CERVICAL CAPS

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Introduction

In 1977 in their book Women and the Crisis in Sex Hormones, Barbara and Gideon Seaman wrote a chapter entitled "Gone But Not Forgotten: The Cervical Cap." This enthusiastic report of the cap, a barrier method that had disappeared in North America though not in Europe entirely, renewed the interest of women's clinics and health groups here.

Simultaneously, women were becoming more and more reluctant to risk the serious health hazards by using the pill and IUD for birth control. In 1974 the Dalkon Shield, the most popular IUD for women who had not had children, was taken off the market by its manufacturer, A.H. Robins, due to deaths resulting from infected miscarriage. Between 1975 and 1978 in the U.S., an estimated 24% decrease in the filling of prescriptions for birth control pills occurred. Also during these years, the purchase of diaphragms jumped from 503,000 to 1,205,000, nearly a 140% increase. The cap offerred an additional safe option for women while so few existed.

Many types of barrier methods similar to caps have been used since ancient times, such as women in Sumatra molding opium into cup-like devices that fitted over the cervix. Caps have been made of many materials, but it was a flexible rubber cap, custom-made by taking a wax impression of the woman's cervix, that was introduced into the European medical community in the 1830's. Even up to the 1920's, the cap was more popular than the diaphragm in Germany, France, and England for various reasons (such as the suspicion that the diaphragm distended the vaginal walls, which later proved to be untrue). The cap was either put in place by the woman herself before intercourse, or by a doctor ar regular intervals (weekly, monthly).

In 1953, a small study done in New York using 101 women proved a 92.4% overall effectiveness rate, and a 96.7% effectiveness rate for the women using the cap correctly and consisitently. Only some of the women used spermicide with their caps, and some of the caps were inserted by the physician and remained in place during the entire inter-menstrual time. A recent small study done by the Emma Goldman clinic for women in Iowa with 90 women showed a 91.2% rate of effectiveness.

Considering the widespread use and popularity of the cap in the past, it is important to consider why it disappeared as an available device for birth control. Not only is the cap a safer, cheaper, and effective method, but it also takes more time for careful instruction and accurate fitting. A combination of factors has contributed to so many women using only pills and IUD's for so long: these methods have been very profitable to drug companies and widely advertised by them; medical school curriculum has included minimal if any education on diaphragm use and fitting, with no mention of the cap. Writing a prescription for the pill takes the least amount of office time for the physician, and is therefore the most profitable and easy method to recommend.

It is no wonder that it has been lay women's clinics and health groups that have re-introduced the cervical cap. Our zeal to provide anadditional option for birth control is accompanied, however, with our concern for long term health and desire to prevent unwanted pregnancy in women who are interested in using the cap. So our studying process of the cap has been slow, and our criteria and instructions for fitting and use very cautious in the hopes that we can safely re-learn about the cervical cap and make it a more accessible option.

How It Works

The cap is a barrier method of birth control. It fits snugly over the cervix (neck of the uterus) and is held firmly in place by suction. This suction causes the cervix to swell slightly which helps to hold the cap securely in place.

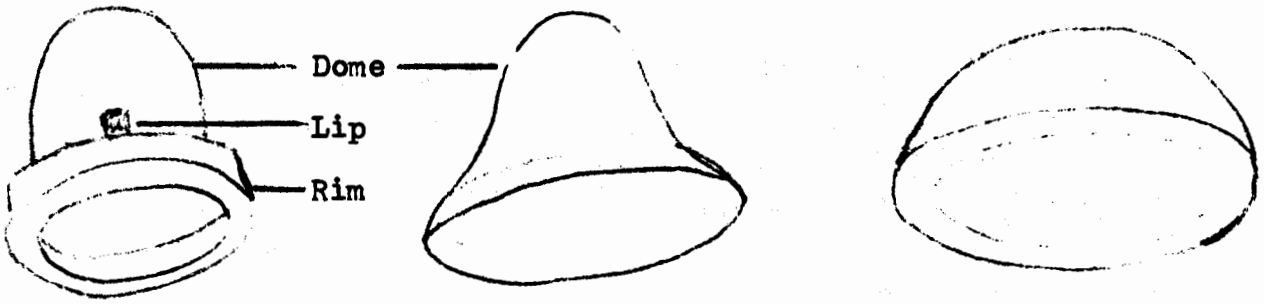
We recommend the cap be used with a spermicidal cream or jelly for maximum contraceptive protection. The spermicide is held against the os and provides protection against any sperm which get inside the cap. It also provides additional protection should the cap be dislodged during intercourse. Like any barrier method the cap with spermicide must be inserted prior to a genital contact to be fully effective.

