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# **Vaginal Contraception**

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*Illustrated by*  
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The authors and publisher have worked to ensure that all  
information in this book concerning drug dosages,  
schedules, and routes of administration is accurate at the  
time of publication. As medical research and practice  
advance, however, therapeutic standards may change. For  
this reason, and because human and mechanical errors will  
sometimes occur, we recommend that our readers consult  
the *PDR* or a manufacturer's product information sheet  
prior to prescribing or administering any drug discussed in  
this volume.

## Vaginal Contraception

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*Dedicated to the concept that women should be able to control their reproductive lives without risk to their health.*

The opinions expressed herein are those of the authors, based upon their clinical experience, personal observations, and general knowledge of family planning practice. They do not necessarily represent the opinion of the Charles A. Fields Foundation, Ltd., Northwestern University Medical School, the University of North Carolina at Chapel Hill, or the University of Oregon.

The clinical practice of medicine changes rapidly. While every effort has been made to include up-to-date information about the contraceptive drugs and devices mentioned in this volume, the final responsibility for appropriate dosage or therapeutic usage must rest with the prescribing clinician.

Oral contraceptive pills and IUDs come with governmentally mandated prescribing advice to physicians and mandated patient-handout information. These should be consulted and used, along with relevant Food and Drug Administration (FDA) advice and directions which are published from time to time.

Vaginal spermicides have printed directions that should be followed by patients. These directions vary from product to product. Physicians prescribing and patients using vaginal spermicides should consult specific product-related directions before usage.

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*Dr. Gary S. Berger* is Clinical Assistant Professor of Obstetrics and Gynecology, the University of North Carolina at Chapel Hill. He is a Diplomate of the American Board of Preventive Medicine as well as the American Board of Obstetrics and Gynecology. Dr. Berger is also Adjunct Associate Professor of Maternal and Child Health in the School of Public Health at the University of North Carolina. He serves as the Medical Director of the National Women's Health Organization, New York, New York, and as Director of the Menstruation and Reproduction History Research Program at the Center for the Advancement of Reproductive Health, Chapel Hill, North Carolina.

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*Each of us is grateful to special people for their understanding of the time required to complete this endeavor.*

*Marianne – my brother, John Jackson  
Gary – my wife, Barbara, and my children,  
Gregory and John  
Louis – my wife, Gail*

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# Contents

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# Forewords

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The prescription of medications for women began in antiquity and centered around efforts to curtail reproductive capacity. Ancient Egyptian writings contain recipes for contraceptive paste made from crocodile dung, lint, and a variety of substances derived from plants. Greek and Roman physicians elaborated on these suggestions some centuries later. By the middle ages, prescriptions were being devised to enhance as well as to control fertility.

As the art and science of medicine flourished in the latter decades of the 19th century and in the first quarter of the 20th century, a wide variety of vaginal contraceptives became available to women under the direction of their physicians. Popular interest in contraception and, perhaps more importantly, a woman's right to obtain it can be credited in large part to the pioneering work of the late Margaret Sanger who founded the Planned Parenthood Movement in the United States and watched it spread throughout the world.

Although the ensuing years have seen the introduction of medical methods of contraception, i.e., the pill and the IUD, vaginal contraceptive methods have withstood the test of time. Among the primary reasons for this continuity of interest have been safety and the fact that vaginal contraceptives can be controlled by the woman without the need for medical prescription in many instances.

Interest in vaginal contraception has fluctuated in the last decade. Today, all methods of vaginal contraception apparently are more attractive to larger numbers of women than they had been in the recent past.

This book fills a void in the medical literature because it brings a great deal of what sometimes is perceived as conflicting information into one place and

synthesizes it in an understandable manner. The authors are to be congratulated for their efforts to write with a minimum of medical jargon and in a language that is understandable to interested readers with or without medical training. The illustrations bring a new dimension to the understanding of the use of a major form of vaginal contraception.

Drs. Jackson, Berger, and Keith clearly recognize that only when women control their reproductive lives are they able to contribute fully to society.

