Vaginal Foaming Tablets

Vaginal foaming tablets are presently used extensively outside of the United States and occasionally in this country. Because of their simplicity and low cost they are suitable for mass distribution. A rather common complaint is persistent burning following insertion due to the foaming action. Their use is simple: a tablet is slightly moistened with water or saliva and inserted deep into the vagina not less than five minutes nor more than one hour before coitus. If more than one hour has elapsed before coitus, a second tablet should be used; another tablet should be used before each subsequent coitus. Douching is prohibited until six hours after coitus. The patient may go to the toilet at any time. Although the foaming action is initiated upon moistening and insertion, the tablet is not completely dissolved until ejaculation, when the foam generated releases the spermicidal ingredients. To protect from atmospheric moisture, vials of foam tablets must be kept tightly stoppered. After prolonged storage a tablet should be tested by dipping in water. Foaming action can be seen and heard if the tablet is fresh.

Sponge and Foam

This method is one of the simplest and least expensive and, because of its simplicity, is highly acceptable to certain population groups. A synthetic or natural sponge of convenient size (i.e., 2 inches square by 3/8 inch thick) is moistened and partially squeezed out, then a spermicidal foam liquid or foam powder is worked into it until a foam is formed. The sponge is then pushed high into the vagina to be left in place until six hours after intercourse. Douching should not be permitted until the sponge has been withdrawn.

Vaginal Suppositories

These are widely available and probably rank with the vaginal foaming tablets in effectiveness, although studies of this method are not numerous. Suppositories are removed from the foil wrapping and inserted into the vagina without moistening a few minutes before intercourse, and otherwise used in the same manner as vaginal foaming tablets. Their stability may be affected in hot climates, but if packed individually in stiff, shaped foil they may be re-solidified by cooling if liquefied before use. Patients should be warned that suppositories advertised and sold "for feminine hygiene" may not be effective for contraception.

Effectiveness of Chemical Contraceptives

The effectiveness of chemical contraceptives used alone is believed to be lower than that of the diaphragm used with a chemical, or the condom. Nevertheless, significant reductions in pregnancy rates may be obtained by the use of these simple methods. Among the various forms of chemical contraceptives the vaginal foams appear to be most effective, followed by the jellies and creams. Foaming tablets and suppositories are less effective. No statement can be made on the sponge-and-foam method.

Coitus Interruptus

(See p. 16 for related reading.) This is an ancient technique. It has particular advantages: it requires no devices or chemicals, and is thus available under all circumstances and at no cost. The couple proceeds with coitus in any manner acceptable to both partners until the moment of ejaculation, when the male withdraws so that emission takes place completely away from the vagina or the external genitalia. Most couples using this method are able to develop their own technique so that the woman as well as the man derives full satisfaction. Some couples are unable to use coitus interruptus at all; others find it entirely satisfactory and preferable. Studies showing adverse effects among users are lacking.

Effectiveness

While coitus interruptus has been responsible for many failures of family planning, it is also the principal method by which the historical decline of the birthrate in Western Europe was achieved from the late 18th Century onward. Statistical studies suggest a level of effectiveness similar to that associated with mechanical and chemical methods. But should ejaculation begin before withdrawal, the possibility of pregnancy is as great or greater than if no birth control method was used, since the early part of the ejaculate contains the greatest concentration of active spermatazoa. Physicians will rarely have occasion to recommend coitus interruptus, but if the method has been practiced successfully for a number of years, with full sexual satisfaction for husband and wife, it would be unwise to insist on a change. For occasional use when other methods are not available it has its unquestioned place.

Rhythm

(See p. 16 for related reading.) Rhythm, also called "temporary abstinence" or "periodic continence," is the only method besides total continence presently accepted by the Roman Catholic Church and some other Churches as licit for the regulation of conception. According to Ogino, the first potentially fertile day is determined by subtracting 18 from the number of days in the shortest menstrual cycle observed during a period of one year, and the last fertile day by subtracting 11 days from the longest menstrual cycle. If, for example, a woman has observed cycles ranging from 26 to 29 days, her potentially fertile period (period of abstinence)