

your guide to the contraceptive patch

Helping you choose the method
of contraception that is best for you



The contraceptive patch

The contraceptive patch is a small, thin, beige coloured patch, nearly 5cm x 5cm in size. You stick it on your skin and it releases two hormones – estrogen and progestogen. These are similar to the natural hormones that women produce in their ovaries and like those used in the combined pill.

How effective is the patch?

How effective any contraceptive is depends on how old you are, how often you have sex and whether you follow the instructions.

If 100 sexually active women don't use any contraception 80 to 90 will become pregnant in a year.

If used correctly and according to instructions the patch is over 99 per cent effective. This means less than one woman in 100 will get pregnant in a year.

If the patch is **not** used according to instructions, more women will become pregnant.

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Research has shown that the patch may not be so effective for women who weigh 90kg (14 stone) or more - an alternative method may be advisable.

How does the patch work?

The patch releases a daily dose of hormones through the skin into the bloodstream. The main way it works is to stop the ovaries from releasing an egg each month (ovulation). It also:

- thickens the mucus from your cervix. This makes it difficult for sperm to move through it and reach an egg
- makes the lining of the uterus (womb) thinner so it is less likely to accept a fertilised egg.

Where can I get the patch?

You can go to a contraception or sexual health clinic, or general practice. If you prefer not to go to your own general practice, or they don't provide contraceptive services, they can give you information about another practice or clinic. All treatment is free and confidential.

You don't need to have a vaginal or breast examination or cervical screening test when you are first prescribed the patch.

Can anyone use the patch?

Not everyone can use the patch so your doctor or nurse will need to ask you about your own and your family's medical history to make sure the patch is suitable. Do mention any illnesses or operations you have had. Some of the conditions which **may** mean you should not use the patch are:

- you think you might be pregnant
- you smoke and are 35 years old or over

- you are 35 years old or over and stopped smoking less than a year ago
- you are very overweight
- you take certain medicines
- you are breastfeeding (see page 9).

You have now or had in the past:

- thrombosis (blood clots) in any vein or artery or a member of your immediate family had thrombosis before they were 45 years old
- a heart abnormality or circulatory disease, including hypertension (raised blood pressure)
- heart disease or a stroke
- systemic lupus erythematosus
- current breast cancer or breast cancer within the last five years or you have the gene that is associated with breast cancer
- migraines with aura
- active disease of the gall bladder or liver
- diabetes with complications
- you are immobile for a long period of time or use a wheelchair
- you are at high altitude (more than 4500m) for more than a week.

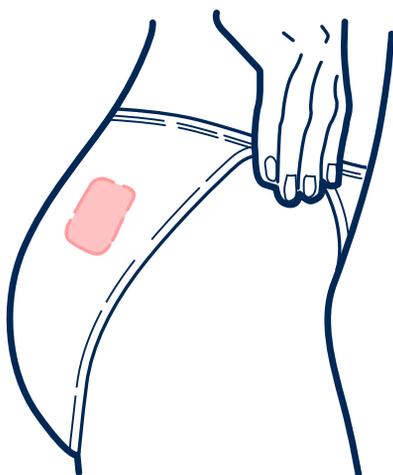
If you are healthy, don't smoke and there are no medical reasons for you not to use the patch, you can use it until you are 50 years old. You will then need to change to another method of contraception.

What are the advantages of the patch?

Some of the advantages of the patch:

- you don't have to think about it every day – you only have to remember to replace the patch once a week

- unlike the pill, the hormones do not need to be absorbed by the stomach, so the patch is not affected if you vomit or have diarrhoea
- bleeding will usually become more regular, lighter and less painful
- it may help with premenstrual symptoms
- it improves acne in some women
- it may reduce menopausal symptoms.



What are the disadvantages of the patch?

There are some serious side effects of the patch (see page 7). In addition:

- It can be seen
- It may cause skin irritation in some women
- You may get temporary side effects when you first start using the patch, these should stop within a few months. They include headaches, nausea, breast tenderness and mood changes
- Breakthrough bleeding and spotting (unexpected vaginal bleeding while using the patch) are also common in the first few

months of use

- It does not protect you against sexually transmitted infections, so you may need to use condoms as well.

Are there any risks?

The patch can have some serious side effects, but these are not common. For most women the benefits of the patch outweigh the possible risks. All risks and benefits should be discussed with your doctor or nurse.

- A very small number of women may develop venous thrombosis, arterial thrombosis, heart attack or stroke. If you have ever had thrombosis, you should not use the patch.
- The risk of venous thrombosis is greatest during the first year that you use the patch and if any of the following apply to you – you smoke, you are very overweight, are immobile for a long period of time or use a wheelchair, or a member of your immediate family had a venous thrombosis before they were 45 years old.
- There appears to be a slightly higher risk of venous thrombosis in patch users compared to those using some combined pills.
- The risk of arterial thrombosis is greatest if you smoke, are diabetic, have hypertension, are very overweight, have migraines with aura or a member of your immediate family had a heart attack or stroke before they were 45 years old.
- Research suggests that users of the patch appear to have a small increased risk of being diagnosed with breast cancer compared to non-users of hormonal contraception, which reduces with time after stopping the patch.

