

The Diaphragm

What is it?

The diaphragm is a dome shaped rubber cap with flexible rim which fits in the vagina, covering the cervix.

How does it work?

The diaphragm acts as a barrier between the sperm, fertile mucus in the cervix and the ova (egg) produced in the ovary. It must be placed in position prior to any genital contact.

How effective is it?

The effectivity rate varies between 85-94%. The success rate of the diaphragm depends on the motivation of the couple to use it correctly every time they have sexual intercourse.

What are the benefits?

1. The diaphragm does not interfere with the woman's menstrual cycle.
2. The diaphragm is used only when required.
3. It may lower the chance of getting some sexually transmitted infections which infect the cervix, e.g. Gonorrhoea and Chlamydia.
4. It may be used during the menstrual period to hold back the menstrual flow but should be changed every 4 hours (like tampons) to avoid the chance of Toxic Shock.

What are the possible disadvantages?

The following may occur with the use of a diaphragm:

1. If left in position for more than 24 hours, a smelly discharge may occur.
2. A slight increase in the number of urinary tract infections.
3. Pelvic discomfort, if the size is incorrect.
4. The rare possibility of an allergy to the rubber or spermicide.

Who fits the diaphragm?

1. At the initial fitting of a diaphragm, the correct size is selected by the doctor or sexual health nurse. The woman is also shown the correct method of insertion and care of the diaphragm at this visit.
2. The device is rechecked one week later after the woman has had an opportunity to practise with it. Any practice should be done using an alternative method of contraception. Any practical problems are discussed at this second visit.
3. A refit is required:
 - Prior to purchasing a new diaphragm.
 - Weight loss or gain of 5kg and over.
 - After a full term pregnancy.
 - If it starts to feel uncomfortable or slips during intercourse.

How is it used?

1. Prior to inserting the diaphragm, a ½ teaspoon of spermicide jelly or cream is placed on the side of the diaphragm which will be in contact with the cervix. (*This step is recommended by FPV but is optional.*)
2. The sides of the rim of the diaphragm are compressed together. A comfortable position is found, such as squatting or standing with one foot on a chair, as if to insert a tampon.
3. The diaphragm is inserted downwards and backwards along the back wall of the vagina as far as it will comfortably go, ensuring it is covering the cervix.
4. Once the diaphragm is in the vagina, a finger is placed in the vagina to feel for the front rim of the diaphragm and to push it up behind the pelvic bone.
5. The cervix is felt through the diaphragm by feeling with the finger across the device.
6. The diaphragm is left in position for a minimum of 6 hours after the last act of intercourse. The device is removed by feeling in the vagina and pulling down on the rim.
7. To clean the device, wash in warm water using a mild soap. Rinse and dry the diaphragm thoroughly. At this point check for any signs of deterioration or holes.
8. The diaphragm should be lightly dusted with cornflour prior to storing and stored away from heat. With good care the diaphragm will last for approximately 18 months.

What if a problem is discovered after having intercourse?

If the diaphragm has holes or dislodges during intercourse, emergency contraception can be considered as soon as possible. See the FPV emergency contraception pamphlet, FPV clinic, or ask at a pharmacy. Emergency contraception is now available over the counter without a prescription at pharmacies.



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