There are three types of caps available to us. The cavity rim cap has been most widely used in North America. It is a flexible thimble shaped device made of rubber.

The vimule cap, also thimble shaped, has a flared rim which

allows the cap to attach firmly onto the walls of the vagina creating a very strong suction. The vimule cap is recommended when the cervix is too long for the cavity rim cap.

The dumas cap, also called the vault cap, is a flexible dome shaped device which adheres to the vaginal walls by suction. Unlike the diaphragm it does not span the entire vagina. It is useful when the cervix is short, flat, irregularly shaped, or lacerated.



Cavity Rim Vimule Dumas

How To Use The Cervical Cap

1) The cap must always be inserted at least ½ an hour before you have intercourse, because it will take this long for suction to form.

2) Many women find squatting to be the best position for inserting the cap. Other ways are to sit, to recline with your back supported, to stand with one foot on a stool, or whatever else seems effective for you!

3) Fill the cap one third full of spermicide. Do not add more than this nor add any to the inner rim, since these things could break the suction. Use any brand of contraceptive cream or jelly marked "for use with a diaphragm". Cream is thought to be effective for a longer period of time.

4) With one hand, spread open your vaginal lips. With the other, squeeze the rim of the cap together and slide it along the bottom wall of your vagina, rim first, using one or two fingers, as far as it will go. The lip of the cap should go to the back, since it may be painful to your partner if he bumps up against it. It now should be covering your cervix, but often isn't. The cap can adhere to any part of the vaginal walls or on the side of the cervix.

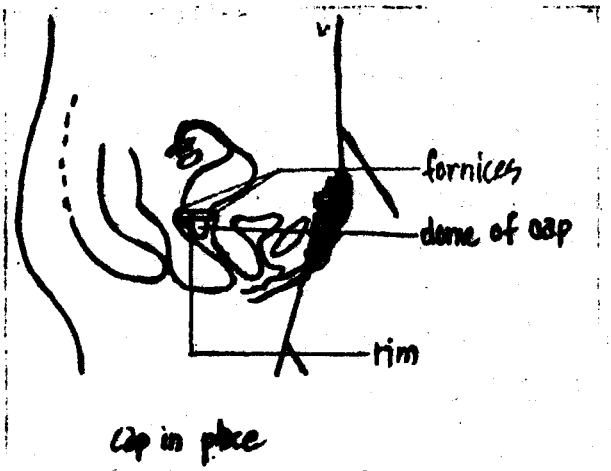
5) To check that your cervix is covered, run your finger around the rim of the cap to make sure that you cannot feel any part of your cervix outside the cap. Push the cap up onto your cervix again after this , in case you pulled it off slightly in checking. If you are having diffuculty in reaching your cervix, squatting, bearing down (as if having a bowel movement), or pressing down on your abdomen above the pubic bone will help to bring it within reach. Note that the cervix will not fill the entire cap.

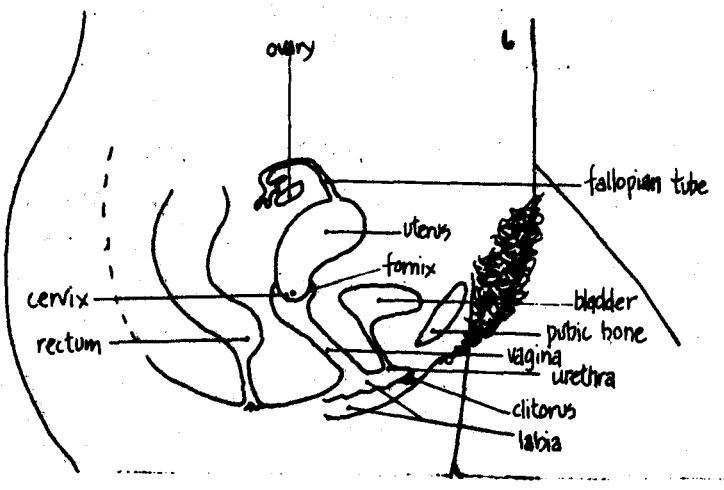
6) It is always important to check that the cervix is still covered after intercourse. If the cap has been knocked off, immediately push it back on your cervix and insert an applicator full of spermicide into your vagina.

