

**Ottawa County Department of Public Health
Family Planning Program**

DIAPHRAGM PATIENT INFORMATION

Before using the diaphragm, you need to know the possible disadvantages, risks, and warning signs to watch for. It is important that you read the manufacturer's package insert. You will receive information about the use, effectiveness, advantages, disadvantages, risks, and warning signs of other methods. We are happy to answer any questions you may have.

The diaphragm is a barrier method of birth control. The diaphragm is made of latex or silicone and is dome-shaped. It is used with a spermicidal cream or jelly (most contain Nonoxynol-9 or N-9). It is inserted into the vagina and fits over the cervix. Of 100 women using the diaphragm, 16 will become pregnant during the first year of use. With consistent and correct use, this drops to 6.

The diaphragm offers limited protection against some sexually transmitted infections (STIs). Since it covers the cervix, it may protect the cervix from direct contact with bacteria such as chlamydia and gonorrhea. However, if you are at risk for HIV, the N-9 spermicide may increase your susceptibility to that infection, especially if you have multiple acts of intercourse daily. Condoms are always the best way for sexually active individuals to reduce the risk of STIs. Regular physical exams for routine health care and for screening for STIs and cancer are strongly recommended for all sexually active women and men. Emergency Contraception is available in the event of method error.

To Increase Diaphragm Effectiveness:

- Use it every time you have vaginal intercourse and make sure it covers your cervix entirely.
- Use contraceptive cream or jelly with every act of vaginal intercourse.
- Male condoms can be used with diaphragms for added contraception.
- Use a back-up method of contraception until you are sure the diaphragm is staying in place during intercourse
- Leave the diaphragm in place for at least 6 hours after the last act of intercourse.
- If the diaphragm dislodges with intercourse, immediately apply additional spermicide and/or consider using hormonal methods of emergency contraception.
- Check diaphragm before each use for holes or weak spots.

Advantages of the Diaphragm

- It can be left in place for up to 24 hours.
- It is non-hormonal.
- No effect on menstrual cycle.

Disadvantages of the Diaphragm

- May have an allergic reaction to the latex or spermicide.
- May develop a bladder infection.
- May find it difficult to insert or remove.
- May be pushed out of place during intercourse and increase your chance of pregnancy.

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You should not use the diaphragm if you have had, now have or develop in the future:

- Allergy to the products.
- HIV/AIDS or high risk for HIV or on antiretroviral therapy.
- History of toxic shock syndrome.
- Vaginal delivery or cervical surgery or treatments (i.e. colposcopy with biopsy, polyp removal, LEEP) within the previous 6 weeks.
- Pregnancy termination within the last 2 weeks.
- Anatomical abnormalities that prevent successful placement and retention.
- Frequent urinary tract infections (UTIs).

Warning Signs – notify the clinic or your health care provider if you experience:

- Discomfort with diaphragm in place or frequent dislodgement.
- Vaginal itching or irritation.
- Frequent bladder infections.
- Unusual vaginal discharge.
- Vulva/vaginal redness or swelling.

Signs or symptoms of toxic shock syndrome (TSS). **If you have these symptoms, remove the diaphragm and contact the Ottawa County Department of Public Health or go to ER if after hours. You are responsible for all charges/fees.

- **Sudden high fever ($\geq 102^{\circ}\text{F}$).**
- **A sunburn-like rash.**
- **Diarrhea or vomiting.**
- **Sore throat.**
- **Aching muscles and joints.**
- **Dizziness, faintness, weakness.**

To decrease your risk of developing TSS, do not use the diaphragm during your menses and do not leave it in longer than 24 hours.

Using a Diaphragm:

Diaphragms come in several sizes and types and you need a good fit for good contraceptive protection. Your height and weight are no clue to the size needed and only by an exam and fitting can the doctor or clinician decide the exact size you will need. You will also be shown how to put it in and take it out.

The fit should be checked every year. This is especially important following pregnancy or if 10 or more pounds of weight is gained or lost. The importance of a snug fit cannot be over-emphasized. Also, before each use, check the diaphragm for any defects or holes.

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Inserting the Diaphragm:

First, squeeze about a tablespoon of spermicidal jelly or cream from the tube onto the inside of the diaphragm and spread some around the rim. Never use anything other than the spermicidal creams or jellies. Next, squeeze the rubber ring together and insert into your vagina similar to the way you would insert a tampon. When you let go the diaphragm opens so the rubber dome covers the cervix. Then you tuck the front of the rim up behind the pelvic bone so the rubber ring hugs the front wall of the vagina. At the clinic you be given instructions on how to do this.

To check if the diaphragm is in the correct position, reach into the vagina and make sure it fits securely behind the pubic bone and that you can feel your cervix behind the rubber dome. Once the diaphragm is in proper place, it should not be uncomfortable and neither you, nor your partner should feel it during intercourse.

When to Insert and Remove the Diaphragm:

You can insert your diaphragm as long as six hours before or just before intercourse. If intercourse is not within thirty minutes, using an applicator, insert more spermicidal cream or jelly. Or, if you have intercourse again, you must insert additional cream or jelly without removing the diaphragm. It is recommended to urinate soon after intercourse without removing the diaphragm to decrease the chance of developing a UTI. The diaphragm should be left in place for 6 to 8 hours after the last intercourse and do not douche during this time. Remove your diaphragm by reaching inside and hooking your finger behind the front rim and pull down and out. Do not leave the diaphragm in for more than 24 hours.

Caring for the Diaphragm:

After removing, wash your diaphragm with plain soap, rinse and dry thoroughly. Dust it lightly with cornstarch and store it in its plastic container. Do not use any other product such as powder as they may cause the rubber to deteriorate. Inspect your diaphragm for defects or holes each time you use it.

When to call your Clinician:

1. If you believe for any reason that your diaphragm is not fitting properly or if you have any doubt about whether you are inserting it correctly.
2. If you have discomfort, pain, or recurring bladder infections.
3. After you have been pregnant.
4. After you have had pelvic or cervical surgery/treatments.
5. Any weight gain or loss of ten (10) pounds or more.
6. Any concerns.