



## CONTRACEPTION

### BARRIER METHODS

**Keywords:** Contraception, barrier methods, condoms, diaphragms, female condom, condom failure.

#### AIM

- To guide staff on barrier contraceptive method efficacy, contraindications, patient education and the management of barrier contraceptive failure.

Types of barrier methods include:

- Male condoms
- Female condoms
- Diaphragms

### MALE CONDOMS

#### EFFICACY

Correctly used male condoms can prevent pregnancy with 98% reliability.<sup>1</sup> With typical use they have an efficacy of 82%.<sup>1</sup>

#### CONTRAINDICATIONS

Whilst there are no absolute contraindications,<sup>1</sup> relative contraindications include:

- sensitivity or allergy to latex. A non-latex polyurethane condom is available but they have been associated with a higher breakage rate<sup>1,2</sup>
- a client who is unable use condoms consistently and correctly<sup>1</sup>
- a client who is unable to obtain a consistent supply of condoms.

#### EDUCATION AND INSTRUCTIONS FOR USE

Instructions and written information regarding the correct use of the male condom is available from the:

- Sexual & Reproductive Health WA (formerly Family Planning WA) web site<sup>3</sup> - <http://www.srhwa.com.au/>
- Government of Western Australia Department of Health web<sup>4</sup> – Contraception - [http://www.health.wa.gov.au/health\\_index/c/contraception.cfm](http://www.health.wa.gov.au/health_index/c/contraception.cfm)

#### *Instructions and information regarding condom use includes<sup>1</sup>:*

- a new condom should be used for each act of sexual intercourse
- checking the expiry date, and that the packet is intact, prior to use
- storage of condoms should be away from heat and sunlight
- the packet should be opened carefully to avoid damage from nails, jewellery, or teeth
- correct application and removal of condoms
- the condom should be applied prior to any genital contact, and the condom removed prior to softening of the penis
- if additional lubrication is required – a water-based lubricant should be used
- when using latex condoms the use of oil-based lubricants should be avoided e.g. Vaseline®, baby oil, and saliva as they increase the risk for condom breakage. These products do not appear to affect polyurethane condoms.
- Dispose of by wrapping in a tissue after checking the condom for visible damage.<sup>1</sup>

#### *Management of condom method failure*

Inform clients of the availability of emergency contraception (EC) if breakage, spillage or misuse.<sup>1</sup> EC is approved for use within 72 hours, although it has been shown to be effective for up to 96 hours.<sup>1</sup> The effectiveness of emergency contraception increases if taken within 24 hours, and decreases as times passes.<sup>1,3</sup>

## FEMALE CONDOMS

The female condom is a loose fitting polyurethane sheath with a flexible ring at each end. The inner ring is firm and slides behind the pubic bone anchoring it in place, and the soft outer ring spreads over the vulva.<sup>1</sup>

An alternative form of contraception should be considered if a woman has a medical condition requiring a highly effective form of protection against pregnancy.<sup>1</sup>

### EFFICACY

- If used perfectly it has a 95% success rate, whilst typical use produces a 79% success rate.<sup>1</sup>

### CONTRAINDICATIONS

There are no contraindications, however<sup>1</sup>:

- avoid use if the woman is unable to correctly insert and remove the condom.
- avoid recommending this form of contraception if the woman is unable to obtain or use this form of contraception consistently.<sup>1</sup>

### SIDE-EFFECTS

- May cause skin irritations or allergic reactions.<sup>1</sup>

### EDUCATION AND INSTRUCTIONS FOR USE

Instructions and written information about the female condom, correct usage, and application is available from the:

- Sexual & Reproductive Health WA (formerly Family Planning WA) web site<sup>3</sup> - <http://www.srhwa.com.au/>
- Government of Western Australia Department of Health<sup>4</sup> – Contraception - [http://www.health.wa.gov.au/health\\_index/c/contraception.cfm](http://www.health.wa.gov.au/health_index/c/contraception.cfm)

#### *Instructions regarding use of the female condom<sup>1</sup>:*

- advantages of use – hypoallergenic, polyurethane transfers heat & provides more sensitivity & is less likely to result in breakages compared to the male condom, requires no special storage requirement, can be inserted many hours prior to sex, protection from STI's
- a new condom should be used for each sexual act
- Polyurethane is not damaged by lubricating oils. Additional water or oil based lubricants may be used
- The female condom should not be used simultaneously with the male condom as it may lead to dislodgement
- Check the expiry date prior to use
- Availability from pharmacies is variable. Contact [SRHWA](#) for details.<sup>1</sup>

#### *Management of condom method failure*

Inform clients of the availability of emergency contraception (EC) if breakage or displaced.<sup>1</sup> EC is approved for use within 72 hours, although it has been shown to be effective for up to 96 hours.<sup>1</sup>

The effectiveness of emergency contraception increases if taken within 24 hours, and decreases as times passes.<sup>1,3</sup>

## DIAPHRAGMS

As of the end of 2015 production of Ortho brand vaginal diaphragms will be ceased. There will be one type of diaphragm only, available through some pharmacies and through SRHWA. This is the 'one-size-fits-most' Caya diaphragm, a thin lilac-coloured silicone dome. It is recommended that women have their placement of the diaphragm checked by a clinician to make sure it has been correctly inserted.

