diaphragm? It can be inserted hours before sex. Because the spermicide used with the diaphragm can increase the risk of getting HIV from an infected partner, you should use the diaphragm only if you have one sexual partner and both of you are at low risk of HIV infection. Use of the diaphragm and spermicide may cause vaginal burning and irritation from the spermicide. Some people are allergic to spermicide or latex and may have a reaction. Use of a diaphragm and spermicide may increase the risk of urinary tract infection. Toxic shock syndrome has occurred from use of the diaphragm. To reduce the risk, do not leave the diaphragm in for more than 24 hours. What is the cervical cap and how do I use it? The cervical cap is a small plastic dome that fits tightly over the cervix and stays in place by suction. It acts as a barrier to keep sperm from entering the uterus. It should be used with a spermicide. A health care professional must fit and prescribe the cap. The type available in the United States comes in three sizes. The cap should be left in place for 6 hours after sex but no more than 48 hours total. If you have sex more than once within this time frame, you do not need to reapply the spermicide. Refitting may be needed after having a baby or after weight gain or loss. The cervical cap is less effective in women who have given birth. You should wait 6 weeks after giving birth to use the cap, until the uterus and cervix return to normal size. What are the benefits, risks, and side effects of using the cervical cap? It can be inserted up to 40 hours before sex. Because the spermicide used with the cervical cap can increase the risk of getting HIV from an infected partner, you should use the cervical cap only if you have one sexual partner and both of you are at low risk of HIV infection. Use of the cap may cause vaginal irritation or odor.

Chapter 8 : Contraception - barrier methods and spermicides - NICE CKS

Non-prescription barrier contraceptives (male and female condoms) are an important contraceptive option because of their wide availability, relative ease of use, and efficacy when used correctly.

These sperm killing chemicals nonoxynol-9 or others can stop sperm from reaching ovulated mature egg by setting up a chemical block in cervix at the entrance to uterus. After sexual contact spermicide trap sperm in foam or gel barrier; at the same time spermicide chemicals destroy all active spermatozooids. Spermicide should be inserted into vagina before planned sexual contact – it can prevent unwanted pregnancy. Spermicides come in form of jelly, foam or cream – they are cheap, safe, easy to use and pretty effective. Spermicide types Modern market offer different types of spermicide – creams, gels, film, foams and suppositories. Many women prefer suppositories because they are soft easy for insertion and they melt very fast in warm vaginal environment becoming creamy. Different companies produce several brands of spermicides but all are working in the same way creating blocking barrier, stopping spermatozooids from moving through cervix. Every woman should try few types of spermicides and choose the one which is most convenient easy to use, with pleasant smell and with affordable price. Some spermicides pretend preventing also sexually transmitted infections which could be the best solution for contraception. In principle, the most important is to use spermicide correctly – every time before starting sexual contacts. Spermicide mode of action Spermicide mode of action includes two components: Spermicide cream, gel, foam, film or suppository inserted into vagina block entrance of cervix; Spermicide chemicals deactivate spermatozooids by slowing down their movement activity and stop their movement through cervix to egg; Some spermicides are designed to kill destroy spermatozooids before they reach uterus. In addition, dual contraception with condom can prevent all sexually transmitted diseases. Spermicide can be used with another barrier method of contraception such as diaphragm or cervical cap. In general, spermicide effectiveness depends on how you use it. It is most effective when you use it correctly every single time before having sexual vaginal contacts. While using spermicide, never forget about risks of getting sexually transmitted infections. Spermicide side effects Local vaginal irritation or itching or redness, Allergic reaction to certain types of spermicides kind of burning sensation and itching , Spermicide can be messy. How to use spermicide Spermicides usually have instruction, expiration date and sometimes applicators for easy insertion. Always read instruction and check expiration date. Spermicide insertion into the vagina is usually very easy similar to tampon insertion. Insertion should be done in relaxed and comfortable position – can be standing with one foot on chair or in lying position or in squat position. Spermicide cream, film, foam, gel or suppository should be inserted with or without applicator gently deep into the vagina. Timing is very important. According to instruction, some spermicides should be inserted at least minutes before sexual contacts; some are effective only after one hour. It is recommended to use spermicides only once a day better once every few days. If you use spermicide few times per day, you could have side effects such as irritation or itching.

Chapter 9 : Barrier contraceptives and spermicides: their role in family planning care. | racedaydvl.com

Barrier contraceptives physically block the sperm's access to a woman's uterus. They include condoms, diaphragms, cervical caps, contraceptive sponges, and spermicides. Barrier contraceptives prevent sperm from entering a woman's uterus. They include the condom, diaphragm, cervical cap, and.

May 1, Published on: Mar 04 modasta. Spermicides sperm, cidal- to kill are chemical substances that are used to kill or inhibit sperm motility. Spermicidal chemicals are devised to kill the sperm before they reach the uterus. These chemicals act on the sperm cell and affect their movement, and cause them to become immobile or kill them. Examples of such chemicals include Nonoxynol-9, Octoxynol-9, benzalkonium chloride, sodium cholate, etc. How are spermicides used? Vaginal insertion Spermicides are meant to be inserted into the vagina before sex. The spermicide must be applied deep in the vagina near the cervix. An applicator is usually provided to squirt the spermicidal cream, gel or foam into the vagina. Vaginal contraceptive film a thin sheet of spermicidal film and suppository are inserted into the vagina manually. These instructions will guide you on how much quantity to use, how much time to wait before having sex and how much time to leave it inside the vagina after sex. Most agents will require a small waiting time of at least minutes, after the application of the spermicide to allow it to dissolve and spread. With other barrier contraceptives Spermicides can be used with other barrier methods such as a condom, diaphragm or a cervical cap to increase their effectiveness of contraception. How effective are spermicides in preventing pregnancy? Spermicides do not have the high efficacy compared to other methods of birth control such oral contraceptives or intrauterine devices. This is an average figure and it varies depending on how efficiently you use spermicides each time you have sex. The failure rates drop when spermicides are used along with other barrier methods such as condoms. Do spermicides protect against Sexually Transmitted Diseases? Hence, condoms must be used with spermicides to get protection against STDs. Spermicides can cause irritation when frequently used, which may increase the risk of transmission of sexually transmitted diseases and HIV. Are there any side effects or risks due to spermicide use? Some users experience an allergic reaction to spermicides. Spermicides can cause itching and burning of the genitals in the partner. Repeated use of spermicides can interfere with the balance of the normal vaginal bacteria and can increase the risk for urinary tract infections. What are the advantages and disadvantages of spermicides?