

## C5.16 - CONTRACEPTIVE SPONGE

### Policy

The purpose of this policy is to outline the use of the contraceptive vaginal sponge (Today®) is a soft, disposable polyurethane foam sponge containing Nonoxynol-9, which kills sperm on contact. Insertion is similar to diaphragm.

### Procedure

#### *Mode of Action*

The sponge prevents pregnancy in three ways:

1. The spermicide contained in the sponge kills sperm before they reach the egg (spermicidal).
2. The sponge blocks the cervix (barrier).
3. The sponge traps and absorbs sperm (absorption).

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#### *Effectiveness*

Theoretical effectiveness is 89-91%.

Actual/typical use effectiveness is 73-86%.

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#### *Contraindications*

You should NOT use the Today® Sponge if you:

- Are menstruating.
- You and/or your partner has a sensitivity to:
  - Sulfa drugs.
  - The spermicidal nonoxynol-9 (contraceptive gel).
  - Polyurethane [medical grade].
- Have a vaginal abnormality such as a septum.
- Currently have a vaginal infection.
- Have ever had toxic shock syndrome.
- Have recently had a vaginal delivery (within 6 weeks), miscarriage or other termination of pregnancy, and have not been examined by your Clinical Services Provider.

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#### *Advantages*

- No prescription or special fitting is required.
- Conveniently packaged (portable).
- Disposable.
- May be inserted immediately before intercourse or up to 16 hours prior to intercourse and therefore doesn't interfere with intercourse. Protection lasts for up to 24 hours. Leave sponge in place an additional 6 hours after intercourse before removing it.
- The sponge may be retained in place for up to 24 hours allowing for multiple acts of intercourse. If you have intercourse when sponge has been in place for 24 hours, leave it in place an additional 6 hours after intercourse before removing it. Today® Sponge must not be left in place for more than 30 hours.

- The sponge will be effective even if you swim or bathe after intercourse.
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### **Disadvantages**

- May decrease sexual spontaneity if not inserted in advance.
  - Some reports of difficulty removing device.
  - With frequent intercourse, may be more costly than other methods.
  - Associated with possible increased risk of toxic shock syndrome.
  - Does not provide protection against STIs or HIV.
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### **Side Effects**

- Possible vaginal burning or itching.
  - Allergic reactions.
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### **Warning Signs of Toxic Shock Syndrome**

Report to the ER or clinic immediately if one or more warning signs of toxic shock syndrome should occur including:

- Fever.
  - Vomiting.
  - Diarrhea.
  - Muscular pain.
  - Dizziness.
  - Rash similar to sunburn.
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### **How to Use the Contraceptive Sponge**

1. Sponge must be inserted before penis enters vagina.
  2. Wash hands and wet the sponge with water and squeeze it gently. This activates the spermicide. (You will notice suds.)
  3. Fold the sponge in half (the loop must be on the outside) and insert it into the vagina.
  4. Push it deep into the vagina to cover the cervix.
  5. You can have sex immediately after you put the sponge in, or you can wait up to 24 hours to have sex. If you have intercourse when the sponge has been in place for 24 hours, leave it in place an additional 6 hours after intercourse before removing it. Today® Sponge must not be left in place for more than 30 hours.
  6. Sexual intercourse may be repeated without adding contraceptive gel.
  7. To remove the sponge, grasp the loop and pull down gently and slowly.
  8. Check to make sure the entire sponge has been removed.
  9. Throw the sponge away. It can be used only once.
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### **Fertility Return**

Return to fertility should be immediate after removal. Given lower efficacy of the contraceptive sponge for pregnancy prevention, please recommend users also take a prenatal vitamin or folic acid supplement.

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**Other**

A higher degree of protection against pregnancy will be afforded by using another method of contraception in addition to a spermicidal contraceptive. This is especially true during the first few months, until the client becomes familiar with the method. Clinical studies have demonstrated that approximately one-half of all accidental pregnancies occurred during the first three months of use.

After childbirth or spontaneous or induced abortion, the effectiveness of the sponge may be decreased. Do not use until bleeding has stopped, after delivery or abortion

Date Revised	September 2023
References	Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] <a href="https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html">                         (https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html)                     </a>
Additional Resources	Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use, 2020 <a href="https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf">                         (https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf)                     </a>