Maggie Brubaker-Breslow, Senior Program Manager at PATH, shares the updates for the CAYAYe diaphragm below. For readers wondering what has been happening with Caya, the answer is, "not much." Caya is the single-rolled contraceptive diaphragm developed by PATH and research partners in multiple countries to expand women’s options for non-hormonal barrier contraception. Caya gained FDA clearance in the United States first in September 2015 (2012-2014). As of 2020, Caya is registered and marketed in nearly 35 developed and middle-income countries and a few developing countries. PATH is collaborating with various companies and marketed through Pathfinder’s distribution partners. In the United States, Caya is distributed by Cienco. For more information, please be sure to visit the sites mentioned.

Medicine works with a marketing survey to report on the understanding of women's understanding of the Caya diaphragm. Survey results are clear. 80% of women report being interested in the Caya diaphragm. Women are more interested in this option as a contraceptive. Women report using the Caya diaphragm for the following reasons: easy to use, comfortable, and effective. This information is valuable for women who are considering contraception and for healthcare providers who recommend the Caya diaphragm.

INTERNAL/FEMALE CONDOM UPDATES


Background: The silicone polyurethane vaginal ring 25 mg has been developed to provide an additional long-term contraceptive option for women. If approved for use, women will always be counselled to use condoms when using the vaginal ring for maximum protection. This paper evaluates the compliance of female condom users with the use of condoms.

Methods: This was a 2-period crossover, randomized noninferiority trial. Couples in 2 states in the United States of America were randomized to FC2 Female Condom (FC2) with and without a vaginal ring (VRI) and were instructed to use a female condom in each period. The primary noninferiority endpoint was the clinical failure rate during intercourse or withdrawal (self-reported sexual intercourse and withdrawal, incontinence, and menstruation). Frequencies and percentages were calculated for each failure mode and differences in performance of the 2 periods, using the female condom without the ring as reference. Noninferiority was defined using an 8% margin on the 5% significance level. Safety and tolerability were assessed.

Results: Thirty-eight couples were enrolled and 36 completed the trial using a total of 396 female condoms (227 and 29 with/without a ring, respectively). Total female condom failure rates for the 2 visits were 1.1% and 1.6%, respectively, with a difference of 0.5% (99% confidence interval: -0.7% to 0.5), thereby showing noninferiority with the ring. There were no differences in safety and tolerability between the 2 periods.

Discussion: Concurrent use of the silicone polyurethane vaginal ring had no significant effect on female condom functionality or safety outcomes.


Abstract: Male and female condoms are the only available sexually transmitted infection prevention technologies (STIPTs) that can prevent unintended pregnancy and sexually transmitted infections including HIV. If used correctly and consistently, condoms can provide a level of protection against HIV, similar to hormonal methods. Condoms remain one of the most common contraceptive options in the world, and among the safer and more acceptable methods to adolescent girls and women. Therefore, they have the advantage of being a female-initiated method. Condom users may experience some common side effects of condoms, such as tearing or slipping out of the vagina, in recent years, there has been a push to reduce the number of condoms and other devices, and to share the latest news and resources related to these methods.

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