

2.4 INTERNAL CONDOM

TITLE	DESCRIPTION
DEFINITION:	<p>The internal condom is a barrier method of contraception. It is a sheath, which fits inside the vagina. One end anchors the condom against the cervix, while the other end remains outside the vagina after insertion. It contains a lubricant and provides full barrier protection of the vagina and part of the vulva. The internal condom provides protection against STI's as long as the condom does not slip out of place or is torn. The internal condom may also be placed inside the anus for prevention of HIV and other sexually transmitted infections among men and women during anal intercourse. It is over-the-counter.</p> <p>*Also known as the female condom.</p>
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. No history of allergy in client or partner to any component of the condom (polyurethane). Note: Can be used by latex-allergic individuals. 2. No known history of vaginal/cervical/anal anomalies.
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Vaginal abnormalities which preclude use of device, such as vaginal septum. (Can be used by women with a retroverted uterus).
LABORATORY:	N/A.
ASSESSMENT:	Candidate for use of internal condom.
PLAN:	<ol style="list-style-type: none"> 1. Provide client with manufacturer's instructions. 2. Discussion with client regarding comfort level with their body (use of the internal condom requires a client to be very comfortable with their own body). 3. Offer ECP as needed.
EDUCATION:	<ol style="list-style-type: none"> 1. Review client education handout(s). Review manufacturer's inserts. Review side effects, complications, efficacy and danger signs. Note: Stress that the internal condom <u>cannot be used</u> with an external latex condom and internal condoms are <u>not reusable</u>. 2. Review safer sex education, as appropriate. 3. Recommend that client RTC for method evaluation annually and PRN for problems. 4. Efficacy rate is 95% with perfect use. Typical use has 21% failure rate in first year. 5. It can be inserted up to 8 hours before sexual intercourse. 6. Educate client that the internal condom can be used off-label for protection during anal sex, but it is recommended that the inner ring be removed after placement and before beginning anal intercourse (page 374, Contraceptive Technology).
REFERRAL TO MEDICAL PROVIDER:	No specific need to refer to physician.
REFERENCES:	<ol style="list-style-type: none"> 1. Hatcher RA, et al (2018). <i>Contraceptive Technology, 21st Ed.</i> New York, NY: Ayer Company Publishers, Inc. pp 373-379.

TITLE	DESCRIPTION
	2. Female (<i>http://whcc.labiomed.org/book/2.2.5%20FC2%20Female%20Condom.pdf</i>) (Retrieved 1/4/17).