

Vaginal Spermicide – CON 15

DEFINITION
Vaginal spermicidal products have two components: a base or carrier (such as gel, foam, creams, films, or suppositories) and a chemical that kills sperm. The 2 different agents used in the U.S. are: 1. nonoxynol-9 which is a surfactant that destroys the sperm cell membrane 2. the combination of acids (lactic and citric acid and potassium bitartrate) lower the ph of the vagina, that incapacitates the sperm. Spermicides can be used alone, with a vaginal barrier method, or as an adjunct to any of the other contraceptive methods for added protection against pregnancy. (Phexxi should not be used with the vaginal ring). Spermicide must be used with every act of intercourse, with typical use 16 to 21 out of 100 women using vaginal spermicide will become pregnant within a year.
SUBJECTIVE
May include: <ol style="list-style-type: none">1. LMP2. Medical, sexual, and contraceptive use history updated, as appropriate.3. No history of allergies to any component of the vaginal spermicide. Should exclude: <ol style="list-style-type: none">1. High risk for HIV (MEC Category 4)2. HIV-positive status (MEC Category 3)
OBJECTIVE
May include: <ol style="list-style-type: none">1. Age-appropriate physical exam as indicated.
LABORATORY
N/A
ASSESSMENT
Candidate for vaginal spermicide.
PLAN
<ol style="list-style-type: none">1. Review method and provide client education. Assess with client her individual risk for unintended pregnancy. There is an increased risk for failure if intercourse occurs 3 or more times a week, age less than 30, parity (sponge), previous failure with spermicides or barriers and circumstances that make consistent use difficult including known drug or alcohol abuse. If a client is high risk for method failure, encourage her to consider other more effective methods or a combination of methods.2. Offer advance prescription of emergency contraceptive pills.
CLIENT EDUCATION
<ol style="list-style-type: none">1. Provide Client education handout(s). Review manufacturer's inserts. Review symptoms, complications, and danger signs.2. Advise client that vaginal spermicides are available at the family planning clinic or over-the-counter as a suppository, jelly, cream, foam and film (see table below). Phexxi is only available by prescription3. Review safer sex education, as appropriate. Inform that spermicide does not protect against HIV/STD.4. Temporary skin irritation involving the vulva, vagina, or penis caused either by local toxicity or allergy is the most common problem associated with spermicide use. Caution clients who use spermicide frequently (twice a day or more), as doing so can increase the risk of STD's and HIV, if exposed.5. Consider alternative if at high risk of HIV. (Repeated and high-dose use of the spermicide nonoxynol-9 was associated with increased risk for genital lesions which might increase the risk for HIV infection)

Effective Date: 12/1/2023

Last Reviewed: 10/24/2023

Next Scheduled Review: 10/1/2024

6. Recommend that client return to clinic annually or as needed for problems.

Type	Onset of Action	Duration of Action: There are no conclusive studies on how long a spermicide is fully effective	Spermicide
Foam	Immediate	< 60 minutes	Nonoxynol-9
Creams & Jellies Single Use Reusable Applicator	Immediate	≤60 minutes	Nonoxynol-9
Suppositories	10-15 minutes	<60 min	Nonoxynol-9
Film	15 minutes	≤60 min *Use 1 film for every act of intercourse.	Nonoxynol-9
Phexxi- Gel insert-single use applicator	Immediate	< 60 minutes, *use 1 applicator for each act of intercourse. Phexxi should not be used during menses.	Lactic acid, citric acid, and potassium bitartrate

CONSULT / REFER TO PHYSICIAN

No specific need to refer to a physician.

REFERENCES

1. Hatcher RA, Nelson A, Trussell J, Cwiak C, Cason P, Policar MS, Edelman A, Aiken ARA, Marrazzo J, Kowel D, eds. Contraceptive Technology. 21 edition. New York, NY: Ayer Company Publishers, Inc., 2018. pp 388-394.
2. [Hormone Free Birth Control | Phexxi®](#)
3. US Medical Eligibility Criteria (US MEC) for Contraception Use, 2016 CDC Appendix E, PP 81-87.