DIAPHRAGM INSTRUCTIONS

How does a diaphragm work?
Diaphragms are shallow, dome-shaped, soft rubber barriers that cover and hold a contraceptive agent next to the cervix, keeping sperm from entering the uterus. The diaphragm can be 94% effective when used perfectly during the first year of use.

How can I get a diaphragm?
A pelvic exam is required in order to determine the correct size diaphragm needed for each woman. If you have not had a routine annual gynecologic exam in the past year, you can schedule this exam and the diaphragm fitting at the same time. Once fitted, you can take your diaphragm prescription to any pharmacy to be filled.

You may need to be refitted with a different sized diaphragm:
• if the diaphragm causes discomfort or pain
• after any pregnancy lasting longer than about 14 weeks
• after pelvic or abdominal surgery
• if you lose or gain 10 pounds or more

Are there some women who should NOT use a diaphragm?
Let your health care provider know if you have any of the following conditions as they may mean that the diaphragm is not the best choice for you:
• History of toxic shock syndrome
• Frequent urinary tract infections
• Vaginal obstructions
• Poor vaginal muscle tone
• Allergies, particularly to latex or spermicides
What are some benefits of using a diaphragm?

- It offers some protection against sexually transmitted infections such as chlamydia and gonorrhea
- It may help protect against pelvic inflammatory disease (PID)
- It may reduce the risk of developing cervical cancer
- It contains no hormones and causes no systemic side effects

What are some disadvantages to using a diaphragm?

- Some women who use diaphragms develop an increased number of bladder infections. Assuming that the diaphragm is fit properly, urinating before and after intercourse is sometimes helpful. Check with your health care provider if you develop more frequent urinary tract infections.
- Toxic shock syndrome (TSS) is a rare, but potential side effect of diaphragm use. Symptoms of TSS include a sudden high fever, vomiting, diarrhea, generalized aches and weakness, sore throat and a sunburn-like rash. Should this happen to you, contact your health care provider immediately.
- Women who feel uncomfortable touching themselves intimately may have difficulty inserting the diaphragm.
- Diaphragms should be rechecked for proper fit every one to two years.

How is the diaphragm inserted?

- Wash hands with soap and water; check for holes or tears in the rubber.
- Insert the diaphragm up to six hours prior to intercourse.
- Fill the diaphragm cup with about one teaspoon of contraceptive cream, jelly or foam and spread it around the cup and rim with your finger. NEVER USE VASELINE OR OTHER PETROLATUM-BASED CREAMS ON YOUR DIAPHRAGM AS THEY DO NOT KILL SPERM AND MAY DEGRADE THE RUBBER.
- Assume a comfortable position such as lying down, squatting, or standing with one foot on a chair.
- Separate the labia (vaginal lips) with one hand. Use the other hand to press together the diaphragm rim, folding it in half. The contraceptive cream, jelly or foam will be inside the fold.
- Ensure proper placement by inserting your finger far into the vagina to feel that your cervix is covered by the diaphragm and that the front rim is behind the pubic bone.

When should the diaphragm be inserted and removed?
• Use the diaphragm EVERY time you have intercourse, even when menstruating.
• We recommend inserting the diaphragm as close to the time of actual intercourse as possible, but it may be inserted up to six hours prior to intercourse.
• The diaphragm MUST STAY IN PLACE for 6 hours after the LAST act of intercourse. Try to remove your diaphragm as close as possible to 6 hours after the last time you have intercourse. There is a slightly increased risk of infection when diaphragms are worn for more than 24 hours, particularly during a menstrual period.
  - If you have repeated acts of intercourse after initially inserting the diaphragm, but before 6 hours has elapsed, leave the diaphragm in place and insert another applicatorful of contraceptive cream, jelly, or foam into the vagina. Wait 6 hours after the LAST act of intercourse before removing the diaphragm.
• To remove the diaphragm, wash your hands, insert a finger into the vagina to feel the rim and pull down and out. You may also try hooking a finger over the rim to break the suction; then pull down and out.
• The diaphragm should NOT be left in place for more than 24 hours.

How should I care for my diaphragm?
• After removal, wash your diaphragm with warm, soapy water. Rinse well and pat dry.
• Return the diaphragm to its storage container.
• If cared for properly, a diaphragm can last about two years, though it depends on how often you use it. Examine the diaphragm regularly for small holes or weak spots.
• Have your diaphragm fitting checked as part of your routine annual check-up (bring your diaphragm with you).