Cervical Cap – CON 13

DEFINITION

The cervical cap is vaginal barrier contraceptive method that prevents pregnancy by covering the cervix. This is a non-latex device, made of durable silicon rubber which also acts as reservoir for spermicide. The cervical cap acts as a mechanical barrier to sperm and is used in conjunction with a spermicide. It has strap on the convex side which aids in cap removal. There are three sizes available- 22mm, 26mm, or 30mm. The cap is reusable for one year.

SUBJECTIVE

May include:

1. Medical, sexual and contraceptive use update, as appropriate
2. LMP
3. Gynecological and obstetric history; use is acceptable for both nulliparous and parous women
4. Risk assessment of high-risk sexual behaviors; HIV-acquisition risk

History of the patient may exclude:

1. History of toxic shock syndrome (MEC category 3)
2. Do not use if high-risk for HIV exists (MEC category 4) due to concern of vaginal epithelium disruption from frequent spermicide use
3. Allergies to the silicone device or spermicide
4. Unresolved abnormal pap smear, or cervical cancer
5. Do not use less than 6 weeks post-partum delivery or until uterine involution and after second-trimester abortion
6. HIV or AIDS diagnosis (MEC category 3)

OBJECTIVE

SHOULD include:

1. Speculum exam to judge size and contour of the cervix, and to evaluate for vaginal or cervical abnormalities/anatomy that may prevent proper fit
2. Palpation of cervix- length, position, symmetry

SHOULD exclude:

1. Vaginal abnormalities which would interfere with proper placement or retention of the cervical cap
2. Cervical surface anomalies which would inhibit cap fit
3. Vaginal or cervical infection, which could complicate cap use
4. Do not use method during menses

LABORATORY

SHOULD include:

1. Pap smear in accordance with current ASCCP frequency guidelines. The cap should not be used if client has untreated cervical intraepithelial neoplasia or is awaiting cervical cancer treatment.

May include:

1. Vaginal/cervical infection testing, as indicated
2. HIV testing, as indicated

3.Wet mount testing for vaginosis and candida infections

ASSESSMENT

Candidate for cervical cap

PLAN

1. Fit appropriately sized cap, assessing coverage of cervix, and inability to dislodge. The FemCap is held in place by the muscular walls of the vagina and does not have to be snug around the cervix or hinge behind the pubic bone. Size generally is determined by obstetric history- smallest size if never pregnant, middle size if miscarried or had cesarean section, largest size if parous via vaginal delivery of full- term fetus
2. Review client education form (See "Instructions Cervical Cap")
3. Offer advance prescription emergency contraceptive pills
4. Listing of pharmacies that carry FemCap available on FemCap – Better Birth Control At Your Cervix

CLIENT EDUCATION

1. Provide client education handout(s). Review manufacturer's inserts. Review symptoms, complications, and danger signs.
2. Review safer sex education, as appropriate.
3. Discuss with client possible side effects that epithelial disruption can be associated with spermicide dose, delivery system or frequency of use. Caution clients who use spermicide routinely as this increases the risk for HIV infection and increases the risk of HIV transmission.
4. Inform client that use of the cervical cap is contraindicated during menses.
5. Inform client that cap can be inserted up to 6 hours prior to sexual activity. Must be left in place for at least 6 hours after intercourse and no longer than 48 hours.
6. RTC annually (refrain from use 2-3 days prior to pap smear), after each pregnancy, after treatment for cervical dysplasia, and PRN for problems. The cap is reusable for one year.
7. There may be an increase in bacterial vaginosis and candida with cap use.
8. Advise to seek immediate medical care if unable to remove cap.
9. Advise to seek immediate medical attention if signs of a cervical infection, vaginal infection, or symptoms of toxic shock.
10. If cap dislodges before it should be removed, immediately apply spermicide, and consider ECP.
11. Affords some STI protection; however, male condoms are advised as indicated

CONSULT / REFER TO PHYSICIAN

1. Client with symptoms of toxic shock syndrome. (See Gynecology: Toxic Shock Risks)

REFERENCES

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2. US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016 | CDC Appendix E, Pp 81-87.
3. FemCap, Inc. FemCap – Better Birth Control At Your Cervix
4. Reproductive Health | HHS Office of Population Affairs
5. Kelsey, B. & Nagtalon-Ramos, J. (2021). Midwifery & women's health nurse practitioner certification review guide. Jones & Bartlett Learning.