

your guide to the contraceptive patch

Helping you choose the method
of contraception that's 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 produced by the ovaries and are like those used in the combined pill.

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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 the patch is **always** used perfectly, according to instructions, it's over 99% effective. This means that less than one patch user in 100 will get pregnant in one year.

If the patch is **not always** used according to instructions, about nine in 100 patch users will get

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pregnant in one year:

Research has shown that the patch may not be so effective if you 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's 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're 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. Do mention any illnesses or operations you've 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're 35 years old or over and stopped

smoking less than a year ago

- you're very overweight
- you take certain medicines
- you're breastfeeding a baby less than six weeks old (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 with positive antiphospholipid antibodies
- breast cancer or you have the gene that's associated with breast cancer
- migraines with aura
- active disease of the gall bladder or liver
- diabetes with complications
- you're immobile for a long period of time or use a wheelchair
- you're at high altitude (more than 4,500m) for more than a week.

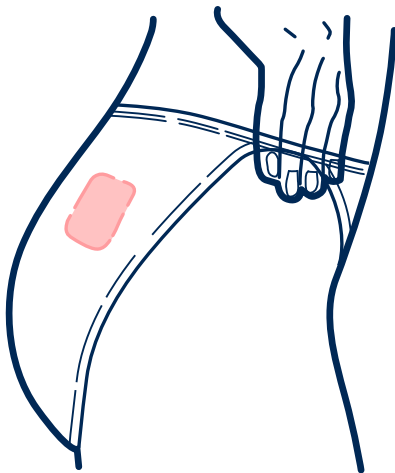
If you're healthy, don't smoke and there are no medical reasons for you not to use the patch, you can use it until you're 50 years old. You'll then need to change to another method of contraception.

What are the advantages of the patch?

Some of the advantages of the patch are:

- 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 don't need to be absorbed by the stomach, so the patch isn't 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 people
- it may reduce menopausal symptoms.



What are the disadvantages of the patch?

There are some serious side effects (see page 7).

In addition:

- it can be seen
- it may cause skin irritation
- you may get temporary side effects at first, including 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 doesn't 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 aren't common. For most people 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 patch users may develop venous thrombosis, arterial thrombosis, heart attack or stroke. If you've 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're 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's a small increase in the risk of developing cervical cancer with longer use of estrogen and progestogen hormonal contraception.

See a doctor straight away 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're 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 hasn't shown that the patch causes weight gain. You may find your weight changes throughout your 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're sure you're not pregnant.

If you start the patch on the first day of your period you'll be protected from pregnancy immediately.

You can also start to use the patch up to and including the fifth day of your period and you'll 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 additional contraception.

If you start the patch at any other time in your menstrual cycle you'll need to use additional contraception, such as condoms, or avoid sex 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 give birth if you're not breastfeeding. Starting on day 21 you'll be protected from pregnancy straight away. If you start later than day 21, use additional contraception or avoid sex for seven days.

If you're breastfeeding a baby less than six weeks old, using the patch may affect your milk production. It's usually recommended that you use a different method of contraception until six weeks after the birth.

Can I use the patch after a miscarriage or abortion?

You can start using the patch immediately after a miscarriage or abortion. You'll be protected from pregnancy straight away.

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.

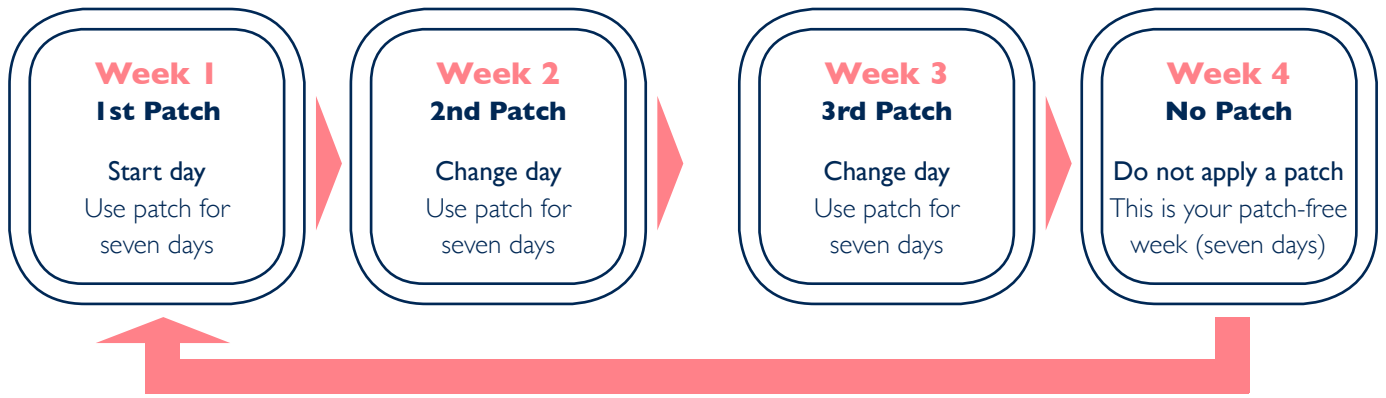
- **Week one:** You start the patch cycle by applying a new patch. This is known as the **start day**. Keep this patch on for seven days. Only use one patch at a time.
- **Week two:** Remove the patch and apply a new one immediately. This is known as the **change day**. This will be the same day of the 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's caused by you not taking hormones in the patch-free week. The bleeding can start at any time during

