Barrier Methods of Birth Control

Barrier methods are used to prevent pregnancy. These methods include:

- Male Condom.
- Female condom.
- Diaphragm.
- Cervical cap.
- Sponge.
- Spermicide (kills sperm).

Barrier methods are not as effective in preventing pregnancy as other types of birth control (oral contraceptives, IUD, progesterone shots or inserts). Using two barrier methods at the same time is more effective at preventing pregnancy.

BARRIER METHODS OF BIRTH CONTROL INCLUDE:

MALE CONDOM

- The condom (latex/rubber) is a thin sheath placed over the erect penis before intercourse. Condoms made of latex are best at preventing pregnancy.
- The condom prevents pregnancy by catching and stopping the sperm from reaching the uterus.
- **Do not** use a condom with petroleum jelly, lotions or oils. This decreases their effectiveness. Condoms can be used with water based lubricants.
- Condoms help protect against sexually transmitted diseases (STD's). They are highly effective in preventing AIDS.
- Condoms are readily available at most drug stores. A prescription is not necessary.
- The failure rate is estimated to be about 14% during the first year of typical use.
- They cannot be used by people with a latex allergy.

FEMALE CONDOM

- The female condom is a polyurethane sheath that prevents pregnancy by catching the sperm in the condom and blocks the passage of semen to the uterus.
- It is intended for 1-time use.
- It contains 2 flexible rings. The ring at the closed end of the sheath serves as an insertion mechanism. It also helps keep it in place. It is inserted just before intercourse. The other ring forms the outer edge of the device. It remains outside of the canal after insertion.
- A male partner should not use a condom at the same time. They may stick together and break. The male condom is the better choice.
- The female condom does not deteriorate with oil-based lubricants.
- It can be inserted as long as 8 hours before intercourse.
- They can be bought without a prescription.
- **Disadvantages:**
  - As many as 1 in 5 women may become pregnant with the female condom. It is not as effective as a latex male condom in preventing STD's.
  - The lubricant does not contain spermicide to kill sperm.
  - It is difficult to place into the vagina and makes a crackling noise during intercourse.
  - The inner ring may cause discomfort.
  - It may cause a urinary tract infection (UTI) if left in the vagina for a long time.
  - The failure rate is about 20%.

DIAPHRAGM

- The diaphragm is a shallow dome latex cup. It has a spring mechanism in its rim to hold it in place in the

vagina and covers the cervix. It prevents pregnancy by killing sperm and acting as a barrier to the passage of semen into the cervix.

- The woman will need a pelvic exam and measurement to get the correct diaphragm size. Poorly fitted diaphragms may cause vaginal erosions or pregnancy.
- Your caregiver will show you how to insert it and how to know it is in place.
- The diaphragm is inserted with a spermicide before sex. The spermicidal cream or jelly is applied to the inside of the diaphragm. This covers the cervix.
- Once in position, the diaphragm provides effective contraception for 6 hours. After that time, if you have not removed the diaphragm, add fresh spermicide with an applicator.
- After intercourse, the diaphragm must be left in place for at least 6 hours, but not more than 24 hours.
- Only use water base lubricants.
- Only use a mild soap and warm water to clean it. The diaphragm may develop an odor if not properly cleaned. **Do no**t use talcum powder to dry it after cleaning. Talcum powder can cause cancer of the ovary.
- Hold it up to a light often to check it for holes.
- Effectiveness of the diaphragm depends on the age and experience of the user. Failure rate within the first year is about 20% and 15% with experienced use.
- Prolonged use during multiple acts of intercourse may increase the risk of UTI.
- Use for longer than 24 hours is not recommended due to the possible risk of urinary tract infection and toxic shock syndrome.
- This method **does not** protect against STD's.

Your should be refitted for a new diaphragm if you:

- Had a baby.
- Had an abortion.
- Had pelvic surgery.
- Gained or lost 10 pounds or more.
- You have frequent bladder infections.
- You or your sex partner have any discomfort during sexual intercourse.
- It should be replaced every 2 years.

CERVICAL CAP

- The cervical cap is a soft cup-shaped latex or plastic device that fits over the base of the cervix.
- It must be fitted by your caregiver. This is because it comes in different sizes.
- It is smaller than a diaphragm.
- It provides continuous contraceptive protection as long as it is in place regardless of the number of intercourse acts.
- Additional spermicide is not necessary for repeated intercourse.
- The cervical cap does not involve use of hormones. Spermicide is also used to fill the cap one third full before insertion.
- It is inserted as long as 8 hours before sexual activity and can be left in place for as long as 48 hours.
- A risk of toxic shock syndrome exists if the cervical cap is left in place longer than 48 hours.
- The effectiveness depends on history of child bearing. Child bearing affects the shape of the cervix. The failure rate is about 30% after having a baby and 15% if you never had a baby.
- It may be harder to insert than a diaphragm.
- Cervical erosion may lead to vaginal spotting.
- Severe obesity may make placement difficult.
- Women must have a history of normal Pap smear results.
- This method reduces the risk but does not protect against STD's.
- Use only water based lubricants.
- Check it for holes often.
- It should be replaced **once a year**.

You should be refitted for a new cervical cap if you:

- Gave birth.
- Had an abortion.
- Had surgery of the cervix.
- Have discomfort during sexual intercourse.
- Gain or lose 10 or more pounds (4.5 kilograms).

SPONGE

- The sponge is a soft circular polyurethane device that contains a spermicide.
- It must be completely wet with water before inserting it.
- The sponge is inserted into the vagina and placed over the cervix.
- The polyurethane foam is designed to trap and absorb semen before sperm enters the cervix. The spermicide kills or immobilizes sperm. The sponge has a polyester loop for removal.
- It is available over-the-counter.
- It does not use hormones.
- It offers an immediate and continuous presence of spermicide throughout a 24-hour period.
- It continues to be effective if sexual intercourse is repeated during this time.
- The sponge should be left in place for at least 6 hours after sex. It should be removed no more than 24 hours after insertion because of the risk of toxic shock syndrome.
- It should be discarded after use.
- The failure rate is about 25%, but if used correctly and consistently the failure rate is 10%**.**
- Serious medical risks are rare. Risks include irritation, allergic reactions and difficulty with removal.
- It can cause yeast infections and urinary tract infections.
- The sponge does not protect against STD's.

SPERMICIDES

- Spermicides contain a chemical that kills sperm or makes them inactive.
- They come in the form of tablets, jelly, cream, foam or thin sheets (*film*) that contain the spermicide.
- The spermicide is placed in the vagina with an applicator just before having sexual intercourse.
- The film and tablets are inserted 10 to 30 minutes before sexual intercourse so they can melt.
- Spermicides are easy to use, inexpensive and you do not need a prescription.
- Getting pregnant when using a spermicide does not cause birth defects.
- You must reinsert the spermicide before each sexual encounter.
- You can develop an allergy to the spermicide with frequent use.
- There is an increase risk of urinary tract and vaginal infections.
- They do not protect against STD’s.
- The failure rate is about 30%. Spermicides are more effective when used with another barrier method.

Your caregiver can help you decide what form of birth control is best for you. All forms of birth control are better at protecting against pregnancy than chance. Always keep in mind the risks of a STD (sexually transmitted disease).

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