# FEMCAP CERVICAL CAP

## DEFINITION
The FemCap cervical cap is a sailor hat shaped silicone device with spermicidal gel placed into the bowl of the cap and introduced into woman’s vagina to cover her cervix as a barrier contraceptive. The FemCap has a small strap over its dome to facilitate removal. It is available by prescription in 3 sizes, which are based on the woman’s obstetrical history. No formal sizing is needed. FemCap can be kept in place for up to 48 hours. The first year failure rate in typical use is about 18% but if used correctly and consistently may have a failure rate of about 6%. FemCap may also help to reduce the risk of STIs which infect the cervix and upper genital tract. However, this barrier protection may be offset by the Nonoxynol-9 (N-9) spermicide that is used with the device which may increase a woman’s vulnerability to HIV infection, especially if she requires multiple applications daily.

## SUBJECTIVE
Must include:
1. LMP and PMP.
2. Medical, sexual, and contraceptive use history.
3. Obstetric history (nulligravid, nulliparous, parous) to determine the size FemCap she could use.

Must exclude:
1. Recent history of:
   a. Vaginal delivery or cervical surgery or treatment within previous 6-12 weeks.
   b. Pregnancy termination within previous 2-4 weeks.
   c. History of toxic shock syndrome (TSS).
   d. Cervical cancer.

May exclude:
1. Inability or unwillingness to touch genitals. Severe obesity may make correct placement difficult.
2. History of frequent UTIs (> 3 per year).
3. High risk for HIV; multiple partners in 24 hours.

## OBJECTIVE
Must exclude:
1. Vaginal abnormalities which would interfere with proper placement or retention of the cervical cap.
2. Cervical erosions or lacerations.
3. Inability to be properly fitted with the FemCap.

May exclude: Markedly anteverted or retroverted uterus.

## LABORATORY
None

## ASSESSMENT
Candidate for FemCap cervical cap.

## PLAN
1. Provide properly sized cervical cap based on patient’s obstetrical history, i.e. nulliparous (never pregnant); nulligravidous (never pregnant for more than 20 weeks); or parous.
2. Have patient demonstrate ability to correctly apply correct amount of spermicidal gel and to place and remove FemCap cervical cap.
3. Instruct patient to RTC for annual exam, after each pregnancy, after treatment for cervical dysplasia and PRN problems.
5. Suggest that partner use condoms to increase contraceptive efficacy and STI protection.

## PATIENT EDUCATION
1. Counsel patient on proper use, removal, cleansing, and storage of FemCap cervical cap.
   a. FemCap can be placed up to 6 hours prior to intercourse.
   b. The cap should be left in place at least 6 hours after the last act of intercourse.
   c. FemCap should be left vaginally for no longer than 48 hours.
| PATIENT EDUCATION (Continued) | d. Provide instructions about the appropriate amounts of spermicide to use.  
2. Remind patient to avoid using during menstruation.  
3. Advise against using FemCap while being treated for any cervical infection but recommend use of another barrier method.  
4. Advise patient to seek immediate medical care if:  
   a. She is unable to remove the cap.  
   b. She experiences unexpected bleeding, cramping, vaginal discharge or other symptoms of vaginal or cervical infection or irritation (if any of these problems develops, patient should promptly stop using FemCap).  
5. Instruct patient that if the cervical cap dislodges with coital activity, she should immediately apply spermicide and consider using hormonal methods of emergency contraception (see *Emergency Contraception (EC)* protocol). |
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<tr>
<td>REFER to MD/ER</td>
<td>Signs or symptoms of Toxic shock syndrome.</td>
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