VAGINAL SPERMICIDES PATIENT INFORMATION

Vaginal spermicides are female barrier contraceptives which coat the cervix and inactivate sperm. Many different vaginal spermicidal agents are available, including foams, jellies, creams, suppositories, sponges and films. In the US, all spermicides use Nonoxynol-9 (N-9) as their active ingredient.

In typical use, of 100 women who use spermicides alone, 29-40 will become pregnant in the first year of use. Eighteen will become pregnant with consistent and correct use. Spermicides with lower doses of N-9 have higher failure rates. Spermicides are often used with other barrier methods such as diaphragms, cervical caps, and male condoms. Using a spermicide with one of these other barrier methods increases protection against pregnancy more than using any one of the methods by itself.

Spermicides do not reduce the risk of sexually transmitted infections (STIs). In fact, women at risk for HIV (such as having a partner with HIV, multiple partners, partner with other partners, partner with IV drug use) may increase their risk by multiple uses in one day of nonoxynol-9 spermicides. Newer ingredients without nonoxynol-9 are being tested for use as spermicides.

To Increase Vaginal Spermicide Effectiveness:

- Use the type of spermicide that you are most comfortable with; OCDPH does not carry all types of vaginal spermicides but they are all available over-the-counter without a prescription.
- Read and follow the instructions that come with the product you use – each one may have different directions.
- It is important to put the spermicide in place before genital contact and allow enough time for onset of action before intercourse. This chart explains, in general, how much time it takes for a type of spermicide to start to work to how long the one dose lasts:

<table>
<thead>
<tr>
<th>Type of Spermicide</th>
<th>Onset of Action</th>
<th>Duration of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foam in aerosol container</td>
<td>Immediate</td>
<td>Up to 8 hours</td>
</tr>
<tr>
<td>Cream and Jellies</td>
<td>Immediate</td>
<td>Up to 8 hours</td>
</tr>
<tr>
<td>Sponge</td>
<td>Immediate after wetting</td>
<td>Up to 30 hours</td>
</tr>
<tr>
<td>Suppositories/Tablets</td>
<td>10-15 minutes</td>
<td>Up to 60 minutes</td>
</tr>
<tr>
<td>Film</td>
<td>15 minutes</td>
<td>Up to 50 minutes</td>
</tr>
</tbody>
</table>

(The manufacturer of Advantage 24 gel claims it may be used for up to 24 hours; this has not been proven to work beyond 60 minutes.)
- Spermicides only last for a certain amount of time. If you have intercourse after the duration of action listed in the above chart, another dose of spermicide must be placed and given time to activate prior to intercourse.
- Use another application of spermicide with each act of intercourse. If you are at-risk for HIV and expect to use spermicides more than once a day, a different method of birth control is recommended.
- While OCDPH does not recommend douching at all, if you do, do not douche for at least 8 hours after intercourse.
● Spermicide use does not cause any cervical dysplasia on the pap test and may provide lubrication for condom users.
● Vaginal dryness may develop with sponge use. Other forms of spermicide may cause an increase in vaginal secretions.
● For contraceptive sponge users, there are special instructions for sponge preparation, placement and removal:
  
  **Use:** Remove the sponge from its package. Moisten it with about 2 tablespoons of clean water, and squeeze it once to see the foam develop, then place the sponge into your vagina and slide it along the back wall of the vagina until it covers your cervix. The dimpled side of the sponge should face your cervix, with the loop away from your cervix. Check with your finger to be sure that your cervix is covered by the sponge. The sponge can be left in place for up to 24 to 30 hours and can be used for multiple acts of intercourse.

  **Removal:** The sponge should be left in place for at least 6 hours following the last act of intercourse to allow enough time for the spermicidal to work. Before removal, check the position of the sponge. If the sponge has been dislodged, or seems to be out of place, you should consider using emergency contraception as soon as possible (available over-the-counter if you are 15 and older, or call OCDPH for a prescription). To remove the sponge, grasp the loop on the sponge with one finger and gently pull it out of your vagina. It is important to check to be sure the sponge is intact before it is thrown away. If it is torn, remove all the pieces from the vagina.

**Advantages of Spermicides:**

● Spermicides are easy to get in drugstores without a prescription.
● They do not contain hormones.
● They do not change your cycle.
● Insertion is easy. It may be done by your partner as part of sex play.

**Disadvantages of Spermicides:**

● They are not as effective against pregnancy as most other methods.
● Some women find them messy.

**Spermicides are not recommended for women and men who:**

● Are unable to use them correctly every time they have intercourse.
● Are uncomfortable about touching their sex organs.
● Have an allergy to spermicides. Signs of allergy include:
  ○ Itching, burning, or swelling in areas touched by the spermicide
  ○ A rash or redness in areas touched by the spermicide
  ○ If you are having persistent irritation in the genital area, stop using the spermicide. Call OCDPH to discuss your symptoms.

**Products containing N-9 should not be used:**

● For anal intercourse
● By women at risk for HIV
● Many times a day
● To prevent sexually transmitted infections

Please call OCDPH if you have any questions.