- Research suggests that there is a small increase in the risk of developing cervical cancer with longer use of estrogen and progestogen hormonal contraception.

See a doctor straightaway if you have any of the following:

- pain in the chest, including any sharp pain which is worse when you breathe in
- breathlessness
- you cough up blood
- painful swelling in your leg(s)
- weakness, numbness or bad 'pins and needles' in an arm or leg
- severe stomach pains
- a bad fainting attack or you collapse
- unusual headache or migraines that are worse than usual
- sudden problems with your speech or eyesight
- jaundice (yellowing skin or yellowing eyes).

If you need to go into hospital for an operation or you have an accident which affects the movement of your legs, you should tell the doctor that you are using the patch. The doctor will decide if you need to stop using the patch or need other treatment to reduce the risk of developing thrombosis.

Will I put on weight if I use the patch?

Research has not shown that the patch causes weight gain. Some women may find their weight changes throughout their cycle due to fluid retention.

When can I start to use the patch?

You can start the patch anytime in your menstrual cycle if you are sure you're not pregnant.

If you start the patch on the first day of your period you will be protected against pregnancy immediately.

You can also start to use the patch up to and including the fifth day of your period and you will be protected from pregnancy immediately.

However, if you have a short menstrual cycle with your period coming every 23 days or less, starting the patch as late as the fifth day of your cycle may not provide you with immediate contraceptive protection. This is because you may ovulate early in the menstrual cycle. Talk to your doctor or nurse about whether you need to use additional contraception.

If you start the patch at any other time in your menstrual cycle you will need to use additional contraception, such as condoms, for the first seven days of using the patch.

I've just had a baby. Can I use the patch?

You can start to use the patch from 21 days after you gave birth. Starting on day 21 you will be protected against pregnancy straightaway. If you start later than day 21, you will need to use additional contraception for seven days.

If you are breastfeeding a baby under six months old, using the patch may reduce your flow of milk. It is usually recommended that you use a different method of contraception.

Can I use the patch after a miscarriage or abortion?

You can start using the patch immediately after a miscarriage or abortion. You will be protected from pregnancy immediately.

How do I use the patch?

You apply a new patch once a week, every week for three weeks (21 days). You then stop using the patch for seven days (patch-free week). This is called a patch cycle.

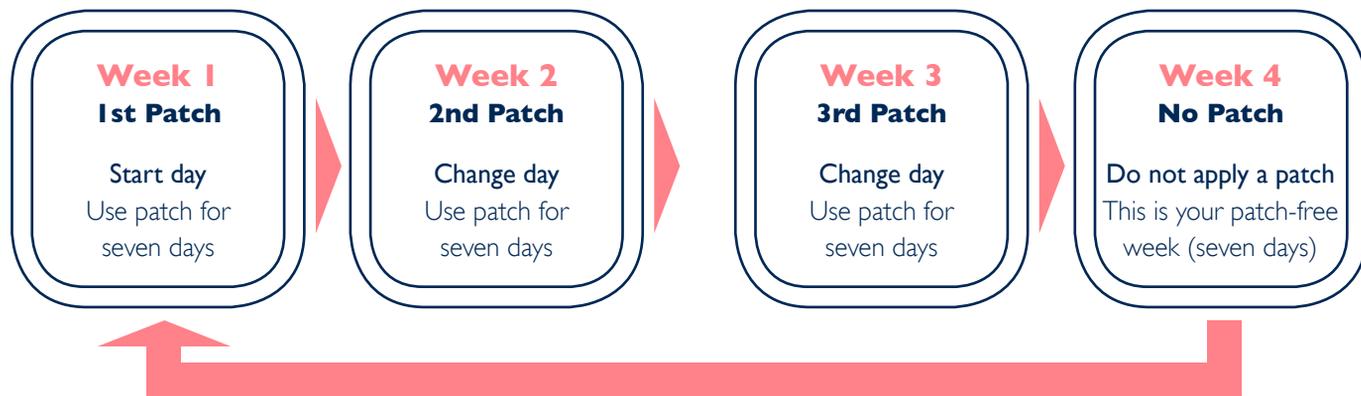
- **Week one:** You start the patch cycle by applying a new patch. This is known as the **start day**. Keep this patch on for seven days. Only use one patch at a time.
- **Week two:** Remove the patch and apply a new one immediately. This is known as the **change day**. This will be the same day of the week as the start day. The patch can be changed at any time of the day. Keep this patch on for seven days.
- **Week three:** Remove the patch and apply a new one immediately. Keep this patch on for seven days.
- **Patch-free week:** Remove the patch. You now have seven days without using it. This is known as the **patch-free week**. During this week you get a bleed. You don't have periods when you use the patch - you have a withdrawal bleed (which doesn't always happen). It is caused by you not taking hormones in the patch-free week. The bleeding can start at any time during

the patch-free week. It is usually regular, lighter and less painful than a normal period.