*Susan Hill*

Executive Director  
National Women's Health Organization  
New York City, New York

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In the 1960s a "contraceptive revolution" was ushered in with the development of the Pill and the rehabilitation of the IUD. Some of us thought that the contraceptive millennium was at hand. Large numbers of women enthusiastically adopted new methods while the traditional vaginal procedures were derided as "the greasy kid stuff." Now, however, the pendulum appears to be swinging back, as it often does. Over the past several years there has been a growing interest in vaginal methods, especially among young women with better than average education. This interest reflects in part concern with real or perceived side effects, fueled by frequent and sometimes irresponsible horror stories in the media, and partly by the realization that the option of legal abortion allows more concern with the safety and less concern with the effectiveness of a contraceptive method than previously.

The growing interest in vaginal contraceptives among women has not found its counterpart in the

medical profession. Many physicians have little experience in the fitting of diaphragms and even if they have such experience they may consider the time required for proper instruction of the patient excessive and non-remunerative. There has been little research on new methods of vaginal contraception in laboratories and clinical facilities. Equally important, there has been very limited comparative evaluation of the existing data. The latter lacuna is admirably filled by the present volume. It should be carefully read and pondered by researchers and practitioners.

*Christopher Tietze, M.D.*

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It is unfortunate that society promotes sexual permissiveness through public media and the advertising of a variety of products, while at the same time, it denounces the use of medical contraceptives because of their possible side effects. This paradox presents a roadblock to the use of contraception which frequently leads to unplanned and unwanted pregnancies. Young people and those who are less educated in the subject of reproductive health care are easily influenced by magazine and newspaper articles that denounce the use of oral contraceptives and IUDs. They also are particularly susceptible either to refusing to use a contraceptive, or to misusing the contraceptive they have.

Another roadblock to the use of vaginal contraceptives has been that they are perceived as ineffectual. *Vaginal Contraception* will assist any woman or health professional interested in learning how effective vaginal contraceptives really are when used appropriately.



This book provides the public with accurate information about one of the lesser publicized categories of birth control, vaginal contraceptives. Vaginal contraceptives are uniquely free of any associated health risks; therefore, they are particularly useful for any woman concerned about the detrimental side effects of synthetic hormones or IUDs.

The myths and misunderstandings surrounding vaginal contraception are the major roadblocks to their use. This book helps dispel these myths and clears the road for everyone to see that vaginal contraceptives are a practical and safe means of birth control.

The Charles A. Fields Medical Foundation, Ltd., of Chicago is pleased to have helped in providing financial support for the preparation of this manuscript.

*Jeffrey E. Grossman*

Chairman of the Board of Directors

The Charles A. Fields Medical Foundation, Ltd., of  
Chicago

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# Preface

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It is our hope that this book will appeal to a wide audience of interested readers, focus attention on vaginal contraceptives, and clarify their unique advantages and disadvantages as a major method of family planning.

This book is written for several different audiences: researchers, clinicians and clinic personnel, educators, and members of the general public. For this reason, we have divided the material into two parts. Part I comprehensively reviews and assesses existing published information about vaginal contraceptives and attempts to clarify certain issues over which confusion exists in the medical literature. Part II is of a clinical nature, and addresses the issues of providing vaginal contraceptives to women.

Included in Part II is an atlas, also clinically oriented, which is a collection of illustrations about the use of diaphragms and cervical caps. After reviewing most of the illustrative materials published previously, we believed there was a need to provide more accurate anatomical representations. Anatomical studies were therefore performed under the direction of the distinguished British anatomist, Michael Hutchinson, M.B., B.S., from Guy's Hospital, London. These dissections were most ably photographed by Alan Miller, and form the basis of our illustrations.

Special thanks are due to artist Sandra Koperski for her interest and persistence in developing the knowledge needed to produce her outstanding illustrations. Randy Wittman performed the arduous task of checking many of the references.

This book could not have come to completion without the excellent editorial and secretarial support of Paula Hamilton and Associates and Stephanie Harward.