

CERVICAL CAP

WHAT IS A CERVICAL CAP?

- A cervical cap is a cup-shaped device made of soft rubber that fits over the cervix and is held in place at least partially by suction between its firm flexible rim and the surface of the cervix at the upper vaginal wall.
- It is one of the least effective methods of FP.

HOW EFFECTIVE IS THE CERVICAL CAP?

- The effectiveness of this method depends on the user. The risk of pregnancy is greatest when the method is not used during every sexual intercourse.
- When typically used, about 32 per 100 women who use the cervical cap with spermicide become pregnant over the first year of use. This statistic indicates that 68 of every 100 women using the cervical cap will not become pregnant.
- When used correctly with every sexual intercourse, about 20 per 100 women who use the cervical cap become pregnant over the first year of use.

HOW IS THE CERVICAL CAP USED?

A client can use the cervical cap any time but have to wait for six weeks if the client has had a full-term delivery or a second trimester abortion. The provider of this method must observe the following steps:

1. Use proper infection prevention procedures.
2. Instruct the client to assume a lithotomy position for a pelvic examination, and assess for conditions (e.g., uterine prolapse) that may make the cervical cap impossible to use.
3. Perform an internal examination to assess the cervix and determine the cervical cap size.
4. Insert a special fitting cervical cap into the client's vagina, and apply it to cover the cervix, making sure that the cervical cap fits properly and does not come out easily.

Use of cervical cap

1. Check the cervical cap for any damage, including the expiration date of the spermicide used. Insert the cervical cap at any time up to 42 hours before having sex. After hand washing with soap and water, fill one third of the cap, including around the rim, with spermicidal cream, jelly, or foam.
2. Press the rim of the cap around the cervix until it is completely covered, and then press gently on the dome of the cap to apply suction and seal the cap.
3. Feel the cervical cap and the rim to make sure it covers the entire cervix, fits properly, and does not move out easily.
4. For multiple sexual intercourse, make sure that the cap is in the correct position and insert additional spermicide in front of the cervical cap before each sexual intercourse.

Removal of cervical cap

1. Leave the cervical cap for at least 6 hours after the sexual intercourse but not more than 48 hours from the time it was inserted.
2. Tip the cap rim sideways to break the seal on the cervix, and then gently pull the cap down and out of the vagina.
3. Wash the cervical cap with mild soap and water and dry it after each use.

WHO CAN AND CANNOT USE THE CERVICAL CAP?

- Nearly all women can use the cervical cap safely and effectively.
- Women who develop lesions on the cervix when in contact with the cervical cap cannot use this method.
- Women with HIV infection or at high risk of HIV infection are not advised to use the cervical cap.

WHAT ARE THE HEALTH BENEFITS, RISKS, AND COMPLICATIONS OF CERVICAL CAP USE?

- The cervical cap protects against the risk of pregnancy.
- The known health risks include urinary tract infection, bacterial vaginosis, or candidiasis.
- The side effects may include vaginal lesions or irritation in or around the vagina or penis.

HOW ARE THE SIDE EFFECTS OF CERVICAL CAP USE ADDRESSED?

Women with allergic reactions to cervical cap may discontinue its use. The provider can counsel her to use other effective methods.

WHAT IMPORTANT INFORMATION SHOULD BE PROVIDED TO THE CLIENT WHO CHOOSES TO USE THE CERVICAL CAP?

- Ensure that the client understands the correct use by allowing her to repeat how and when to insert and remove the cervical cap.
- Explain that the procedure becomes easier with time, i.e., the more practice she has with inserting and removing the cervical cap, the easier it will get.
- Describe common side effects, such as itching and irritation in or around the vagina or penis and how to go about it.
- Clarify that a cervical cap that becomes thin, damaged, or stiff should not be used and should be replaced. The cervical cap should be replaced every two years.

WHAT SHOULD BE INQUIRED FROM OR ADVISED TO THE CLIENT DURING FOLLOW-UP?

- Ask how the client is doing with the method and whether she is satisfied. Ask if she has questions or anything to discuss.
- Ask if she has any problems using the cervical cap correctly every time she has sex. Give her any information or help that she needs.
- Tell her where else she can obtain more spermicides if needed.
- Ask a long-term client if she has had any new health problems since her last visit. Address problems accordingly.
- Inquire from a long-term client any major life changes that may affect her needs, particularly plans for having children and about the risk of STIs or HIV.

WHAT HAPPENS WHEN CLIENTS STOP USING THE CERVICAL CAP?

A client who stops using this method faces the risk of getting pregnant and the risk of getting STIs or HIV.

WHAT ARE THE FACTS ABOUT CERVICAL CAPS?

Contrary to popular beliefs, a cervical cap does not

- affect the enjoyment of sex.
- pass through the cervix.
- cause cervical cancer.

WHAT COUNSELING TIPS SHOULD BE PROVIDED TO THE CLIENT WHO CHOOSES TO USE THE CERVICAL CAP?

- The cervical cap should be fitted after six weeks of childbirth or second trimester abortion, when the uterus and cervix have returned to normal size. However, recommend the use of an alternative method until the sixth week.
- Reiterate that the risk of pregnancy is greatest when the cervical cap with spermicide is not used with every sexual intercourse.
- Do not provide a cervical cap to clients who have HIV infections or at high risk for HIV infections and for clients that have been treated for cancer. Suggest using condoms instead.