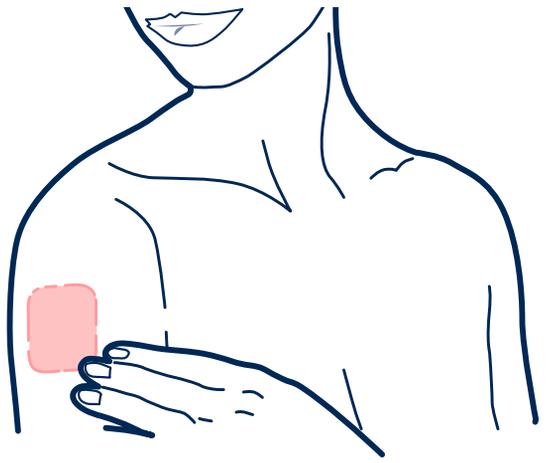
- **New patch cycle:** After seven patch-free days you apply a new patch on the eighth day. You should do this even if you are still bleeding. This is now week one of a new patch cycle. Continue to use the patch as you did in the last cycle, applying a new patch each week for three weeks. It is very important not to have more than seven days without using the patch or you may lose contraceptive protection (see page 14).
- **Disposing of the patch:** Used patches should be placed in the disposal sachet provided and put in a waste bin. They must not be flushed down the toilet.

Where do I put the patch?

You can use the patch on most areas of your body as long as your skin is clean, dry and not very hairy. You should not put it on skin that is sore or irritated or anywhere that can be rubbed by tight clothing. Don't put it on your breasts. It is also a good idea to change the position of each new patch to help reduce the chance of any possible skin irritation.



Am I protected from pregnancy during the seven-day break?



Yes. You are protected if:

- you have used the previous three patches correctly **and**
- you start the patch cycle again on time **and**
- you are not taking other medicines that will affect the patch (see page 15).

What if the patch falls off?

The patch is very sticky and should stay on. It should not come off in the shower, bath, hot tub or sauna, or during swimming or exercise. However, if it does come off, what you need to do will depend on how long it has been off.

Less than 48 hours

If the patch has been off for less than 48 hours:

- Reapply it as quickly as possible if it is still sticky
- If it is not sticky it may not work so apply a new patch. Do not use a plaster or bandage to hold the old patch in place
- You don't need to use any additional

contraception and you are still protected against pregnancy

- Continue to use your patch as normal and change the patch on your normal change day.

48 hours or more

If the patch has been off for 48 hours or longer or you are unsure how long:

- Start a whole new patch cycle by applying a new patch as soon as possible. This is now week one of the patch cycle and you will now have a new day of the week as your start day and change day
- Use another method of contraception for the next seven days
- Ask your doctor or nurse for advice if you have had sex in the previous few days and were not using a condom as you may need emergency contraception.

What if I forget to take the patch off at the end of week one or week two?

Less than 48 hours late

If the patch has been on for less than 48 hours:

- Take off the old patch and put on a new one
- Continue to use your patch as normal, changing it on your normal change day
- You don't need to use any additional contraception and you are protected against pregnancy.

48 hours or more late

If the patch has been on for 48 hours or more:

- Start a whole new patch cycle by applying a new patch as soon as possible. This is now week one of the patch cycle and you will now have a new day of the week as your start day and change day.
- Use another method of contraception for the next seven days.
- Ask your doctor or nurse for advice if you have had sex in the previous few days and were not using a condom as you may need emergency contraception.

What if I forget to take the patch off at the end of week three?

Take the patch off as soon as you remember, have a patch-free break and start with a new patch on your **usual start day** even if you are bleeding. This means that you have a fewer number of patch-free days than usual. You will be protected against pregnancy and do not need to use any additional contraception. You may or may not bleed on the patch-free days.

If you are more than seven days late in removing your patch you may not be protected against pregnancy. Put on a new patch - this is the beginning of a new patch cycle. You may need to use additional contraception, such as condoms, or use emergency contraception if you have had sex in the previous few days. Seek advice from your doctor or nurse.

What if I forget to put on a new patch at the end of the patch-free week?

This is the most risky time to forget to put on a patch. Put on a new patch as soon as you

remember. This is now the beginning of your new patch cycle. You will now have a new day of the week as your start day and change day.

