

Vaginal Spermicide – CON 15

DEFINITION

Vaginal spermicidal products are available over-the-counter. They contain two components: a base or carrier (such as gel, foam, creams, films, or suppositories) and a chemical that kills sperm. All spermicides in the US use nonoxynol-9 which is a surfactant that destroys the sperm cell membrane. 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. Spermicide must be used with every act of intercourse. With typical use, 21 out of 100 women using vaginal spermicide will become pregnant within a year.

Phexxi, similar to spermicide, is a vaginal pH modulator. This is a vaginal gel, prescription only, that comes with 12 prefilled applicators. Phexxi is active immediately following application but is recommended to be placed no greater than one hour prior to intercourse to maintain effectiveness. Increased risk for acquisition of HIV and other STIs has not been observed with Phexxi due to its different formulation of components.

SUBJECTIVE

May include:

1. LMP
2. Medical, sexual, and contraceptive use history updated, as appropriate
3. Identifying if there is a history of frequent UTIs, bacterial vaginosis, or yeast infection

Should exclude:

1. Recently postpartum – spermicides may be used postpartum, but only after lochia has ceased
2. History of allergies to any component of the vaginal spermicide.
3. High risk for HIV (MEC Category 4) (okay with Phexxi)
4. HIV-positive status (MEC Category 3) (okay with Phexxi)

OBJECTIVE

May include:

1. Age-appropriate physical exam, as indicated.

LABORATORY

1. STI screening, as appropriate

ASSESSMENT

Candidate for vaginal spermicide or Phexxi

PLAN

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

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 prescription

Effective Date: December 2024

Last Reviewed: November 2024

Next Scheduled Review: November 2025

3. 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)
6. Consider alternative method if client has history of frequent UTIs, bacterial vaginosis, or yeast infections
7. 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	Active Ingredients
Foam	Immediate	≤ 60 minutes	Nonoxynol-9
Creams & Jellies	Immediate	≤60 minutes	Nonoxynol-9
Suppositories	10-15 minutes	<60 min	Nonoxynol-9
Film	10-15 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 is okay for use at anytime during menstrual cycle.	L-Lactic acid, citric acid, and potassium bitartrate

CONSULT / REFER TO PHYSICIAN

No specific need to refer to a physician.

REFERENCES

1. Culwell, K., & Pritzker, J. (2025). On-demand, internal methods. In R. A. Hatcher, P. Cason, C. Cwiak, A. Edelman, D. Kowal, J. M. Marrazzo, ... M. S. Policar (Eds.). *Contraceptive technology* (pp. 477- 501). (22nd ed.). Jones & Bartlett Learning.
2. Phexxi. (2024). *Hormone free birth control phexxi*. Retrieved from <https://www.phexxi.com/>
3. 3.U.S. Centers for Disease Control and Prevention. (2024). U.S. medical eligibility criteria for contraceptive use, 2024. *Morbidity and Mortality Weekly Report*, 73(4), 97-105. Retrieved from <https://www.cdc.gov/mmwr/volumes/73/rr/pdfs/rr7304a1-H.pdf>