

finger behind the symphysis, grasping the diaphragm and withdrawing it. At removal, douching is unnecessary. The diaphragm should be washed in warm, soapy water, dried, powdered with corn starch, and kept in a closed container. Periodic checking of the condition of the diaphragm by holding it to a light is recommended. With care the diaphragm may be used for several years without replacement.

Cervical Cap

(See attached product list and p. 16 for related readings.) The cervical cap is a method widely and successfully used in Great Britain and Central Europe, but less well known in the United States. It may be used in a manner similar to the diaphragm; those made of plastic may be left in place for several days or even for the entire intermenstrual period, in which case renewal of the chemical contraceptive is unnecessary and douching is undesirable. Studies have shown that the cervical cap has a use-effectiveness rate in the same range as that of the diaphragm and that this effectiveness in all probability relates more directly to the mechanical barrier of the cap itself than to the spermicidal action of the product used with it.

Some physicians think the effectiveness of the cervical cap may be lowered by the possibility of displacement, but this rarely occurs when patients are carefully and properly chosen for this method. In any event, the woman should be instructed to feel for the position of the cap before intercourse.

It is essential with the cervical cap, as with the diaphragm, that the patient be thoroughly trained in the technique of insertion and removal.

Methods Not Requiring Pelvic Examination or Prescription

1. Condom.
2. Chemical contraceptives.
 - a. vaginal foams, jellies, creams alone.
 - b. vaginal foaming tablets.
 - c. sponge and foam.
 - d. vaginal suppositories.
3. Coitus interruptus.
4. Rhythm.
5. Postcoital douche.

Large-scale distribution of simple contraceptive methods may be made possible only with elimination of the pelvic examination. The Medical Committee of Planned Parenthood Federation of America nevertheless recommends that a yearly pelvic examination, including a Papanicolaou smear, be done on every adult female whenever feasible.

Condom

(See attached product list and p. 16 for related reading.) The condom, rolled over the erect penis, is ordinarily highly effective without the use of additional chemical contraceptives.

Certain couples, however, demand a more absolute sense of security. For such couples it is recommended that, in addition to the consistent use of the condom by the man, the woman should, prior to intercourse, place an applicator filled with jelly, cream or foam (see attached product list) in the vagina. A contraceptive cream, jelly or foam is not only useful for vaginal lubrication where such is necessary, but in case of breakage or slipping of the condom, it eliminates the necessity for a douche.

Chemical Contraceptives

(See attached product list and p. 16 for related reading.)

Laboratory Testing

The Fertility Research Laboratory of the Margaret Sanger Research Bureau in New York, official testing center of the Planned Parenthood Federation of America, conducts a spermicidal testing program on all vaginal chemical contraceptive products manufactured in the U.S.A.

For the laboratory assessment of the efficacy of chemical topical contraceptives, the Evaluation Subcommittee of the International Planned Parenthood Federation has evolved a test for spermicidal action in vitro. Known dilutions of the contraceptive product are mixed with human semen of excellent quality, and the time required for immobilization of the sperm is measured.

It is universally agreed that an in vitro test of spermicidal effectiveness is no substitute for clinical experience, but many factors have militated against adequate clinical testing of vaginal contraceptive products. These include the mobility of the American population, and the reluctance of physicians to place their patients at possible risk of pregnancy.

Vaginal Foams, Jellies, Creams Alone

These are introduced into the vagina by means of a plastic applicator. After being filled from the container, the applicator is inserted to the depth of the vagina and its contents expelled. The vaginal foam is associated with minimal complaints of messiness and has a high acceptance. Insertion may be performed within an hour prior to coitus. If a longer period elapses or coitus is repeated, an additional applicatorful should be introduced. Douching is forbidden until six hours following the last coitus, although the patient may go to the toilet at any time in the interval.