



Barrier Contraceptive Methods: An Update on Patient Controlled Options

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Family Planning Elevated





Disclosures

- I am a certified Nexplanon Trainer for Merck



Objectives

Overview of most common current barrier methods:

Diaphragm, Cervical Cap, Condoms (male and female), Spermicide and Sponge

We will review

- Correct use
- Guidance for Counseling
- How to support service delivery in your practice



Diaphragm

Two current models available in United States

- Caya- one size fits most
- Milex Omniflex (Cooper Surgical) – Requires fitting, does come in 8 different sizes

Effectiveness: 92% perfect use, 88% typical use

Advised to use spermicide with both models but not a silicone based product



Diaphragm

The diaphragm doesn't offer reliable protection from sexually transmitted infections (STIs)

Requires a prescription in the US

Important to inspect for holes or damage with each use

Should be re-fit if patient weight changes 10lbs (gain/loss) or after a pregnancy

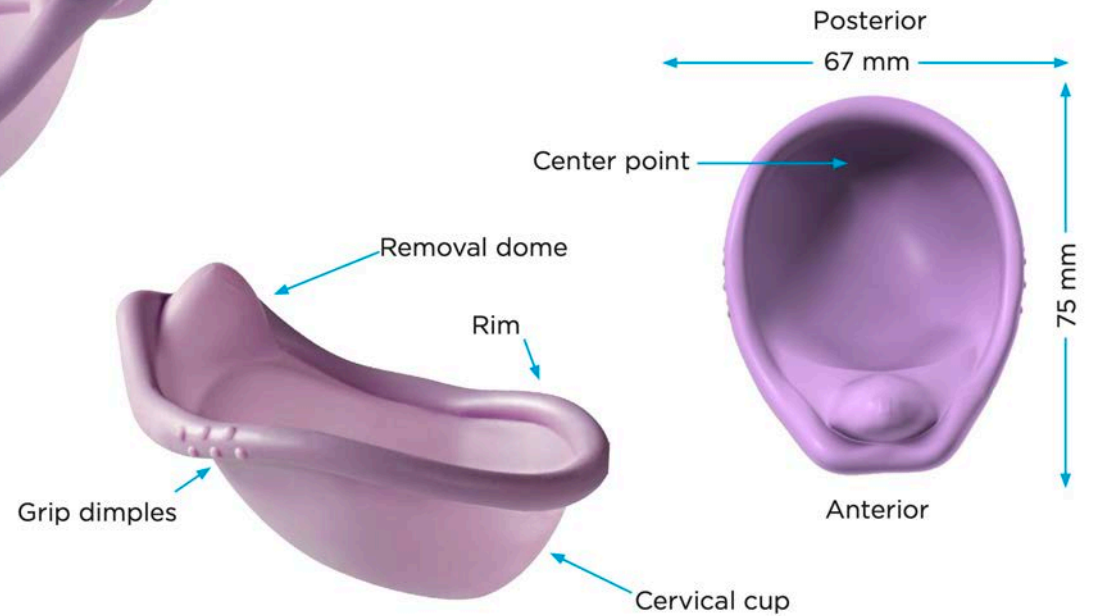


Diaphragm

Contraindications

- < 6 weeks postpartum
- Pelvic organ prolapse
- Chronic genitourinary infections

Caya





Caya Diaphragm

- Lasts for 2 years
- 65-80 mm size range will fit most women
- Can leave in place up to 24 hours each use, this can include multiple encounters
- Must stay in place for 6 hours after last encounter



Milex Omniflex

- Eight Sizes: 65mm to 95mm
- Requires a trained provider help determine correct size

Milex Omniflex Style Diaphragm





FemCap

22mm

FEMCAP™ PEARL



26mm

FEMCAP™ SAPPHIRE



30mm

FEMCAP™ EMERALD





FemCap

Femcap

- 2nd Gen FemCap (only current FDA approved cervical cap)
- 100% Silicone
- Typical use: 71-86% Effective

Sizing:

- 22mm: (Pearl) No prior pregnancies
- 26mm: (Sapphire) Pregnancy, but did not deliver vaginally (c/s or SAB)
- 30mm: (Emerald) History of prior vaginal birth



