HEALTH BASICS

Diaphragm use and care

A diaphragm is reusable birth control placed over the cervix with spermicide

WHAT IT IS
A reusable vaginal barrier used with spermicide

WHERE IT COMES UP
Choosing and using non-hormonal birth control

WHY IT MATTERS
Reduces pregnancy risk when placed and used correctly

WHAT IT IS NOT
Not a disease or sexually transmitted infection protection

WHO TO ASK
Sexual health clinician, pharmacist, or family planning service

HOW IT IS CHECKED
Fit assessment and visual inspection for damage

Overview

A contraceptive diaphragm is a soft, dome-shaped device placed inside the vagina before sex. It covers the cervix, which is the opening between the vagina and uterus. Diaphragms are usually made from silicone and are reusable.

A diaphragm is not a disease or diagnosis. It is a non-hormonal birth control method. It must be used with a spermicide made for diaphragm use. Spermicide is a gel, cream, or similar product that reduces sperm movement or damages sperm.

Some diaphragms come in one size. Others require a clinician to choose the correct size. Availability and prescription requirements differ by product and country.

Correct placement matters each time you have sex. The diaphragm must cover the cervix, stay in place, and remain there for the required period afterward. It does not protect against sexually transmitted infections, or STIs.

How it works

The diaphragm forms a physical barrier between sperm and the cervix. The spermicide adds

chemical protection around the edge and dome of the device.

Before using your diaphragm, read the instructions supplied with that exact product. Instructions differ on how much spermicide to apply, how early the device can be inserted, and how long it may stay in place.

The usual steps are:

The cervix often feels firm and rounded, like the tip of a nose. You should be able to feel it through the diaphragm's dome. If the cervix is outside the rim, the diaphragm is not positioned correctly.

If you have sex again while the diaphragm is still in place, you may need to add more spermicide. Do not assume the first application remains sufficient. Follow the instructions for your diaphragm and spermicide, including how to add more without dislodging the device.

To remove the diaphragm, slide a clean finger under its rim to release the seal, then pull it out gently. Avoid using sharp fingernails or objects that could tear it.

Wash it with mild, unscented soap and lukewarm water unless the manufacturer gives different directions. Rinse it well, allow it to air-dry, and store it in its container away from direct heat and sunlight. Do not boil it, apply powder, or use oil-based products unless its instructions specifically permit this.

- Wash and dry your hands
- Check the diaphragm for holes, cracks, thinning, or other damage
- Apply the product-specified amount of spermicide
- Fold and insert the diaphragm into the vagina
- Make sure the dome covers the cervix and the rim is secure
- Leave it in place for at least six hours after the last act of sex
- Remove it before the product's maximum time limit

Why it matters for your health

Diaphragm effectiveness relies on what you do before and after every act of sex. Missing spermicide, leaving the cervix partly uncovered, removing the diaphragm too soon, or using a damaged device can increase the chance of pregnancy.

A diaphragm may suit you if you want birth control without hormones or a method used only around the time of sex. It can be reused, but you need to plan ahead and feel comfortable inserting and checking it.

A change in fit can affect protection. Ask about reassessment after pregnancy or pelvic surgery, or after a substantial weight change. Also seek advice if the diaphragm repeatedly slips, feels painful, or does not appear to cover your cervix.

A diaphragm does not prevent HIV or other STIs. External or internal condoms can reduce STI exposure. If STI protection matters to you, ask how condoms can be combined safely with your chosen diaphragm and spermicide.

What can go wrong

Unintended pregnancy can occur if the diaphragm is inserted incorrectly, moves during sex, is removed too early, or is used without the required spermicide. Damage that is too small to notice at first can also reduce protection.

Urinary tract infections , or UTIs, may occur more often in some diaphragm users. Symptoms can include burning when urinating, needing to urinate frequently, or pain low in the abdomen. These symptoms should be assessed promptly, especially if you also have fever, back pain, vomiting, or feel very unwell.

