

2.6 VAGINAL SPERMICIDE

TITLE	DESCRIPTION
DEFINITION:	Vaginal spermicidal products have two components: a base or carrier (such as gel, foam, creams, films or suppositories) and a chemical that kills sperm. The agent used in the U.S. is nonoxynol-9 which is a surfactant that destroys the sperm cell membrane. Spermicides can be used alone, with a vaginal barrier method, or as an adjunct to any of the other contraceptive methods for added protection against pregnancy. 10 to 30 out of 100 women using vaginal spermicide will become pregnant within a year.
SUBJECTIVE:	May Include: <ol style="list-style-type: none"> 1. LMP. 2. Medical, sexual, and contraceptive use history updated, as appropriate. 3. No history of allergies to any component of the vaginal spermicide.
OBJECTIVE:	May Include: <ol style="list-style-type: none"> 1. Age-appropriate physical exam as indicated.
LABORATORY:	N/A.
ASSESSMENT:	Candidate for vaginal spermicide.
PLAN:	<ol style="list-style-type: none"> 1. Review method and provide client education. Assess with client her individual risk for unintended pregnancy. There is an increased risk for failure if intercourse occurs 3 or more times a week, age less than 30, parity (sponge), previous failure with spermicides or barriers and circumstances that make consistent use difficult including known drug or alcohol abuse. If a client is high risk for method failure, encourage her to consider other more effective methods or a combination of methods. 2. Offer advance prescription of emergency contraceptive pills.
EDUCATION:	<ol style="list-style-type: none"> 1. Provide client education handout(s). Review manufacturer's inserts. Review symptoms, complications, and danger signs. 2. Advise client that vaginal spermicides are available at the family planning clinic or over-the-counter as a suppository, jelly, cream, foam, sponge and film (see table below). 3. Advise that parity has been associated with decreased effectiveness of the sponge (nearly 3 times higher than nulliparous). 4. Review safer sex education, as appropriate. 5. Temporary skin irritation involving the vulva, vagina, or penis caused either by local toxicity or allergy is the most common problem associated with spermicide use. Caution clients who use spermicide frequently (twice a day or more), as doing so can increase the risk of STD's and HIV, if exposed. 6. Recommend that client return to clinic annually or as needed for problems.

TITLE	DESCRIPTION			
	Type	Onset of Action	Duration of Action: There are no conclusive studies on how long a spermicide is fully effective	Spermicide
	Foam	Immediate	≥60 minutes	Nonoxynol-9
	Creams & Jellies - Single Use	Immediate	>60 minutes	Nonoxynol-9
	- Reusable Applicator	Immediate	>60 minutes	Nonoxynol-9
	Suppositories	10-15 minutes	<60 minutes	Nonoxynol-9
	Film	15 minutes	3 Hours *Use 1 film for every act of intercourse.	Nonoxynol-9
	Sponge	Immediate after moistening with tap water	Up to 24 hours *Wearing longer than 24 hours may increase risk of TSS *Must be left in place for at least 6 hours after intercourse before removal	Nonoxynol-9
REFERRAL TO MEDICAL PROVIDER:	No specific need to refer to a physician.			
REFERENCES:	1. Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. <i>Contraceptive Technology</i> . 20 th edition. Atlanta GA: Ardent Media, Inc., 2015. Pp. 391-408.			