Condoms and Spermicides

Before you become sexually active with someone, talk about your expectations, what you want and don’t want, and what kinds of contraception you want to use.

Talking with your partner about contraception can make both of you feel more comfortable and perhaps more willing to use it regularly. It’s O.K. to feel uncomfortable or embarrassed—most people do—but don’t let your embarrassment get in the way of communication. Remember that proper and regular use of contraception can take away some of the worries that might trouble your relationship, such as concerns about pregnancy and sexually transmitted infections (STIs).

If you are sexually active (in any manner or with any frequency), you should know that you are at some risk. You can reduce that risk by practicing “safer sex”.

Understanding Condoms and Spermicides
When used consistently and correctly each time, a condom and spermicide together can be 95 to 99% effective in preventing pregnancy. Condoms and spermicides are also effective in protecting against STIs, including chlamydia, gonorrhea, genital herpes, and HIV.

Condoms
Condoms are made from three different materials - latex, lambskin, and polyurethane. Latex condoms are by far the most widely available and least expensive. The market offers several brands, each coming in a variety of sizes, colors, textures, shapes, and even flavors. Many are already coated with the spermicide Nonoxynol-9, but this slight amount has been found to be inadequate in protecting against pregnancy, so it’s recommended that additional spermicide be used.

For people who are sensitive to latex, polyurethane condoms are a good alternative. Unlike other condoms, polyurethane condoms are available in male and female versions. Polyurethane condoms have not been well studied for preventing STIs, but they are believed to offer as much, or even more, protection than latex condoms.

Lambskin condoms, in contrast, are the oldest on the market. Small pores make lambskin condoms ineffective in protecting against viruses that cause STIs including HIV.

The Male Condom
The condom completely covers the penis before sexual contact and protects both partners by preventing the exchange of bodily fluids that can cause pregnancy or transmit STIs including HIV. Some infections, notably herpes and genital warts can be spread through oral-genital, anal-genital, and genital-genital contact, so you should wear a condom for all types of sexual contact.

Using a male condom:
1. Before unrolling, hold and squeeze the tip of the condom between your thumb and forefinger. This is to allow space for semen to collect and to reduce the chance of breakage. You should do this even if the condom does not have a reservoir tip.
2. Place a dab of gel-like lubricant on the tip of the condom. You can use spermicidal lubricant such as PrePair® or a non-spermicidal lubricant such as K-Y Jelly®. Never use an oil-based lubricant like Vaseline®, as oils weaken the condom.
3. Unroll the condom over the entire length of the erect penis. Some seminal fluid containing sperm and possibly disease-causing organisms may be present at the end of the penis before ejaculation, so a condom should be worn before any contact with the mouth, vagina, or rectum.
4. After ejaculation and before loss of erection, hold the condom in place to prevent spilling semen. Turn and move completely away before you let go of the condom. Dispose of the used condom. Use a new condom before having sex again.

Male Condom Cautions
• If you or your partner has had any reaction to spermicide, do not use products containing Nonoxynol-

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   - Keep unused condoms in their packs in a cool, dry place.
   - If a new condom feels sticky or stiff or looks damaged in any way, throw it out and use a fresh one.

The Female Condom
The Reality® Female Condom, approved by the FDA in April 1993, consists of a lubricated polyurethane sheath shaped similarly to the male condom. The closed end, which has a flexible ring, is inserted into the vagina, while the open end remains outside, partially covering the labia. When used consistently and correctly, the female condom prevents pregnancy and protects against HIV and other STIs. For some women, the female condom is an ideal form of contraception because it is woman-controlled—women can take the initiative to protect themselves, particularly those whose partners are unwilling or unable to use male condoms. It can also be a good alternative for those who have a latex sensitivity or allergy.

Using a female condom:
1. To insert the condom, hold the sheath at the closed end and pinch the inner ring so that it becomes long and narrow.
2. Gently insert the inner ring end as far into the vagina as possible, using your index finger to push up the inner ring until your finger reaches your cervix (similar to how a diaphragm would be inserted). It won’t go in too deep or get lost inside your vagina. When in place, it will cover the opening of the cervix and line the vaginal walls.
3. Add a water-based lubricant on the penis and/or to the inside of the female condom to increase comfort and decrease noise.
4. After intercourse, twist the outer ring, gently remove the female condom, and discard (don’t flush it down the toilet).

Some women like to practice inserting the female condom a few times before having intercourse so they can become comfortable using it.

Female Condom Cautions
Keep in mind that each female condom can only be used once. Never use the female condom together with a male condom. Friction between the two could cause the male condom to pull off or the female condom to be pushed inside the vagina.

Using Spermicides
Spermicides are sperm-killing contraceptives available as foam, cream, jelly suppository or film. Used alone, spermicides are not a reliable contraceptive method. But when used with condoms, spermicides can be 95 to 99% effective in preventing pregnancy.

Package instructions must be carefully followed because some spermicide products require the couple to wait 10 minutes or more after inserting the spermicide before having sex. One dose of spermicide is usually effective for 1 hour. For repeated intercourse, additional spermicide must be applied. After intercourse, the spermicide has to remain in place for at least 6 to 8 hours to ensure that all sperm are killed. The woman should not douche or rinse the vagina during this time.

Emergency Contraceptive Pill (ECP)
If your condom breaks or slips off, the ECP can be taken following unprotected intercourse to reduce your risk for an unwanted pregnancy. It consists of hormone pills that are taken within 72 hours (3 days) of the unprotected intercourse. The earlier it is taken, the more effective ECP is in preventing pregnancy. However, more recent research shows ECP may be effective even if used within 120 hours (5 days) of the unprotected intercourse. Please discuss this option with your clinician.

For more information about emergency contraception, go to www.not-2-late.com or call 888-NOT-2-LATE.