

C5.13 - MALE/EXTERNAL CONDOM

Policy

This policy outlines the use of male/external condoms, a thin rubber latex, polyurethane or lamb caecum sheath (Lambskin condoms are not reliable at prevention of STI) which is put on an erect penis to prevent ejaculated sperm from being deposited inside the vagina.

Procedure

Mode of Action (Barrier Method)

Ejaculation can occur while the covered penis is in the vagina, the ejaculate being contained within the condom.

Effectiveness

Theoretical effectiveness rate is 98%.

Typical/ACTUAL use effectiveness rate is 87%.

Must be used for each act of anal, vaginal or oral intercourse when any risk of infection exists.

Contraindications

Allergic reaction to rubber/latex condoms and/or pre-lubricated condoms. If this occurs, synthetic condoms are an alternative.

Advantages

- Condoms do not require a prescription and are easily accessible.
- Condoms are relatively inexpensive.
- May be kept as “reserve” or “back-up” method if not prepared for other methods or if supplies run out.
- Encourages male participation in contraception.
- Can be used as dual method to increase effectiveness or to reduce risk of STIs.

Disadvantages

- Putting on the condom may interrupt foreplay unless efforts are made to incorporate it into a part of foreplay.
- In rare instances, condoms may break.
- Use of Nonoxynol-9 lubricated condoms does not reduce the risk of STI and may increase exposure to HIV and herpes virus. If lubrication is desired to enhance the pleasure of intercourse, only water-based or silicone-based lubricants should be used.
- Must be used with each act of intercourse.

Side Effects

Use of the condom may reduce glans sensitivity for the male.

Instructions to the Client

- Since sperm are present in pre-ejaculatory semen, the condom should be placed on an erect penis before the penis comes into contact with the vulvar area. Unroll the condom all the way to the base of the penis, leaving about one-half inch of empty space, not filled with air, at the tip (or buy condoms with nipple tips to hold the semen). Lubrication may be used on the outside of the condom (some are lubricated to aid the penis in entering the vagina). Petroleum jelly (Vaseline) or any oil-based product should not be used because it may cause the rubber to deteriorate. Water based lubricants (K-Y liquid or jelly) and saliva are excellent lubricants.
- After intercourse, hold onto the condom, as the penis is withdrawn, taking care not to spill semen anywhere near the opening of the vagina. The penis should be withdrawn shortly after ejaculation occurs. As the erection subsides, the condom could slip off, spilling semen into the vagina and pregnancy could result. At this time it is recommended both hands and the penis are washed with gentle soap.
- If the condom tears or comes off in the vagina, insert contraceptive foam or jelly immediately and emergency contraception is recommended.
- Condoms should be used only once and then thrown away.
- Heat may cause deterioration of the condom. Do not keep condoms in your wallet, glove compartment or any area where they are exposed to heat.
- Use of condoms lubricated with Nonoxonyl-9 does not reduce the risk of STI and may increase the risk of HIV and herpes virus.
- Clients should be instructed not to use a condom that has been worn during anal intercourse for vaginal intercourse. A new condom should be used every time a change occurs from vaginal to anal or from anal to vaginal intercourse.

Fertility Return

There is no disruption to fertility. Given lower efficacy of barrier methods for contraception, please recommend users also take a prenatal vitamin or folic acid supplement.

Date Revised	September 2023
References	Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html
Additional Resources	Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use, 2020

	<p>(https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf)</p>
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