



Diaphragm Instructions

PATIENT EDUCATION SERIES

How Does a diaphragm work?

The diaphragm is a round, bowl-like silicone cup with a spring rim. It fits inside a woman's vagina and holds a spermicidal cream or gel over the cervix. A diaphragm thus provides a chemical as well as physical barrier to sperm swimming through the cervix and into the uterus. A medical provider must fit a woman for a diaphragm to make sure the diaphragm is the correct size.

To protect you from pregnancy, the diaphragm and spermicidal cream or gel must be used every time intercourse occurs.

Inspect your diaphragm

Look closely at your diaphragm and hold the diaphragm up to a light. Pull the diaphragm at the rim on all sides to make sure there are no holes. Or, you can fill the diaphragm with water; if there is a problem, you will see a leak.

Insertion

- The diaphragm can be inserted just before intercourse or up to 6 hours before hand.
- First apply spermicidal jelly or cream. Hold the diaphragm with the dome down (like a cup). Squeeze the jelly or cream from the tube into the dome (use about 1 teaspoon); spread a little bit around the rim of the diaphragm with your finger. To insert the diaphragm hold it with dome down (spermicide in the dome) and squeeze opposite sides of the rim together so the diaphragm folds. Hold it folded in one hand between your thumb and fingers. Spread the opening of your vagina with your other hand, and inset the folded diaphragm into your vaginal canal. This can be done standing with one foot propped up (on the edge of a chair, a bathtub, or a toilet), squatting, or lying on your back.
- Push the diaphragm downward and along the back wall of your vagina as far as it will go. Then tuck the front rim up along the roof of your vagina behind your pubic bone. Once it is in place properly, you should not be able to feel the diaphragm except, of course, with your fingers. If it is uncomfortable, then most likely it is not in the correct position; take it out and reinsert it.

- After insertion, check placement. When correctly placed, the back rim of the diaphragm is below and behind the cervix, and the front edge of the rim is tucked up behind the pubic bone. Often you may not be able to feel the back rim. You should check to be sure you can feel that your cervix is covered by the soft rubber dome of the diaphragm, and the front rim is snugly in place behind your pubic bone. The spermicidal cream (inside the dome of the diaphragm) should be next to your cervix.

Repeated Intercourse

- If you have intercourse more than once within the 6 hour time your diaphragm must remain in place, use of additional doses of spermicidal cream or jelly is optional. Do not remove your diaphragm if you opt to do so; use the plastic applicator to insert fresh jelly or cream into your vagina in front of the diaphragm.
- Leave the diaphragm in place for at least 6 hours after intercourse. After that time, remove the device as soon as is practical. Douching is not recommended, but if you choose to douche, wait at least 6 hours.
- Maximum time the diaphragm should be left in place is 24 hours.
- Your diaphragm should not interfere with normal activities. Urination or bowel movement should not affect its position, but you can check its placement afterward if you wish. It is fine to shower with the diaphragm in place.

Removal

- Check the position of the device> If it is dislodged, or seems not to be in the correct position, you may want to contact your clinician about emergency contraception.
- Locate the front rim of the diaphragm with your finger. Hook your finger over the rim or behind it, then pull the diaphragm down and out. Wash the diaphragm with plain soap and water, and dry it. Hold it up to the light to check for holes, tears, or cracks.

Care

- Wash your spermicide inserter and diaphragm after each use. Plain soap is best; avoid deodorant soap or perfumed soap.
- Do not use talcum powder on your diaphragm or in the case. Store away from heat in its plastic case.
- Contact with oil-based products can deteriorate a diaphragm. Do not use oil-based vaginal medications or lubricants when you are using a diaphragm. Some examples include petroleum jelly, hand lotion, vaginal yeast creams.

Additional Information

- Your diaphragm should be checked once a year, or if you lose or gain more than 10 lbs, or if you have a pregnancy, abortion, or abdominal surgery.
- The diaphragm may become dislodged when using some positions; this is not likely to occur if the fit is correct and insertion is done properly.
- The diaphragm is 94% effective if used perfectly with spermicide, with every act of intercourse. With typical use, effectiveness is 84%.
- Toxic shock syndrome is exceedingly rare (2to3 cases per 100,000 women per year) among users of barrier contraception, especially during menstruation. It can be serious. Get medical care if you develop any of the symptoms while using the diaphragm: sudden high fever, vomiting, diarrhea, weakness, dizziness, headache, aching muscles and joints, or sunburn-like rash.