Vaginal or skin irritation can come from the diaphragm material, spermicide, soap, or another product used during sex. Irritation may cause burning, soreness, redness, or unusual discomfort. Frequent exposure to the spermicide nonoxynol-9 can irritate genital tissue. It does not prevent STIs and should not be relied on for HIV protection.

Poor fit or displacement may cause discomfort or allow the cervix to become uncovered. If you or your partner feels the device strongly, or if it repeatedly moves, ask a clinician to check the fit and your insertion technique.

Toxic shock syndrome , or TSS, is a rare but serious infection-related condition associated with leaving vaginal devices in place too long. Remove the diaphragm and seek urgent medical help if you develop sudden fever, vomiting or diarrhea, a widespread rash, dizziness, fainting, confusion, or severe muscle aches while using it or soon afterward. Call emergency services if you faint, have trouble breathing, become confused, or are too unwell to travel safely.

Unusual discharge, persistent odor, pelvic pain, bleeding not explained by your period, or ongoing irritation is not an expected result of correct diaphragm use. Arrange a routine or prompt clinical review depending on severity. Severe or rapidly worsening pain, heavy bleeding, or fever needs urgent assessment.

What you can do

Keep the package instructions with the diaphragm. Check the brand name, maximum wear time, spermicide requirements, cleaning method, and replacement advice. Do not apply instructions from a different diaphragm model.

Before relying on it, practise inserting and removing it. A sexual health clinician can confirm that you can locate your cervix and that the device covers it. Ask whether your model requires professional fitting.

Each time you use it:

Keep a backup birth control plan in case you cannot insert the diaphragm, run out of spermicide, or find damage.

If the diaphragm slipped, was used incorrectly, or was removed too soon, contact a pharmacist, sexual health service, or clinician promptly. Emergency contraception is time-sensitive. Available choices may include emergency contraceptive pills or a copper intrauterine device, depending on timing and personal medical factors.

Ask when to take a pregnancy test after possible contraceptive failure. Testing may also be appropriate if your next period is late or unusual. A diaphragm does not affect the result of a home pregnancy test.

- Check the device under good light for damage
- Use only a compatible spermicide and lubricant
- Confirm that your cervix is covered
- Note the time of the last act of sex
- Leave it in for the required period, but not beyond its limit
- Clean, dry, and store it as directed

Common questions

Can I insert a diaphragm well before sex?

Possibly, but the permitted timing is product-specific. Some products require extra spermicide if a certain amount of time passes before sex. Follow the instructions supplied with yours.

Can I leave it in overnight?

Often, provided it remains in for at least six hours after sex and does not exceed the product's maximum wear time. Check the clock rather than estimating. Do not leave it in longer for extra protection.

Can my partner feel it?

A partner may sometimes feel the rim. It should not usually cause pain. Recheck the position if either of you has significant discomfort.

Can I use lubricant?

Yes, if it is compatible with the diaphragm and spermicide. Oil-based products can damage some contraceptive barriers. Check the manufacturer's instructions before use.

How long does a diaphragm last?

Replacement schedules differ by product. Replace it sooner if it has a hole, crack, damaged rim, sticky area, or change in shape. Ask about fit after pregnancy, pelvic surgery, or substantial weight change.

Does it protect against STIs?

No. A diaphragm and spermicide do not provide reliable STI protection. Condoms and appropriate STI testing may still be needed.

What if I cannot remove it?

Try to relax, squat, and gently hook a finger under the rim. Do not use tools. If it remains stuck, a sexual health clinic or urgent care service can remove it. Seek help sooner if you also have severe pain, fever, dizziness, or feel unwell.

Sources

- NHS. Diaphragm or cap
- American College of Obstetricians and Gynecologists. Barrier Methods of Birth Control
- Centers for Disease Control and Prevention. Contraception and Birth Control Methods
- Centers for Disease Control and Prevention. Primary Prevention Methods, STI Treatment Guidelines
- World Health Organization and Johns Hopkins Center for Communication Programs. Family Planning: A Global Handbook for Providers, chapter on spermicides and diaphragms