Spermicides (Birth Control)

Spermicides are chemicals, used as a barrier type method, placed in the birth canal (*vagina*) to kill sperm. They are used as a form of birth control to prevent pregnancy. Spermicides come in many forms, including:

- Foams.
- Creams.
- Jellies.
- Tablets.
- Suppositories.
- Film (*thin sheets*).

There are many other forms of birth control that are more effective than using spermicides alone.

HOW SPERMICIDES WORK

- Spermicides immobilize, damage, and kill sperm that are placed in the woman's vagina during intercourse.
- Spermicides also kill and block sperm from going into the cervical canal, or opening to the uterus (*womb*).
- They start working when they are put in the vagina. Spermicides keep working for 6 to 8 hours after they are inserted.
- Spermicides may contain nonoxynol-9 or octoxynol-9. When used perfectly and alone for birth control:
  - They have a 15% failure rate. They have a 29% failure rate, if not used properly.
  - They increase the risk of transmission of HIV more than spermicides that do not contain nonoxynol-9.
- Spermicides are more effective when used with a diaphragm or condom.
- There is an increased risk of urinary tract and vaginal infections with the use of spermicides.

BENEFITS:

- They are inexpensive.
- They can be bought in drug stores or supermarkets.
- They can be carried in your pocket or purse.
- They can be inserted by your sex partner during foreplay.
- They do not affect female hormones.
- They do not cause birth defects, if pregnancy occurs.
- They can be used while breastfeeding.
- They can be used with a condom, diaphragm, or cervical cap.

DISADVANTAGES:

- The pregnancy rate is 15 to 29%.
- They are messy and may leak from the vagina later.
- They may cause irritation of the vagina or penis.
- They must be inserted each time you have sexual intercourse.
- You must wait 10 to 30 minutes before having sexual intercourse. The tablets and suppositories take longer to melt.
- They do not protect against STDs.
- They may cause bladder or vaginal infection.
- They do not protect against HIV.

HOME CARE INSTRUCTIONS:

Spermicides are less effective if they are used improperly. Here are some important considerations:

- Do not use a vaginal douche for at least 6 to 8 hours after using spermicide. Douching, even with water, can rinse the spermicide out of the vagina before it has killed all the sperm. Washing or rinsing the vaginal or rectal area can make the spermicide ineffective against sexually transmitted diseases (STDs).
- Follow the package instructions carefully.

- Be sure that the spermicide is inserted deep into the vagina.
- Use another application of the spermicide for each episode of intercourse.
- Wait the recommended amount of time between application of the spermicide and intercourse.
- When using spermicide with another birth control device, make sure the package states that it is safe to use with the selected device.
- Keep the spermicide container away from heat, cold, direct light, and moisture. Do not store it in the refrigerator, bathroom, or other damp places.
- Do not use outdated spermicide. Throw it away when it is past the expiration date on the package.
- There are not yet any studies that prove spermicides prevent STDs in humans. Some experts do believe that using spermicides on a condom or inserting them into the vagina can kill organisms before they can cause an STD in the woman.
- If the spermicide irritates the vagina, it makes it easier to get HIV.
- It is still best to use condoms, if you are at risk for STDs.
- Sometimes women and men develop allergic reactions to the spermicide. These symptoms include irritation (*inflammation*) and burning of the vagina or penis with use. If reactions occur, it may be helpful to use another spermicide that has a lower percentage of the medicine in it.
- Any new or worsening symptoms should be reported to your caregiver.

SEEK MEDICAL CARE IF:

- You develop a temperature of 100º F (37.9ºC) or higher.
- You develop painful urination.
- You develop a vaginal or vulvar irritation, discharge, or itching.
- You miss your menstrual period and think you may be pregnant.
- You find out your sexual partner has a STD.
- You find out your sexual partner has HIV.
- You have spotting or bleeding after sexual intercourse.

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