



### Diaphragm Check

<b>DEFINITION</b>	<p>May be independent problem visit or part of routine annual evaluation.</p> <p>The Caya diaphragm has essentially replaced earlier dome-shaped fitted diaphragms in the U.S.</p> <p>Diaphragm is reusable silicone device. The larger dome cup of the device fits over cervix and hold spermicide in place over cervical os. The smaller everted dome cup tucks behind the symphysis pubis and facilitates removal.</p> <p>Caya Diaphragm: 75 mm in length, 67 mm in maximum width</p>
<b>SUBJECTIVE</b>	<p>May include:</p> <ol style="list-style-type: none"><li>1. LMP</li><li>2. Medical, sexual, and contraceptive use history update, as appropriate.</li><li>3. Risk assessment of high-risk sexual behaviors; HIV-acquisition risk</li><li>4. Gynecological history as appropriate; diaphragm should not be used less than 6 weeks post-partum delivery or until uterine involution and after second-trimester abortion.</li><li>5. History of any method related problems such as:<ol style="list-style-type: none"><li>a. Discomfort when diaphragm in place</li><li>b. Vaginal or penile irritation</li><li>c. Sensitivity to spermicide</li><li>d. Inconsistent diaphragm use (Shared decision-making to consider alternative method)</li><li>e. Dislodgement during intercourse</li><li>f. Increased incidence of UTIs</li><li>g. Increased incidence of vaginitis</li><li>h. History of and current s/s of toxic shock syndrome (see GYN 5)</li><li>i. Confirm patient's ability and psychological comfort to place and remove device</li></ol></li></ol>
<b>OBJECTIVE</b>	<p>May include:</p> <ol style="list-style-type: none"><li>1. Vital signs</li><li>2. Pelvic exam to check correct fit as indicated; vaginal examination to determine any anatomic abnormality such as prolapse, cystocele, rectocele, or vaginal septum that may preclude proper fit</li><li>3. Visualization of cervix and vagina as indicated</li></ol>
<b>LABORATORY</b>	<p>May include:</p> <ol style="list-style-type: none"><li>1. Pap smear, if indicated</li><li>2. Vaginitis/cervicitis testing as indicated</li><li>3. HIV testing as indicated</li></ol>
<b>ASSESSMENT</b>	Diaphragm check
<b>PLAN</b>	<ol style="list-style-type: none"><li>1. Check diaphragm for "wear," fit, and correct usage, as appropriate.</li><li>2. Replace diaphragm, as appropriate. May consider switching patients from older models to one-size fits all "Caya" device if sizing between 65mm to 80mm from previous model. If refitting older omniflex model see "Diaphragm Fitting" protocol.</li><li>3. Refit if not adequately covering cervix (too small) or if erosions indicate diaphragm is too large.</li><li>4. Replace diaphragm if 1-2 years old or if shows signs of wear.</li></ol>
<b>CLIENT EDUCATION</b>	<ol style="list-style-type: none"><li>1. Reinforce diaphragm education including, that diaphragm should always be used with spermicide.</li><li>2. Review safer sex education, as appropriate</li></ol>



	<ol style="list-style-type: none"><li>3. Recommend that client RTC after pregnancy, birth, miscarriage or 2nd trimester abortion, pelvic surgery, with weight change of at least 10 lbs., or PRN for problems. Caya does not require refitting.</li><li>4. Offer hormonal methods of ECP in advance of need (See ECP protocol)</li></ol>
<b>CONSULT/ REFER TO PHYSICIAN</b>	<ol style="list-style-type: none"><li>1. S/S of Toxic Shock Syndrome</li></ol>

**References:**

1. Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. Contraceptive Technology. 20 edition. Atlanta GA: Ardent Media, Inc., 2015. Pp.391-408.
2. Hatcher RA, Nelson A, Trussell J, Cwiak C, Cason P, Policar MS, Edelman A, Aiken ARA, Marrazzo J, Kowal D, eds. Contraceptive Technology. 21 edition. New York, NY: Ayer Company Publishers, Inc., 2018. pp. 379-392.
3. US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016 | CDC Appendix E p. 81-87.
4. Kelsey, B. & Nagtalon-Ramos, J. (2021). *Midwifery & women's health nurse practitioner certification review guide*. Jones & Bartlett Learning.