Typical use results in 88% effective contraception, and if used perfectly results in 94% efficacy.<sup>1</sup>

Traditionally diaphragms were recommended to be used with spermicidal gel or cream, but these products are not reliably available in Australia and there is no evidence to support use or non- use with diaphragms.<sup>1</sup>

## CONTRA-INDICATIONS<sup>1</sup>

There are no absolute contraindications. However, diaphragms are not recommended for women:

- who have a history of toxic shock syndrome
- have a medical condition where the health risk associated with pregnancy is high
- with a vaginal or anatomical abnormality that interferes with correct placement or fit e.g. prolapsed uterus, poor vaginal tone, vaginal obstruction, or a shallow retropubic ridge
- who are high risk for HIV and AIDS (this is related to use with spermicides so is generally not applicable in Australia where spermicides are not available.
- who have an inability to correctly fit the diaphragm or feel the cervix.<sup>1</sup>

### ***Conditions which may make use of the diaphragm unsuitable***

- Birth within the past six weeks<sup>1</sup>

## EDUCATION AND INSTRUCTIONS FOR USE

The diaphragm must be correctly fitted by the medical practitioner who then instructs the woman on insertion techniques, checking of the correct position, and removal of the diaphragm.<sup>1</sup>

Instructions and written information regarding the use of and application of diaphragms are available from:

- Sexual & Reproductive Health WA (formerly Family Planning WA) web site<sup>3</sup> - <http://www.srhwa.com.au/>
- Government of Western Australia Department of Health<sup>4</sup> – Contraception - [http://www.health.wa.gov.au/health\\_index/c/contraception.cfm](http://www.health.wa.gov.au/health_index/c/contraception.cfm)

### ***Women using diaphragm contraception should be informed<sup>1</sup>:***

- The use of diaphragms may increase the risk for urinary tract infections (UTI)
- It is a contraceptive & there is limited or no protection from sexually transmitted infections
- A diaphragm is recommended to be used with a spermicide, however supportive research is lacking.<sup>5</sup> Inform that spermicide is not available in Australia & regardless of using spermicide or not, that diaphragms are a less effective contraceptive than other methods available<sup>1</sup>
- If the diaphragm is uncomfortable, or if a woman develops signs of a UTI she should return to the medical practitioner for review
- They need to return to the practitioner 1-2 weeks after initial insertion of the diaphragm to assess comfort and effective use issues
- They need to return to medical practitioner to recheck the fitting of the diaphragm after any pregnancy (even if one trimester), after any weight change of 3 or more kg, or any difficulties with insertion and/or removal
- A diaphragm can be inserted many hours prior to sex, however should be left in place for a minimum of 6 hours after vaginal intercourse
- The diaphragm may be left in place almost continuously when not menstruating, except to remove every 30 hours for washing.

- Avoid the use during menstruation; however if used, the diaphragm should be removed as soon as practical after the 6 hours minimum time after intercourse
- Rinse the diaphragm clean in warm water with mild unperfumed soap and store away from direct heat
- The usual lifespan of a diaphragm is up to 2 years, but it should be checked regularly for signs of damage or deterioration.
- Postnatal women should be advised that a diaphragm should not be fitted until 6 weeks after birth when uterine involution should be complete.<sup>1</sup>

### **Management method failure**

Emergency contraception should be available if diaphragm displacement occurs during sexual intercourse, or the diaphragm is torn.<sup>1</sup>

#### **REFERENCES / STANDARDS**

1. Family Planning NSW, Family Planning QLD, Family Planning VIC. **Contraception: An Australian clinical practice handbook**. 3rd ed. Canberra: Sexual Health & Family Planning Australia; 2013. Available from: <http://contraceptionhandbook.org.au.kelibresources.health.wa.gov.au/acknowledgements-foreword/>
2. Gallo MF, Grimes DA, Lopez LM, Schulz KF. Nonlatex versus latex male condoms for contraception (Review). **Cochrane Database of Systematic Reviews**. 2013 (2). Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003550.pub2/pdf>
3. Family Planning Association of WA. **Male and female condoms** 2008. Available from: <http://srhwa.com.au/wp-content/uploads/2014/07/male-and-female-condoms.pdf>
4. Government of Western Australia Department of Health. **Contraception**. Available from: [http://www.health.wa.gov.au/health\\_index/c/contraception.cfm](http://www.health.wa.gov.au/health_index/c/contraception.cfm)
5. Cook LA, Nanda K, Grimes DA, Lopez LM. Diaphragm versus diaphragm with spermicides for contraception (Review). **Cochrane Database of Systematic Reviews**. 2011 (10). Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002031/pdf>

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice  
Legislation - Nil

Related Policies – [OD 0324/11 Consent to Treatment Policy for the Western Australian Health System 2011](#)

Other related documents –

- KEMH Clinical Guidelines: : [Contraception](#)
- Department of Health WA: [Contraception](#): [Condoms](#); [Diaphragms](#)
- [Sexual Health & Family Planning Australia](#): [Contraception Choices](#) Factsheet (2013)
- Sexual & Reproductive Health WA ([SRHWA](#)): [Contraception](#) patient brochure (2013); [Diaphragms](#) brochure (2010); [Male & Female Condoms](#) Brochure (2008); [Contraception Essentials](#) (for health promotion) (2013)

#### **RESPONSIBILITY**

<b>Policy Sponsor</b>	<b>Nursing &amp; Midwifery Director OGCCU</b>
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