

# ***Spermicide and Condoms***

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## ***Answers to Some Common Questions***

The use of spermicide and condoms together can provide about 99% effectiveness in preventing pregnancy and sexually transmitted infections (STIs) when used properly and depending on the type of spermicide. The effectiveness is highly subject to human error so the rate can be as low as 70% if not used correctly.

### ***Condoms***

Condoms can be purchased with spermicide lubricant on them but the amount is very small and would not effectively reduce the risk of pregnancy or infection in the event of condom failure by breakage or spill. There are a variety of condoms available today. It is recommended, for safer sex practice, to rely on condoms that have been tested and have an unexpired date and lot number on the package. Condoms should be stored at room temperature as extreme temperature exposure may alter the quality of the condom material and spermicide resulting decreased protection. Not all condoms are lubricated; they may vary in material, size, textures, colors, and even flavors. Not all condoms are meant to be used for protection against pregnancy or STIs. If in doubt, read the instructions or ask a reliable source. For oral genital contact barrier protection, it is best not to use lubricated condoms. There is no indication that condoms lubricated with Nonoxydol-9 provide any more protection than do plain lubricated condoms.

### ***Vaginal Contraceptive Spermicides***

There are a variety of brands and mediums available over the counter without a prescription. Examples include Delfen and Emko foam, VCF film, Advantage 24 bio-adhesive gel, Conceptrol caplets, and other creams and gels. Spermicides used alone provide 67-78% reduction in risk of pregnancy. When vaginal contraceptive spermicide is combined with condoms the risk for STIs as well as for pregnancy is dramatically reduced. Nonoxydol-9 also provides a chemical barrier against bacteria that cause sexually transmitted infections, however there are concerns that irritation that may occur from frequent Nonoxydol-9 exposure may lead to an increased risk of STIs. Condoms are considered

to provide more protection against STIs compared to spermicides, but they can not guarantee 100% protection.

Some spermicides require the use of an applicator. The spermicide is deposited in the deep vagina near the opening of the cervix to provide a physical barrier by blocking the sperm from entering the cervix. Spermicides also immobilize the sperm on contact.



Instructions and applicators vary, so carefully read and follow the manufacturer's instruction on the package. To insert the spermicide, a woman gently slides the caplet, film or filled applicator into the vagina as far as it will go comfortably and then deposit the spermicide by depressing the plunger of the applicator resulting in the spermicide being deposited about ½ inch directly in front of the cervical opening. The applicator is then withdrawn as a unit with the plunger fully depressed to prevent the spermicide from being drawn back into the applicator. Douching is not recommended. Current data suggests douching may increase the chance of developing a uterus/tubal infection called Pelvic Inflammatory Disease (PID). If you feel you must douche, wait at least eight hours after the last act of intercourse.

Most spermicides are effective for one act of intercourse with ejaculation, just like a condom, and should be applied prior to each act of intercourse. Spermicide potency becomes diluted over time by normal body secretions. Be aware that some spermicides require 10 to 15 minutes in the vagina before they become effective, so be sure to read the instruction on the package insert prior to use. Another application is necessary for each subsequent act of intercourse. Spermicides may be purchased in almost any drug, grocery, and discount variety store without a prescription. One last reminder: be sure to read the instructions for use on the package.