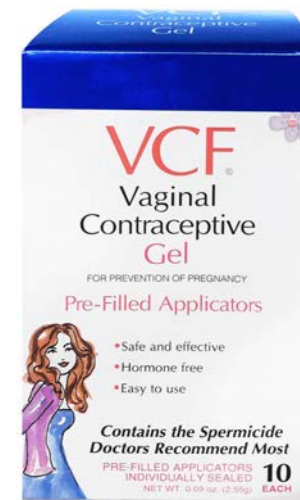
FemCap

- Can remain in place for 48 hours, but must remain in place for 6 hours after intercourse
- Lower risk of UTI vs. diaphragm
- Does not cause pressure on vagina, cervix or urethra
- Spermicide goes on the dome, does not face the cervix



Spermicide

- Active Ingredient:
 - Nonoxynol-9
- Various methods available: gels, foams, films
- Gel: Easy Applicator, Effective immediately
Lasts ONE hour, One Encounter
- Film: Placed at least 15 minutes prior
intercourse Lasts for THREE hours





Spermicide

- 84% Effective with perfect use, 79% effective with typical use
- REAPPLY as Needed
- Advised to use along with FemCap, and both models of diaphragm
- Doesn't prevent sexually transmitted infections.
- Using frequently may increase vaginal irritation, which may increase the risk of contracting HIV or other sexually transmitted infections. Can cause penile irritation and burning



Male (External) Condom

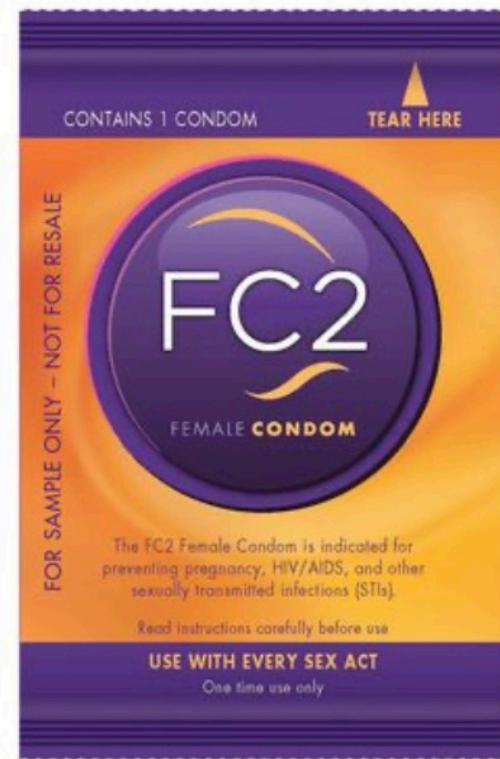
- Effectiveness: Typical failure rate: 13%, but can be much higher with motivated couples
- Protects against STIs
- Requires careful application and removal





Female (Internal) Condom

- Effectiveness: Typical failure rate 21%
- Polyurethane and synthetic latex
- Can be inserted 8 hours prior to encounter
- Protects against STIs





Sponge

The Today Sponge

- Perfect use: 80-91% effective
- Typical use: 73-86%
- No Rx required, available OTC
- Effective immediately, can be in place for 24 hours, multiple encounters of intercourse.
- Must leave in place 6 hrs. after last encounter
- Max time of use: 30 hours
- Active ingredient, same as in spermicidal gel/foam/film, same possible side effects





Supporting Service Delivery

- Barrier Methods are part of comprehensive family planning
- Increasing your knowledge and incorporating counseling along with other methods such as:
 - Combined hormonal contraceptives and LARC methods will be beneficial to your patients
- Stocking: Caya, FemCap, Spermicide, Sponge, Condoms (both types)
- Support staff training
- FPE Team is here to support you!



Summary

- Barrier methods are part of comprehensive family planning
- Safe, minimal complications, no hormones
- Some methods do require practice to use properly, but motivated and properly educated patients can be highly successful
- Barrier methods only need to be used as needed
- Increasing your knowledge and incorporating counseling along with other methods such as:
 - Combined hormonal contraceptives and LARC methods will be beneficial to your patients.



Summary

- Barrier methods do have higher failure rates than LARC
- Diaphragm, FemCap, sponge, and spermicide do not protect against STIs
- Long term, reusable (FemCap, diaphragm can last 2 years)
- Safe, minimal complications, no hormones
- Some methods do require practice to use properly, but motivated and properly educated patients can be highly successful
- Barrier methods only need to be used with intercourse



Questions?