7) Some women"s cervixes change size slightly at different points in their menstrual cycles. Also, certain lovemaking positions and/or different sexual partners could cause the cap to dislodge. Therefore, we ask that for the first month or for the first 8-9 times that you use the cap that you use condoms as a back-up method. During this time, make love in all the positions you normally use and at varying points in your cycle. With each new partner, this should be repeated.

8) Do not douche with your cap in place. Bathing ,swimming, and showering are okay.

9) Do not use your cap during your period ,since the blood flow will break the suction. During this time, abstain from intercourse, or use a diaphragm or condoms and foam for birth control.





Removal

To remove the cap, tilt it with your finger to break the suction seal. Then, hook your index finger over the front and pull out. Another way is to insert two fingers into your vagina, pull the dome of the cap forward with the index finger and hook the second finger up over the back rim of the cap. The cap will then come out upside down.
Don't be discouraged! The suction is very strong, particularly since the cervix swells slightly while the cap is in place.

When to remove and insert the cap

We recommend that the cap be inserted within a couple of hours before making love, and that it be removed 8-10 hours after the last intercourse. However, there is controversy on this question. Most other women's centres say that the cap can be worn for 3 days without being removed.

Our recommendation is more cautious because we question how healthy continuous suction is for the cervix. Also, the manufacturer recommends that an applicator-full of spermicide be added to the vagina with each subsequent intercourse. We regard this as unnecessary.

Care of the CAp

1) After removing the cap, wash it out with warm water. You may also use a mild, unscented or herbal soap. Turn it inside out and scrub the inner rim with a toothbrush.
2) Check for holes, and examine the rim carefully for any signs of wear by stretching the dome of the cap while holding it up to the light. Do this each time you put it away.
3) Air dry or towel dry the cap well and store it in its box. Do not use talcum powder because it is a carcinogen. It is also preferable not and necessary to use corn starch, which can upset the pH of the vagina. For unpleasant odors (usually from wearing the cap for a longer period of time), soak the cap for 15 minutes in a solution of 1 quart warm water to 1 Tablespoon of lemon juice or white vinegar.
4) After having an infection, the cap should be soaked in 70% rubbing alcohol for 15 minutes. Do not do this often, because it will deteriorate the rubber.
5) The cap should be protected from moisture, bright light, extremes of temperature, oils, metals, and printed inks.

Women who cannot use the cap

Many women who would like to use a cap cannot be fit for one. The

problem can be temporary, as with some infections, or it may be a situation that indicates you should not use the cap at all.

A clear pap smear (Class I) within the past 3 months is required before we will fit a woman with the cervical cap. If you have had a Class II pap test, you will need 2 consecutive clear paps prior to cap fitting.

If you have vaginitis such as Candida (yeast), trichomonas, or hemophilus (Gardnerella), the infection should be resolved prior to the cap fitting. If the infection is chronic or frequently recurring, the cap may not be a good method for you. If you develop an infection while using the cap, you should find another reliable method of birth control to use until the infection has cleared up. A marked erosion (redness) and/or cervicitis are also problems that may be temporary but must be resolved prior to cap use. Because the cap fits snugly over the cervix and holds in secretions it may prolong or interfere with healing.

You should not use the cap if you have had a recent or severe cervical laceration (which can occur during a vaginal birth). If it is recent, the cap can interfere with the healing process. Even if the tear has healed, but it was severe, it may not be possible to use the cap because the surface of the cervix will be uneven which will interfere with the suction. Because we are unsure of the effects of suction on scar tissue, and until we have more information, we consider the cap an undesirable choice in this situation.

If you have had pelvic inflammatory disease (PID) within the past 3 years or have had PID more than once, you should not use the cap. Complications of PID are serious (such as chronic pain and sterility) and cap use may interfere with healing and repair if infection is present.

Because there is a positive correlation between herpes and cervical cancer, we will not fit women who have had active herpes within the past 3 years. Genital herpes lesions can be present on the cervix and vaginal walls without the woman being aware of them. For this reason, we are cautious about cap use for women with a history of herpes.

The presence of venereal warts or nabothian cysts on the cervix will interfere with the suction the cap forms, and the cap will fit poorly. Again, because we do not know the effects of suction on the cervix and likewise cysts and warts, we think the cap is not a good choice in these situations.