If you put on the new patch **48 hours or more after** your usual start day then you may not be protected from pregnancy. Use an additional method of contraception, such as condoms, for the next seven days. If you have had sex in the previous few days and were not using a condom ask your doctor or nurse for advice as you may need emergency contraception.

If I take other medicines will it affect the patch?

If you are given medicines by a doctor, nurse or hospital always say you are using the patch. Commonly used antibiotics do not affect the patch. Medicines such as some of those used to treat epilepsy, HIV and TB and the complementary medicine St John's Wort may make it less effective. These types of drugs are called enzyme-inducers. If you take these medicines, talk to your doctor or nurse about how to use the patch - you may need to use a different method of contraception.

I am bleeding on days when I am using the patch, what should I do?

This is called breakthrough bleeding. It is very common when you first start using the patch. This is not harmful or anything to worry about. It may take up to three months to settle down. It is important to continue using the patch correctly, even if the bleeding is as heavy as your withdrawal bleed.

Bleeding may also be caused by not using the patch correctly or by a sexually transmitted infection. If it carries on or starts after you have used the patch for some time, then seek advice.

I didn't bleed in my patch-free week – am I pregnant?

If you used all three patches correctly and have not taken any medicines which might have affected the patch, then it is very unlikely that you are pregnant. Start your next patch at the right time. If you are worried ask your doctor or nurse for advice, or do a pregnancy test. Using the patch does not affect a pregnancy test. Always take a test or speak to a health professional if you miss more than one bleed. If you do become pregnant, there is no evidence to show that using the patch harms the baby.

Can I miss out a withdrawal bleed?

Yes. This is not harmful. To do this you just miss out the patch-free week by using another patch straightaway. Sometimes you do still get bleeding. This is nothing to worry about and if you are using the patch correctly, you will still be protected against pregnancy.

What should I do if I want to change to another method of contraception?

It is easy to change from the patch to another method of contraception. Talk to your doctor or nurse as you may need to miss out the patch-free week or use additional contraception for a short time.

What should I do if I want to stop using the patch or try to get pregnant?

Ideally, it is easier if you stop using the patch at the end of the patch cycle. If you don't want to wait until this time, ask your doctor or nurse for advice because you can risk becoming pregnant if you have had sex recently. If you do not want to

become pregnant you should use another method of contraception as soon as you stop using the patch. Your normal periods may not come back immediately. For some women it can take a few months.

If you want to try for a baby it is advisable to wait for one natural period after stopping the patch before trying to get pregnant. This means the pregnancy can be dated more accurately and you can start pre-pregnancy care such as taking folic acid and stopping smoking. Ask your doctor or nurse for advice. Don't worry if you get pregnant sooner, it will not harm the baby.

Should I give my body a break from using the patch every few years or so?

No. You do not need to take a break because the hormones do not build up. There are no known benefits to your health or fertility from taking a break.

Can I decorate the patch?

No. This is not recommended. You should also avoid covering the patch with body cream or lotions, such as sun tan lotion. This may cause the patch to become loose.

How often do I need to see a doctor or nurse?

When you first start using the patch you will usually be given three months' supply to see how it suits you. After that you should go back to the doctor or nurse to get new supplies and to have your blood pressure checked. If there are no problems you can be given up to one year's supply of patches.

How do I find out about contraception services?

The Sexual Health Information Line provides confidential advice and information on all aspects of sexual health. The number is **0800 567 123** and the service is available from Monday to Friday from 9am-8pm and at weekends from 11am-4pm.

For additional information on sexual health visit www.fpa.org.uk

Information for young people can be found at www.brook.org.uk

Clinics

To locate your closest clinic you can:

- Use Find a Clinic at www.fpa.org.uk/clinics
- Download FPA's Find a Clinic app for iPhone or Android.

You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.nhsdirect.wales.nhs.uk. In Scotland you can find details of general practices at www.nhs.24.com and in Northern Ireland at www.hscni.net.

Emergency contraception

If you have had sex without using contraception, or think your method might have failed, there are different types of emergency contraception you can use.

- The emergency contraceptive pill, Levonelle – can be taken up to three days (72 hours) after sex. It is more effective the earlier it is taken after sex. It is available with a prescription or to buy from a pharmacy.
- The emergency contraceptive pill, ellaOne – can be taken up to five days (120 hours) after sex. It is only available with a prescription.
- An IUD – can be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).

Ask your doctor, nurse or pharmacist about getting emergency pills in advance, just in case you need them.

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections.

Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which does not protect against HIV and may even increase the risk of infection.

A final word

This booklet can only give you general information. The information is based on evidence-guided research from the World Health Organisation and The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists.

All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember - contact your doctor, practice nurse or sexual health clinic if you are worried or unsure about anything.



talking sense about sex



www.fpa.org.uk

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If you would like the information on the evidence used to produce this booklet or would like to provide us with feedback about this booklet email feedback@fpa.org.uk

