

The Diaphragm

What is a diaphragm?

A diaphragm is a soft, thin, flexible cup that is inserted into the vagina prior to intercourse to prevent pregnancy. Spermicide is placed inside the cup prior to insertion. The diaphragm covers the cervix and holds the spermicide in place. The diaphragm helps block sperm from reaching the cervix, and the spermicide kills any sperm that might get around the diaphragm.

The diaphragm is a vaginal barrier method of birth control. It does not alter a woman's menstrual cycle and has few side effects. A diaphragm reduces, but does not prevent transmission of STDs and pelvic inflammatory disease. Other benefits include the ability to insert it prior to sexual intimacy, or to incorporate it into a couple's sexual foreplay. It does not require withdrawal of the penis from the vagina immediately before ejaculation. It may be used during a woman's menses.

The diaphragm must be used every time intercourse occurs and requires diligence in using it correctly and consistently. Effectiveness rates vary from 82-94%. Condoms may be used with a diaphragm to increase effectiveness, and reduce STD risk.

How do I obtain a diaphragm?

You need a prescription for a diaphragm. You must see a health care provider to be fitted for the proper size. At the appointment, you will also be instructed regarding the proper use, insertion and removal of the diaphragm. You can contact the Dial-A-Nurse at 333-2700 for an appointment. Be sure to indicate that you are requesting a diaphragm fitting. If you have not had an annual exam in the previous 11 months, you will need to have that exam also (indicate this when calling for an appointment).

How is it used?

The diaphragm must be inserted prior to the penis entering the vagina. In addition to the diaphragm, you must always use spermicidal jelly. Wash your hands before insertion. Apply about one teaspoon of spermicide into the dome of the diaphragm; spread it around a little, including the rim. This provides for easier insertion and acts as a seal around the vaginal wall. Squeezing the sides of the diaphragm together, you (or your partner) slide it inside the vagina along the vaginal floor, as far as it will go. It will automatically unfold as it is inserted. Gently push the upper rim behind the pubic bone, and then check to be sure the cervix is covered by the diaphragm. If you feel uncomfortable after it is inserted, it may not be correctly positioned. Remove it and reinsert it. Neither you nor your partner should be aware of the diaphragm during intercourse.

What else do I need to know?

The diaphragm may be in place up to six hours before intercourse occurs. If more than six hours have elapsed, you should insert additional spermicidal jelly into the vagina, using an applicator, before intercourse occurs. You do not have to remove the diaphragm to do this. Alternatively, your partner may choose to use a condom.

You may have intercourse more than once before removing the diaphragm; however, because semen dilutes the spermicide, an additional applicator of spermicide should be inserted into the vagina without removing the diaphragm, prior to each additional act of intercourse. Applicators are usually included in the box with the spermicide. Alternatively, a condom may be used.

The diaphragm must remain in the vagina for a minimum of six hours after the last intercourse. It may remain in place longer if it is inconvenient to remove it, but it should not be left in place longer than 24 hours. Extended wear may encourage the growth of bacteria that can cause Toxic Shock Syndrome. Douching is not recommended.

Insertion may be accomplished while lying down, squatting or standing. Time is allowed during your appointment to learn how to insert the diaphragm, check for proper placement and remove it.

To remove the diaphragm, wash your hands, then hook your finger under the front rim and gently pull down and out. It will automatically fold as it is removed. Bearing down with the abdominal muscles, or squatting may aid in its removal.

Weight gain or loss may affect the fit of your diaphragm. If your weight changes by 10 pounds, if you become pregnant, if you experience discomfort during intercourse, have persistent difficulty inserting or removing it, or develop frequent urinary tract infections, the fit of the diaphragm should be checked.

You are encouraged to bring your diaphragm with you to your annual appointments. It is a good time to recheck the fit and condition of the diaphragm. Generally, it should be replaced every 2-3 years. Please do not use your diaphragm for 48 hours prior to a pap smear because it may interfere with getting a good cervical sample.

Do not use oil-based vaginal medications or lubricants when using a diaphragm. Vaseline, baby oil, hand lotion, cold cream, vaginal medicines, etc., will damage the latex and may cause a contraceptive failure. If additional lubrication is desired, water-based lubricants and spermicidal jellies are safe to use.

If fitted correctly, there should be no fear of dislodging the diaphragm during intercourse, (regardless of the position), with a bowel movement or with urination.

Care of the diaphragm

Wash the diaphragm with warm water and plain soap. Avoid soaps containing fragrance or moisturizers, as these will increase the deterioration of the latex. Pat the diaphragm dry and return it to its case. ALWAYS check your diaphragm for holes or cracks by stretching it between your fingers and holding it up to the light, prior to insertion and after removal.

Additional information

People who are sensitive to latex or spermicide may not be good candidates for diaphragm use. Non-latex diaphragms are also available.

McKinley dispenses Gynol II Spermicide[®] and condoms in the Health Resource Centers, with presentation of your Illinois I-card:

McKinley Health Resource Center
Main Lobby - Information/HRC counter
333-6000

Illini Union Health Resource Center
OASIS/Room 40, lower level
244-5994

The risk of Toxic Shock Syndrome (TSS) is minimal, but women who have experienced TSS should discuss this with their health care provider. Symptoms of TSS are sudden high fever, accompanied by vomiting, diarrhea, dizziness, fainting and weakness, muscle pain and a sunburn-type rash. You should seek immediate medical care if you experience any of these symptoms. The risk is greatest if you don't change tampons for an extended time.

After intercourse, if you discover that your diaphragm was not correctly positioned or was damaged, you may contact the McKinley Health Center Dial-A-Nurse at 333-2700 for information regarding emergency contraception. ECP are available over-the-counter.

References

Hatcher, R.A., Trussell, J., Stewart, F., et al. (2007). *Contraceptive technology* (19th ed.). Ardent Media, Inc., New York.

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: **Dial-A-Nurse at 333-2700**

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: <http://www.mckinley.uiuc.edu>