Condom Use during Pregnancy

Although it is recommended that pregnant women at risk for a sexually transmitted disease and their partners use condoms during sexual activity,¹ information about usage and acceptability of condoms during pregnancy has not been available. This letter shares the initial experience of offering free condoms to pregnant women attending a nurse-midwifery clinic in a large public hospital in Southeastern United States.²

As the condom provision program was initiated, a clinical pretest-posttest study was conducted to test the effect of distributing free condoms to pregnant women. Health education by the nurse-midwives conducting the prenatal visits included encouraging those at risk for sexually transmitted diseases to use condoms and those with no known risk factors to use condoms if their situation changed. Self-reports by 69 women of frequency of sexual activity and condom use the week before receiving condoms and the week before the follow-up clinic visit were compared. Using the McNemar Test, data were analyzed separately for sexually active subjects in relation to reported condom use and for all subjects according to safe sexual practice defined as condom use or abstinence.

Condom use by sexually active women (n = 38) and their partners increased from 15.8 percent to 65.8 percent (p = 0.0001). When subjects were categorized by risk for sexually transmitted diseases, there was no effect on safety of sexual practice by the subjects considered low risk. In contrast, women at high risk for sexually transmitted diseases (n = 39) increased safe sex practice from 33.3 percent to 84.6 percent (p = 0.00002).

Initially 94.4 percent of the 69 women took one or more bags of condoms (40 in a bag); at the follow-up visit, 47.8 percent desired more condoms when they were offered. Only 20.3 percent of the subjects reported problems with condom use, including: male partner refused to use (n = 5), lack of spontaneity (n = 4), decreased sensitivity (n = 3), and condoms broke or tore (n = 3).

Having ascertained that it is feasible to distribute condoms in a busy clinic and that reported condom use is moderately high, the nurse-midwives concluded that the continuation of the health education and provision of free condoms to pregnant women were warranted. With the condom provision program in place, it is now possible to plan the necessary long-term studies to determine its impact on the transmission of sexually transmitted infections during pregnancy and the incidence of premature rupture of the amniotic sac and preterm births.

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References


References


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