



**DIAPHRAGM - CHECK**

<b>DEFINITION</b>	May be independent problem visit or part of routine annual evaluation.
<b>SUBJECTIVE</b>	Must include: 1. LMP. 2. Medical, sexual, and contraceptive use history update, as appropriate. 3. History of any method related problems such as: a) Discomfort when diaphragm in place. b) Vaginal or penile irritation. c) Inconsistent diaphragm use (consider another method). d) Dislodgement during intercourse. e) Increased incidence of UTIs.
<b>OBJECTIVE</b>	May include: 1. Pelvic exam to check correct sizing. 2. Visualization of cervix and vagina.
<b>LABORATORY</b>	May include: 1. Pap smear. 2. Vaginitis/cervicitis testing, as indicated.
<b>ASSESSMENT</b>	Diaphragm check.
<b>PLAN</b>	1. Check diaphragm for "wear," fit, and correct usage, as appropriate. 2. Replace diaphragm, as appropriate. 3. Refit if not adequately covering cervix (too small) or if erosions indicate diaphragm is too large. 4. Replace diaphragm if 1-2 years old or if shows signs of wear.
<b>CLIENT EDUCATION</b>	1. Reinforce diaphragm education. 2. Review safer sex education, as appropriate. 3. Recommend that client RTC every year for annual exam, after each pregnancy, with weight change of at least 10 lbs., or PRN for problems. 4. Diaphragms used with spermicide can provide a barrier against cervical infection but can be associated with vaginal and urinary tract infections. No recent data supports spermicides' ability to prevent bacterial or viral infections, including HIV. 5. Offer hormonal methods of ECP in advance of need. (See ECP protocol.)
<b>CONSULT / REFER TO PHYSICIAN</b>	1. Client with symptoms of TSS.

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References:

1. Hatcher, R. A., Trussell, J. Nelson, A., et al (Editors)(2011). Contraceptive Technology. (20th revised ed.). p.317-335. P.391-405. New York: Ardent Media.
2. CDC U.S. Medical Eligibility Criteria for Contraceptive Use, 2012, [cdc.gov/mmwr/pdf/rr/rr59e0528.pdf](http://cdc.gov/mmwr/pdf/rr/rr59e0528.pdf)
3. Womenshealthcareclinic.com (medical protocols) Retrieved August 3<sup>rd</sup>, 2013