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

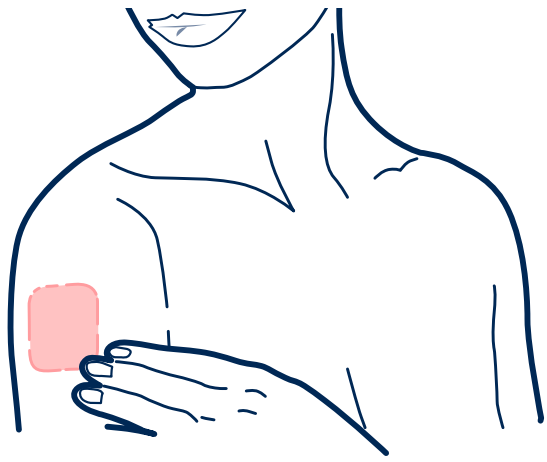
- **New patch cycle:** After seven patch-free days you apply a new patch on the eighth day. You should do this even if you're still bleeding. This is now week one of a new patch cycle. Continue to use the patch as you did in the last cycle, applying a new patch each week for three weeks. It's very important 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 shouldn't put it on skin that's sore or irritated or anywhere that can be rubbed by tight clothing. Don't put it on your breasts. It's 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're protected if:

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

What if the patch falls off?

The patch is very sticky and should stay on. It shouldn't 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's 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's still sticky.
 - If it's not sticky it may not work so apply a new patch. Don't use a plaster or bandage to hold the old patch in place.
 - You don't need to use any additional

contraception and you're still protected from 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're 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'll now have a new day of the week as your start day and change day.
- Use another method of contraception or avoid sex for the next seven days.
- Ask your doctor or nurse for advice if you've had sex in the previous few days and weren't 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're protected from 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'll now have a new day of the week as your start day and change day.
- Use another method of contraception or avoid sex for the next seven days.
- Ask your doctor or nurse for advice if you've had sex in the previous few days and weren't 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're bleeding. This means that you have a fewer number of patch-free days than usual. You'll be protected from pregnancy and don't need to use any additional contraception. You may or may not bleed on the patch-free days.

If you're more than seven days late in removing your patch you may not be protected from 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've 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'll 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, or avoid sex for the next seven days. If you've had sex in the previous few days and weren't 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're given medicines by a doctor, nurse or hospital always say you're using the patch. Commonly used antibiotics don't 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'm bleeding on days when I'm using the patch, what should I do?

This is called breakthrough bleeding. It's very common when you first start using the patch. This isn't harmful or anything to worry about. It may take up to three months to settle down. It's 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've 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 haven't taken any medicines which might have affected the patch, then it's very unlikely that you're pregnant. Start your next patch at the right time. If you're worried ask your doctor or nurse for advice, or do a pregnancy test. Using the patch doesn't 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's no evidence to show that using the patch harms the baby.

Can I miss out a withdrawal bleed?

Yes. This isn't harmful. To do this you just miss out the patch-free week by using another patch straight away. Sometimes you do still get bleeding. This is nothing to worry about and if you're using the patch correctly, you'll still be protected from pregnancy.

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

It's 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's 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've had sex recently. If you don't 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 people it can take a few months.

If you want to try for a baby it's 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 won't harm the baby.

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

No. You don't need to take a break because the hormones don't 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'll 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 **0300 123 7123**. It's open Monday to Friday from 9am-8pm and weekends from 11am-4pm.

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

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

Clinics

To find 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.nhsinform.scot and in Northern Ireland at www.hscni.net

Emergency contraception

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

- An IUD is the most effective option. It can be fitted up to five days after sex, or up to five days after the earliest time you could've released an egg (ovulation).
- An emergency contraceptive pill with the active ingredient ulipristal acetate can be taken up to five days (120 hours) after sex. Available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to three days (72 hours) after sex. More effective the earlier it's taken after sex. Available with a prescription or to buy from a pharmacy. There are different brands.

Emergency pills are available for free from some pharmacies. Age restrictions may apply.

Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections.

Condoms (male/external or female/internal), 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 may increase the risk of HIV infection.

A final word

This booklet can only give you general information. The information is based on evidence-guided research from the World Health Organization 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're worried or unsure about anything.



the sexual health charity



www.fpa.org.uk

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If you'd like information on the evidence used to produce this booklet or would like to give feedback email feedback@fpa.org.uk