Anatomical and user problems are other reasons a woman may not be able to use the cap. If you are unable to correctly insert and remove the cap or if you are unable to feel all the way around your cervix, you will not be able to safely use the cap. Poor fit due to size and shape of the cervix is common because of the limited size range of caps available to us.

If you have recently had a baby or a late abortion (after 14 weeks), then you must wait 6 weeks prior to being fit. This is to allow the cervix to return to its normal size and shape. You can be fit with a cap 2 weeks after an early abortion providing you have not had any infections in those 2 weeks.

If your mother took DES (diethyl stilbesterol) during her pregnancy, you have a higher risk of developing vaginal and cervical cancer. We are hesitant to fit you with a cervical cap because we are unsure of the side effects of this method on the cervix.

Advantages and disadvantages of the cap as compared to the diaphragm

Advantages

1) women with recurrent urinary tract infections (cystitis) aggravated by the diaphragm
2) women with anatomical problems such as cystocele, shallow pubic shelf, and weaker vaginal muscle tone: all of which interfere with diaphragm use.
3) another option for birth control for heterosexual women
4) more comfortable and aesthetically pleasing for some women
5) use of less spermicide (safer, cheaper and less messy)
6) possibility of leaving the cap in longer
7) can swim and bathe while its in place

Disadvantages

1) unknown effects of suction on cervix
2) unknown rate of effectiveness
3) fewer women can be fit and fitting is more difficult (due to anatomical problems and limited range of caps available)
4) harder to insert and remove (atleast initially)
5) possibility of dislodging of cap during intercourse

Your partner and the cap

Sometimes the most rewarding and/or frustrating aspects of using a method that associates birth control with lovemaking are the attitudes and actions of our partners. If you have a supportive partner(s), you

might want to teach him what you know about the cap, so that he can share the responsibility for birth control. You could ask your partner to check to see if the cap is in place correctly and that the suction holds once you've put it on. Many couples find that they can incorporate putting in the cap as a part of lovemaking. This can take a while to develop. Even if you do not feel comfortable with these suggestions, you might find that you can feel relaxed about putting it in yourself when he is there with you.

Having a cooperative and interested partner probably means you will be a more effective cap user. If he sometimes initiates putting it in, or insists that you use it when you might let the moment go by, you are much less likely to get pregnant, since the cap works only if you use it. You might ask your partner to keep a spare cap at his house. Since you cannot use your cap during your period and you need protection during this time, you will also need the man's cooperation if you decide to use a diaphragm, foam and condom, or to abstain during this time of the month. You might also feel good that the responsibility for preventing pregnancy is not entirely yours.

It is important to try all your usual positions of lovemaking using a CONDOM with each new partner. This is because of anatomy and the different degrees of penetrations that can exist with each man and each position. Check to make sure that the cap is in place after each position is tried. If the cap has remained securely in place in every position, then it is safe to use just the cap with spermicide with that partner afterwards. If the cap has slipped off in a certain position or with a new partner, then it is important to have the fit re-evaluated.

One problem even with supportive partners might have with the cap is the taste of the spermicide during oral sex. You can wipe the vulva off with a damp washcloth. If either of you experience any burning sensations as a result of the cream (an allergic reaction), change brands immediately.

How can we deal with new or uncooperative partners? Sometimes we underestimate men's willingness to be responsible for birth control. Often they feel it's the woman's role, though they might feel mystified by or uncomfortable with that assumption. Many men, who have had partners who have used the pill or IUD and are used to that convenience, may not be aware of the hazards to women associated with these methods. A calm and

matter of fact explanation about your plans for birth control is often greatly appreciated, especially if you explain why you picked the cap and the role the man can play in its use. Tell him how it works, the importance of consistent use, as well as where your cervix is and how the cap fits. If he is still not supportive of your use of the cap, you may have some difficult questions to answer. At this point you might want to talk to friends or counsellors who can help you to explore your feelings. If you decide to go ahead with your use of the cap, there are ways you can minimize any hassle with your partners. One suggestion is to put the cap on before you see him if you think there might be a possibility of intercourse. This is especially convenient since you have to leave the cap on for atleast half and hour in order to test for adequate suction. If he complains that he can feel the cap during intercourse, you may need to have the fit re-checked, and also to try other positions that might involve less penetration. We find that it is always helpful to talk to other women about their experiences. We often have the same or similar experiences and breaking down our sense of isolation can be the biggest help we can find.

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Aradia Women's Clinic, 1827 12th Avenue, Seattle, Washington
(pamphlet and teaching workshops)