## DIAPHRAGM

### DEFINITION
A diaphragm is a female barrier method of contraception available by prescription only. A diaphragm is a dome-shaped device with a flexible rim. Before placement, the dome of the diaphragm is filled with spermicide gel. The diaphragm is folded in half and placed in the woman’s vagina, tucked behind her pubic symphysis to completely cover her cervix. Today, most diaphragms are made of silicone, not latex. Diaphragms come in various sizes and styles and must be professionally fitted. The first year failure rate in typical use is over 16%, but with correct and consistent use, the failure rate is about 6%. Petroleum-based vaginal products, such as antifungal creams, will compromise the efficacy of latex diaphragms, but not silicone diaphragms. Diaphragms may reduce the risk of acquiring cervical infections with some STIs, but use of Nonoxylnol-9 (N-9) spermicide may increase the woman’s risk of acquiring HIV, if she uses N-9 spermicides multiple times a day.

### Diaphragm Fitting Visit

#### SUBJECTIVE
Must include:
1. LMP and PMP.
2. Medical and sexual history update.

Must exclude:
2. Allergy to spermicide.
3. Allergy to latex, if using latex diaphragm.
4. High risk for HIV infection.
5. Vaginal delivery or cervical surgery or treatments within previous 6 weeks.
6. Pregnancy termination within last 2 weeks.

May exclude:
1. Inability or unwillingness to touch genitalia; severe obesity may make correct placement difficult.
2. History of frequent UTIs.
3. Female superior coital positioning.
4. Women at high risk for STIs.
5. Women with more than 1 sex partner per day.

#### OBJECTIVE
Must exclude: Structural abnormalities of vagina (such as severe pelvic relaxation or vaginal septum), which preclude diaphragm use.

May exclude: Markedly verted uterus.

#### LABORATORY
None.

#### ASSESSMENT
Candidate for diaphragm use.

#### PLAN
1. Fit appropriate style diaphragm. Use largest size diaphragm that is comfortably tolerated by patient, offers adequate coverage of cervix, and fits behind her symphysis without any buckling.
2. Have patient demonstrate her ability to fill diaphragm with spermicide and to place and remove her diaphragm.
3. Provide prescription for diaphragm and spermicide gel. Advise patient that spermicide gel is also available over-the-counter.
4. Instruct patient that if diaphragm breaks or is not properly placed, she should immediately add more spermicide in her vagina and/or use hormonal methods of emergency contraception (see Emergency Contraception [EC] protocol).
5. Offer hormonal method of emergency contraception in advance of need (see Emergency Contraception [EC] protocol).
### PATIENT EDUCATION

1. Counsel patient on proper use, removal, cleansing, and storage of diaphragm.
   a. Advise patient to inspect her diaphragm for cracks or other signs of wear before each use.
   b. Instruct patient to check to make sure diaphragm covers her cervix prior to each act of intercourse.
   c. Describe how to fill the dome of the diaphragm with sufficient spermicidal gel and how to keep the spermicide in place during vaginal placement of the device.
   d. The diaphragm can be placed up to 6 hours prior to intercourse and should be left in place at least 6 hours after the last act of intercourse.
   e. The diaphragm should not be left in place for more than 24 hours.
   f. If additional coital acts occur, additional spermicide should be placed into the vagina without disturbing the diaphragm.
   g. Recommend post-coital urination if she has susceptibility to urinary tract infections.

2. Instruct patient that if the diaphragm dislodges with coital activity, she should immediately apply additional spermicide and/or consider using hormonal methods of emergency contraception (see *Emergency Contraception (EC)* protocol).

3. Advise patient of signs/symptoms of toxic shock syndrome (TSS), such as sudden onset of high fever (≥102 °F), vomiting, diarrhea, dizziness, fainting, lightheadedness, sore throat, achy muscles and joints or a rash that looks like sunburn. Instruct patient to go immediately to ER if any of these problems occurs.

4. Instruct patient that to decrease the risk of TSS, she should:
   a. Not use the diaphragm during menses.
   b. Not wear the diaphragm for longer than 24 hours.

5. Instruct patient who is using a latex diaphragm to avoid petroleum-based lubricants and other products which might destroy latex, such as vaginal antifungal creams or clindamycin vaginal cream.

6. Instruct patient to RTC for examination of diaphragm every year, after each pregnancy, with weight changes of at least 10 pounds or PRN problems with diaphragm.

7. Advise patient that correct and consistent diaphragm use may reduce her risk of cervical infection with gonorrhea or chlamydia, but that if she is at risk for HIV, the N-9 spermicide may increase her susceptibility to that infection, especially if she has multiple acts of intercourse daily.

8. It is helpful to combine diaphragm and male condom to enhance pregnancy protection.

### REFER to MD/ER

Signs or symptoms of TSS.

### Diaphragm Check Visit

#### SUBJECTIVE

Must include:
1. LMP and PMP.
2. Medical, sexual and contraceptive use history update.
3. History of any method related problems such as:
   a. Discomfort when diaphragm in place.
   b. Irritation or spotting with use.
   c. Inconsistent diaphragm use (consider another method).
   d. Dislodgement during intercourse (consider different coital positioning or different size diaphragm).

#### OBJECTIVE

Pelvic exam with and without diaphragm to confirm correct sizing and rule out abrasions or other diaphragm-related problems.

#### LABORATORY

None.

#### ASSESSMENT

Diaphragm check.

#### PLAN

1. Refit diaphragm if not adequately covering cervix (too small) or if vaginal erosions indicate current diaphragm is too large.
2. Replace diaphragm if it is more than 1-2 years old or if it shows any signs of wear.
| PLAN (Continued)                  | 3. Instruct patient to RTC for examination of diaphragm every year, after each pregnancy, with weight change of at least 10 pounds or PRN problems with diaphragm.  
|                                 | 4. Offer hormonal methods of emergency contraception in advance of need (see Emergency Contraception (EC) protocol). |
| PATIENT EDUCATION               | Reinforce diaphragm education (see Diaphragm Fitting Visit). |
| REFER to MD/ER                  | Signs or symptoms of TSS. |