

Cervical Caps

Key Points for Providers and Clients

- **The cervical cap is placed deep in the vagina before sex.** It covers the cervix.
- **Require correct use with every act of sex for greatest effectiveness.**
- **Used together with spermicide to improve effectiveness.**

What Is the Cervical Cap?

- A soft, deep, latex or plastic rubber cup that snugly covers the cervix.
- Comes in different sizes; requires fitting by a specifically trained provider.
- The cervical cap works by blocking sperm from entering the cervix; spermicides kill or disable sperm. Both keep sperm from meeting an egg.

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when the cervical cap with spermicide is not used with every act of sex.

Women who have given birth:

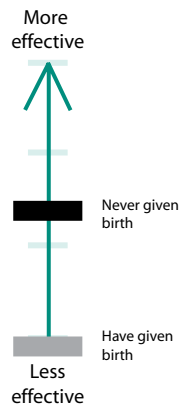
- One of the least effective methods, as commonly used.
- As commonly used, about 32 pregnancies per 100 women using the cervical cap with spermicide over the first year. This means that 68 of every 100 women using the cervical cap will not become pregnant.
- When used correctly with every act of sex, about 20 pregnancies per 100 women using the cervical cap over the first year.

More effective among women who have not given birth:

- As commonly used, about 16 pregnancies per 100 women using the cervical cap with spermicide over the first year. This means that 84 of every 100 women using the cervical cap will not become pregnant.
- When used correctly with every act of sex, about 9 pregnancies per 100 women using the cervical cap over the first year.

Return of fertility after use of cervical cap is stopped: No delay

Protection against sexually transmitted infections: None



Side Effects, Health Benefits, and Health Risks

Same as for diaphragms (see Diaphragms, Side Effects, Health Benefits, and Health Risks, p. 226).

Medical Eligibility Criteria for Cervical Caps

Ask the client the Medical Eligibility Criteria questions for Diaphragms (see p. 227). Also ask the question below about known medical conditions. Examinations and tests are not necessary. If she answers “no” to all of the questions here and for the diaphragm, then she can start the cervical cap if she wants. If she answers “yes” to a question, follow the instructions. In some cases she can still start the cervical cap.

1. Have you been treated or are you going to be treated for cervical precancer (cervical intraepithelial neoplasia [CIN]) or cervical cancer?

- NO **YES** Do not provide the cervical cap.

For complete classifications, see Medical Eligibility Criteria for Contraceptive Use, p. 324. Be sure to explain the health benefits and risks and the side effects of the method that the client will use. Also, point out any conditions that would make the method inadvisable, when relevant to the client.

Providing Cervical Caps

Providing the cervical cap is similar to providing (see p. 229) and helping diaphragm users (see p. 232). Differences include:



Inserting

- Fill one-third of the cap with spermicidal cream, jelly, or foam.
- Press the rim of the cap around the cervix until it is completely covered, pressing gently on the dome to apply suction and seal the cap.
- Insert the cervical cap any time up to 42 hours before having sex.

Removing

- Leave the cervical cap in for at least 6 hours after her partner’s last ejaculation, but not more than 48 hours from the time it was put in.
- Leaving the cap in place for more than 48 hours may increase the risk of toxic shock syndrome and can cause a bad odor and vaginal discharge.
- Tip the cap rim sideways to break the seal against the cervix, then gently pull the cap down and out of the vagina.