Diaphragm, Contraception, Birth Control

The diaphragm is a barrier method of contraception. It is a round, rubber, dome-shaped cup that fits inside a woman's vagina (*birth canal*). It covers the cervix to prevent pregnancy. The cervix is the lower portion of the womb (*uterus*) that attaches to the vagina. This prevents sperm from traveling through the cervix into the uterus to fertilize an egg. Also, the spermicide used as a lubricant kills the sperm. To be most effective, the largest and most comfortable fitting diaphragm should be used. A diaphragm is 96% effective if used as directed, and it is 80% effective if not used as directed. It should stay in place during sexual intercourse. It should not cause bladder infections or pain during sexual intercourse.

HOW IS THE DIAPHRAGM USED?

- A spermicide should be used with this barrier method. Spermicides are medicines, usually in a jelly or foam form, which kill sperm on contact. The spermicide should be placed in the cup portion of the diaphragm that covers the cervix. It should also be applied around the flexible ring that conforms to the vaginal walls.
- The diaphragm can be inserted up to 6 hours before having sexual intercourse.
- Check the diaphragm before and after sexual intercourse to make sure it is still in place.
- If intercourse occurs again within these 6 hours, another application of spermicide is needed. The diaphragm should not be left in place for longer than 24 hours.
- The use of the diaphragm or spermicides does not completely prevent the transmission of sexually transmitted diseases (STDs).
- The diaphragm should be used every time you have sexual intercourse to get the best results and to not get pregnant.
- Check the diaphragm for holes before and after use.

BEING FITTED FOR A DIAPHRAGM

- A caregiver must measure your vagina prior to prescribing a diaphragm. This is done by performing a pelvic exam.
- A well-fitted diaphragm will ensure the lowest pregnancy rate possible. You will also learn about use, care, and problems of a diaphragm during the exam.
- Failures associated with diaphragm use may be due to improper fitting, pelvis surgery, vaginal birth, or changes in a woman's weight. This can cause a bad fit. The diaphragm may then shift out of place during intercourse.
- After significant weight gain or loss, pregnancy, or mid-trimester miscarriage, it is a good idea to have your diaphragm rechecked to make sure the fit is adequate.
- Diaphragms do not guarantee that pregnancy will not occur. The only guarantee against pregnancy is a hysterectomy (*uterus removal*) or to not have sexual intercourse (*abstinence*).
- The diaphragm should be replaced every 2 years, or sooner if damaged.

BENEFITS

- It can be carried in your purse or pocket.
- You can use it while nursing.
- It is not felt by your sex partner.
- It does not interfere with your female hormones.
- It works immediately and is reversible (*not permanent*).
- There is no interference with sexual foreplay.

DISADVANTAGES

- It is sometimes difficult to insert.
- It may be pushed out of the way during sexual intercourse.
- If it has been in place for 6 hours or more, it must be reinserted with spermicide before sexual intercourse.

- You must have it fitted and refitted, as suggested below, by your caregiver.

HOW TO INSERT A DIAPHRAGM

- Place the spermicide cream or jelly inside the dome and around the rim of the diaphragm.
- Squeeze the rim of the diaphragm and insert the diaphragm into the vagina.
- The opening of the dome should face the cervix while inserting the diaphragm.
- The front part or top of the rim should be behind the pubic bone and pushed over the top of the cervix.
- Be sure the cervix is completely covered, by reaching into your vagina and feeling the cervix behind the latex dome of the diaphragm.
- If you are uncomfortable, it is not inserted properly and you should try inserting it again.

RISKS AND SIDE EFFECTS

- Pregnancy may occur.
- Sexually transmitted disease can occur.
- Urinary tract infections may occur.
- Allergy to the spermicide or latex may occur.
- Toxic shock syndrome may occur, if left in the vagina too long.

HOME CARE INSTRUCTIONS

- Use the diaphragm every time you have sexual intercourse.
- Wash the diaphragm with mild soap and warm water. Rinse thoroughly and dry completely after every use.
- Only use water based lubricants with the diaphragm. Oil based lubricants can damage the diaphragm.
- **Do not** use talc on the diaphragm. It can damage the diaphragm and may cause ovarian cancer.
- Check the diaphragm for holes often, by holding it up to the light and stretching the latex, or by filling it with water.
- **Do not** use the diaphragm if:
  - You had a baby in the last 2 months.
  - You have a vaginal infection.
  - You are having a menstrual period.
  - You had a miscarriage or an abortion after 13 weeks of pregnancy.
  - You had surgery on your cervix or vagina.
  - You have vaginal bleeding of unknown cause.
  - You or your sex partner is allergic to latex or spermicides.

SEEK MEDICAL CARE IF:

- You have pain during sexual intercourse when using the diaphragm.
- The diaphragm slips out of place during sexual intercourse.
- You have an oral temperature above 102° F (38.9° C).
- You develop blood, burning, or pain when you urinate.
- You need to be refitted for a diaphragm because of pelvic surgery, midterm miscarriage, abortion, or you had a baby.
- You find a hole in the diaphragm.
- You develop abnormal vaginal discharge.
- You have vaginal itching or irritation.
- You cannot remove the diaphragm.
- You think you may be pregnant.

Notify your caregiver if you have problems or questions.

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