



VAGINAL SPERMICIDE

DEFINITION	Vaginal spermicides are female barrier contraceptives which cover the cervix and inactivate sperm. A wide variety of vaginal spermicidal agents is available. Spermicides are often used in conjunction with other barrier methods. Recent evidence has indicated that vaginal spermicides containing nonoxynol-9 are not effective in preventing cervical gonorrhea, chlamydia, or HIV infection. Repeated and high-dose use of the spermicide nonoxynol-9 can cause vaginal and cervical irritation or abrasions, which may increase risk of HIV transmission.			
SUBJECTIVE	May include: 1. LMP. 2. Medical, sexual, and contraceptive use history update, as appropriate. 3. No history of allergies to any component of the vaginal spermicide.			
OBJECTIVE	May include: 1. Pelvic exam negative for abnormalities which would interfere with the use of spermicide.			
LABORATORY	N/A			
ASSESSMENT	Candidate for vaginal spermicide.			
PLAN	1. Review method and provide client education. 2. Offer advance prescription of emergency contraceptive pills.			
CLIENT EDUCATION	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 OTC as a suppository, jelly, cream, foam, and film (see table below).			
	Type	Onset of Action	Duration of Action	Spermicide
	Foam	Immediate	≥60 minutes	Nonoxynol-9
	Creams & Jellies			Nonoxynol-9
	- Single Use	Immediate	>60 minutes	
	- Reusable Applicator	Immediate	>60 minutes	Nonoxynol-9
	- Reusable Applicator	Immediate	>60 minutes	Octoxynol
	Suppositories	10-15 minutes	<60 minutes	Nonoxynol-9
	Film	5-15 minutes	<60 minutes	Nonoxynol-9

CLIENT EDUCATION	<ol style="list-style-type: none"> 3. Review safer sex education, as appropriate. 4. Epithelial disruption can be associated with spermicide dose, delivery system or frequency of use. Caution clients who use spermicide routinely. 5. Recommend that client RTC annually or PRN for problems.
CONSULT / REFER TO PHYSICIAN	No specific need to refer to physician.

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References:

1. Hatcher, R. A., Trussell, J., Stewart, F., Nelson, A., Cates, W., Guest, F., Kowal, D. (2007). Contraceptive Technology. (19th revised ed.). Pp. 58-71, 321-333
New York: Ardent Media.