

6. The cervix is felt through the diaphragm by feeling with the finger back across the device (see fig. 3).
7. The diaphragm is left in position for a minimum of 6 hours after the last act of intercourse. The device is removed by feeling in the vagina and pulling down on the rim (see fig. 4).
8. To clean the device, wash in warm, soapy water with a mild soap, rinse well and dry thoroughly. Check at this point for any signs of perishing or holes.

If the diaphragm has holes, dislodged or was not used during intercourse, emergency contraception should be considered as soon as possible. It can be prescribed by a doctor within 72 hours of unprotected sex.

The diaphragm should be lightly dusted with cornflour prior to storing and store away from direct heat. With good care, the diaphragm will last for approximately 18 months.

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The Diaphragm



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What Is It?

The diaphragm is a dome shaped rubber cap with a flexible rim which fits in the vagina, covering the cervix.

How Does It Work?

The diaphragm acts as a barrier between the sperm, fertile mucus in the cervix and ova (egg) produced in the ovary. It must be placed in position prior to any genital contact.

How Effective Is It?

The effectivity rate varies between 85% - 94%. The success rate of the diaphragm depends on the motivation of the couple to use it correctly every time they have sexual intercourse.

What Are the Benefits?

1. The diaphragm does not interfere with the woman's menstrual cycle.
2. The diaphragm is used only when required.
3. It may lower the chance of getting some sexually transmitted infections which infect the cervix eg. gonorrhoea and chlamydia.
4. It may be used during the menstrual period to hold back the menstrual flow, but should be changed every 4 hours (like tampons) to avoid the chance of Toxic Shock.

What Are the Possible Disadvantages?

The following may occur with the use of a diaphragm:

1. The rare possibility of an allergy to the rubber or spermicide

2. Pelvic discomfort if the size is incorrect
3. If left in position for more than 24 hours, a smelly vaginal discharge may occur
4. A slight increase in the number of urinary tract infections

Who Fits the Diaphragm?

1. At the initial fitting of a diaphragm, the correct size is selected by a doctor or sexual health nurse. The woman is also shown the correct method of insertion and care of the diaphragm at this visit.
2. The device is rechecked one week later, after the woman has had an opportunity to practise with it at home. Any practical problems can be discussed at this visit. The use of another form of contraception is recommended during this time.
3. A refit is required:
 - prior to purchasing a new diaphragm
 - weight loss or gain of 5 kg and over
 - after a full term of pregnancy
 - if it starts feeling uncomfortable or slips during intercourse

How Is It Used?

1. Prior to inserting the diaphragm, a ribbon or ½ teaspoon of spermicide jelly or cream is placed on the side of the diaphragm which will be in contact with the cervix.
2. The sides of the rim of the diaphragm are compressed together (see fig.1).
3. A comfortable position is found, such as squatting, standing with one foot on a chair or lying with legs drawn up, as if to insert a tampon

FIG. 1

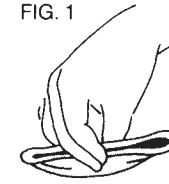


FIG. 2

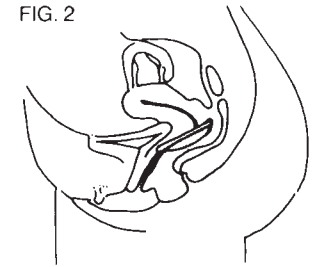


FIG. 3

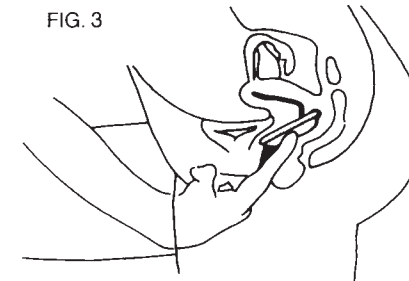
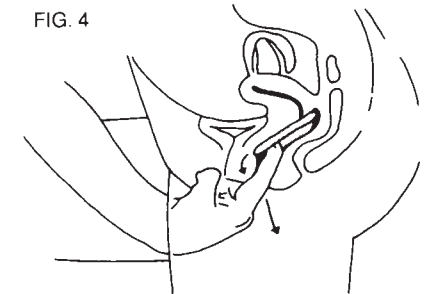


FIG. 4



4. The diaphragm is inserted downwards and backwards along the back wall of the vagina as far as it will comfortably go, ensuring it is covering the cervix.
5. Once the diaphragm is in the vagina a finger is placed in the vagina, to feel for the front rim of the diaphragm and to push it up behind the pelvic bone (see fig. 2).