

Contraceptive patch

The contraceptive patch is a small, thin, beige coloured patch, around 5cm x 5cm in size. You stick it on your skin and it releases two hormones – estrogen and progesterone. These are similar to the natural hormones produced by the ovaries.

Effectiveness

- Perfect use: If the patch is **always** used according to instructions it's over 99% effective. This means that less than 1 patch user in 100 will get pregnant in 1 year.
- Typical use: If the patch is **not always** used according to instructions, about 9 in 100 patch users will get pregnant in 1 year.

Who can use it?

Not everyone can use the patch. A doctor or nurse will need to check your weight and blood pressure and ask about your own and your family's medical history. Do mention any illness or operations you've had.

You **may** not be able to use the patch if:

- you smoke (or stopped smoking less than 1 year ago) **and** are over 35 years old
- you're very overweight
- 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.

Some conditions that **may** mean you can't use the patch are if you have now, or had in the past:

- thrombosis (a blood clot) in any vein or artery or a member of your immediate family had thrombosis before they were 45 years old
- heart disease or a stroke
- systemic lupus erythematosus with positive antiphospholipid antibodies
- high blood pressure
- migraines with aura
- active disease of the liver or gall bladder
- breast cancer or you have a gene that's associated with breast cancer.
- diabetes with complications.

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.

After having a baby: You can use the patch from 21 days after you give birth. If you're breastfeeding a baby under 6 weeks old, the patch may affect your milk production so a different method of contraception is usually recommended.

How it works

- You apply a new patch once a week, every week for 3 weeks. You then stop using the patch for 7 days (patch-free week). This is called a patch cycle.
- The main way the patch works is to stop you ovulating (releasing an egg).
- It also thickens cervical mucus so it's more difficult for sperm to reach an egg, and thins the lining of the uterus (womb) to help stop a fertilised egg implanting.

Advantages

- You don't have to think about it every day.
- It's not affected if you vomit or have diarrhoea.
- Usually makes your bleeds regular, lighter and less painful.
- May help with premenstrual symptoms.
- Improves acne in some patch users.

Disadvantages

- A risk of serious side effects (see Risks).
- Can be temporary side effects such as headaches, nausea, breast tenderness and mood changes.
- Possible skin irritation.
- Doesn't help protect you from sexually transmitted infections.

Risks

The patch can have some serious side effects, but these aren't common. All risks and benefits should be discussed with your doctor or nurse.

A very small number of patch users may develop venous thrombosis (a blood clot in a vein, often in the leg), arterial thrombosis (a blood clot in an artery), pulmonary embolism (a blood clot that travels to the lung), heart attack or stroke.

Research suggests that patch users 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
- calf pain or 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 headaches or migraines that are worse than usual
- sudden problems with your speech or eyesight
- jaundice (yellowing skin or yellowing eyes).

What to do if the patch comes off or you start a new patch cycle late

The patch is very sticky and should stay on. If it does come off, or if you start a new patch cycle late, follow this guide.

Less than 48 hours:

- Reapply your current patch as quickly as possible if still sticky. Your change day will be the same.
- If you're starting a new patch cycle then apply a new patch as soon as you can. This is the beginning of your new cycle and you may now have a different start day and change day from before.
- If your current patch isn't 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're still protected from pregnancy. Continue to use your patch as normal.

48 hours or more (or if you are unsure how long it's been off):

This also applies if you forget to change a patch for more than 48 hours.

- 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 have a new day of the week as your start day and change day.
- Use additional contraception such as condoms, or don't have sex, for the next 7 days.
- If you had sex in the previous few days and weren't using a condom you may need emergency contraception. Seek advice.

Periods and fertility

- When you use the patch you don't have periods, you have a withdrawal bleed (which doesn't always happen). This is caused by you not taking hormones in the patch-free week.
- Bleeding between withdrawal bleeds is very common when you first start using the patch and isn't usually anything to worry about. It may take up to 3 months to settle down.
- If bleeding between withdrawal bleeds carries on or starts after you've used the patch for some time, seek advice.
- When you stop using the patch your fertility will return to normal and it's possible to get pregnant before your first period.
- It can sometimes take a few months after stopping the patch before your normal periods start again.

Other things to know

- It may be seen.
- Some medicines can make it less effective.
- If you go into hospital for an operation or have an accident which affects the movement of your legs, tell the doctor you're using the patch.

For lots more information about the patch go to www.sexwise.org.uk/patch

All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method.

This is general information based on evidence-guided research from The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and the World Health Organization.

Contact your doctor, practice nurse or a sexual health clinic if you're worried or unsure about anything.

General information

- Get information about contraception and sexual health at www.fpa.org.uk or www.sexwise.org.uk
- Get information for young people under 25 at www.brook.org.uk
- Find your closest contraception or sexual health clinic at www.fpa.org.uk/clinics
- Find a GP or pharmacy at www.nhs.uk (England), www.nhsdirect.wales.nhs.uk (Wales), www.nhsinform.scot (Scotland) and www.hscni.net (Northern Ireland).

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 ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate can be taken up to five days (120 hours) after sex. It's 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. It's available with a prescription or to buy from a pharmacy. There are different brands.

Try and get emergency contraception as soon as possible after unprotected sex.

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

Sexually transmitted infections

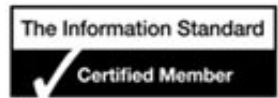
Most methods of contraception don't protect you from sexually transmitted infections.

Male (external) and female (internal) 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 may increase the risk of HIV infection.

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Get more information about the patch at www.sexwise.org.uk/patch

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