


[Newsletter](#)
[Subscribe/Unsubscribe](#)
[Archives](#)

The newsletter header features the 'cbas' logo in white on a teal background, followed by the word 'Newsletter' in a large, white, serif font. Below this, it says 'published by the Cervical Barrier Advancement Society' in a smaller, white, sans-serif font.


Volume 16, Number 2
September 2019

FEATURED MEDIA

Reporters Adrien Barbier and Emeline Wuilbercq featured contemporary women's experiences with the internal/female condom, and a historical look at their use in South Africa since the method was introduced more than 20 years ago in [Female condoms: A way for African women to take power](#). Published on WorldCrunch in early September, the article highlights the importance of a receptive-partner controlled contraceptive method.

As part of the "Not Just The Pill" series featured on the Australian Broadcasting Commission's ABC Life web platform, authors Edwina Storie and Kellie Scott examine the history of the internal/female condom from its introduction into the Australian market, through present-day attempts to better understand public perceptions and usage of the barrier contraceptive method. In [The female condom offers benefits the male version doesn't - so why don't we use them?](#) Storie and Scott interview clinicians, family planning program officers, and researchers in order to outline the benefits of and barriers to internal/female condom use. They also highlight a research study conducted earlier this year by the sexual and reproductive health care provider Family Planning NSW, that sought to anonymously survey 500 women who elected to use the internal/female condom.



Storie also profiled the diaphragm for the same ABC Life series in an article titled [Is the diaphragm an option for women seeking non-hormonal birth control?](#) From its 1950's spot as one of the most popular contraceptive devices among women in Australia, through its decline in popularity subsequent to the introduction of the combined oral contraceptive pill in the 1960's, Storie outlines changes in the diaphragm's popularity and uptake in Australia where only one brand remains available today.

In August, Bustle author Emma McGowan featured the diaphragm as one of the top non-hormonal contraceptive methods in [3 best non-hormonal and low hormone birth control methods](#). In this article in Bustle's Sex IDK column, she names the diaphragm as her personal favorite among other non-hormonal options for contraception beyond condoms. She'd previously described her switch from the pill to the diaphragm in a 2015 article entitled [I ditched my birth control pills for a diaphragm, because it lets me control my reproductive health](#).

RESEARCH UPDATES



Evaluating the introduction of new female condom products in South Africa

Beksinska M, Zulu B, Nkosi P, Mabude Z, Smit J. Offering choice in female condoms: The South African experience. International Journal of STDs & AIDS. 2019 Jul 8.

South Africa (SA) has an integrated male and female condom (FC) programme. Since 2014, the programme has introduced two new FC brands. This study evaluated the early introduction of the availability of new FCs. Twenty-three sites participating in the National SA Female Condom Evaluation were included. Providers and clients

completed interviewer-administered questionnaires assessing FC brand availability, length of

CBAS is coordinated by
Ibis Reproductive Health

[Newsletter](#)
[Current Newsletter](#)
[Archives](#)
[Subscribe/Unsubscribe](#)

distribution, how clients are informed about new FCs and reactions to the choice of more than one FC. A total of 55 providers and 51 clients were interviewed. Although all 23 sites reported they had distributed new FCs, only one had all three types available. Almost all providers (96%) thought it was important to increase choice, although some (27%) worried that having different FCs may confuse clients. Almost all clients (96%) felt it was important to increase the choice of FCs, and most women (80%) felt that using one type of FC would make it easy to use another type. Providers called for more brand-specific Information, Education and Communication (IEC) training for themselves and the community. Providers and clients seem to be very positive about the choice of FCs. Providers recommended more support in the form of IEC materials and training to assist in the provision of the expansion of FC brands.

Safety of a vaginal gel delivered by a single-size diaphragm

Thurman A, Cunningham T, Fichorova R, Herold BC, Hillier SL, Chandra N, Doncel GF. A phase I randomized safety study of a single-size silicone rubber diaphragm used with or without a lactic-acid-containing diaphragm gel. Contraception. 2019 Aug 21.

OBJECTIVES: To evaluate a lactic-acid-containing diaphragm gel (Contragel®) approved outside the United States for use with a silicone rubber diaphragm (Caya®). The study gel is being evaluated as a safer alternative to nonoxynol-9 (N-9) gel, which has been associated with risk of increasing susceptibility to human immunodeficiency virus (HIV).

STUDY DESIGN: This was a Phase I randomized, parallel study evaluating the safety of the novel diaphragm gel versus hydroxyethylcellulose (HEC) universal placebo gel delivered by the study diaphragm for two 7-day test cycles of daily use, without and with intercourse. The primary clinical safety endpoint was treatment emergent adverse events. Mucosal safety endpoints included colposcopic findings, anti-Escherichia coli activity of endocervical and vaginal fluid, immune mediators, Nugent score and ectocervical immune cell density. Endpoints were assessed prior to each test cycle and at day 7 of each test cycle. We compared the two independent groups and also evaluated paired changes from baseline in each gel cohort.

RESULTS: Twenty-three participants used the study diaphragm with the novel gel (n=11) or with HEC (n=12). Use of either gel resulted in few genital AEs and no colposcopic findings. There were no differences in ectocervical histology and lymphocyte density or phenotype between the two cohorts at baseline or after each test cycle. We found no clinically important differences in the anti-microbial (anti Escherichia coli) activity of endocervical or vaginal fluid or concentrations of genital immune mediators (e.g. anti-inflammatory secretory leukocyte protease inhibitor (SLPI) or pro-inflammatory mediator RANTES) between the two gel cohorts at any visit. There were no important paired changes from baseline among participants using either gel in Nugent score, ectocervical histology or anti-microbial activity of genital secretions.

CONCLUSIONS: We found no clinically significant differences in clinical and mucosal safety endpoints between the two cohorts. The mucosal safety profiles of the study gel and HEC placebo gel were similar.

IMPLICATIONS: Our data demonstrate no clinically important differences between the safety profiles of the lactic-acid-containing diaphragm gel versus HEC placebo gel when used with the study diaphragm. N-9 can no longer be used with contraceptive diaphragms in high HIV prevalence regions. Although larger studies are needed, the novel gel appears safe for use with the study diaphragm, which is the first over-the-counter, non-hormonal, diaphragm.

ABOUT US

Mission of CBAS

Established in 2004, the Cervical Barrier Advancement Society (CBAS) aims to raise the profile of cervical barrier methods, including diaphragms, caps, female condoms, and other devices, and to share the latest news and resources related to these methods.

CBAS contact information

For more information, contact Laura Fix, CBAS Executive Director, at info@cervicalbarriers.org.

CBAS is coordinated by Ibis Reproductive Health.



www.ibisreproductivehealth.org

Note: We are always updating our research listings on the CBAS website. Please contact us at info@cervicalbarriers.org with study updates or information on new research related to cervical barriers or female condoms.

Join CBAS

- [Subscribe/Unsubscribe](#) to CBAS newsletter only
- [Archives](#) of the CBAS newsletter

To comment on anything you read in the CBAS newsletter or to contribute a story, event, or news item, please [email CBAS](#).

[Site Map](#) | [Privacy Policy](#) | info@cervicalbarriers.org