

# 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?

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 person in 100 who uses the patch perfectly will get pregnant in one year:

If the patch is not always used according to instructions, about nine in 100 people who use the patch will get pregnant in one year. Research has shown that the patch may not be so effective

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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. It stops 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 to get the patch for free. 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.

There are also private online providers where you can order the patch for a fee.

All treatment is 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, nurse or online provider will need to ask you about your own and your family's medical history. Do mention any illnesses or operations you've had or if you think you might already be pregnant.

The patch **may** not be suitable if:

- 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 14).

The patch may not be suitable for you if 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
- heart disease or a stroke
- systemic lupus erythematosus with positive antiphospholipid antibodies
- a heart abnormality or circulatory disease, including hypertension (raised blood pressure)
- migraine aura
- breast cancer or you have a gene that's associated with breast cancer
- 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 gut so the patch isn't affected if you vomit or have diarrhoea
- it usually makes your bleeds regular, lighter and less painful
- it gives you the choice not to have a monthly bleed
- it may help with premenstrual symptoms
- it reduces the risk of cancer of the ovary, uterus and colon
- it improves acne in some people
- it may reduce menopausal symptoms
- it may reduce the risk of recurrent endometriosis after surgery
- it helps with problems associated with polycystic ovarian syndrome (PCOS).

## What are the disadvantages of the patch?

There are some serious possible side effects (see below *Are there any risks?* on 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. These aren't common but can happen to anyone. For most people the benefits of the patch outweigh the possible risks. Your doctor, nurse or online provider will ask you some questions to check whether you could be at higher risk.

- A very small number of patch users may develop venous thrombosis (a blood clot in a vein), arterial thrombosis (a blood clot in an artery), heart attack or stroke. If you've ever had thrombosis, you should not use the patch.
- The risk of venous thrombosis is greatest if any of the following apply to you: you smoke, are very overweight, have a thrombophilia (a tendency to blood clotting), 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.
- The risk of arterial thrombosis is greatest if any of the following apply to you: you smoke, have hypertension, are very overweight, have migraine aura or you're diabetic.
- Research suggests users of the patch appear to have a small increased risk of being diagnosed with breast cancer compared to non-users of hormonal contraception. This risk reduces with time after stopping the patch and is undetectable ten years later.
- Research suggests that there's a small increase in the risk of developing cervical cancer with longer use of estrogen and progestogen hormonal contraception. This reduces over time after stopping the patch.

## 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, or coughing up blood
- painful swelling in your leg(s)
- weakness, numbness or bad 'pins and needles' in an arm or leg
- unusual headache or migraines that are worse than usual
- sudden problems with your speech or eyesight.

If you develop any new conditions tell your doctor or nurse so they can check it's still safe for you to use the patch.

If you go into hospital for an operation or you have an accident which affects the movement of your legs, tell the doctor you're using the patch. You may 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 and other reasons not related to the patch.

## When do 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.
- **up to and including the fifth day of your period**, you'll be protected from pregnancy



immediately. Talk to your doctor, nurse, or online provider about whether you need additional contraception if you have a very short cycle or a cycle that changes

- **at any other time in your menstrual cycle**, you'll need to avoid sex or use additional contraception, such as condoms, for the first seven days of using the patch.

## How do I use the patch?

There are different ways to use the patch. The patch is designed to give you a withdrawal bleed once a month. A withdrawal bleed isn't the same as your period. It's caused by you not getting hormones on patch-free days. Patch instructions tell you to take a seven day patch-free break but you can choose to shorten this break or to miss it and not have a withdrawal bleed (see [Can I miss out my withdrawal bleed?](#) on page 11).

Missing or shortening the patch-free break could help you if you get heavy or painful bleeding, headaches or mood swings on patch-free days.

The riskiest time to forget your patch is just before or after the patch-free break. You're more at risk of pregnancy so taking a shorter break or missing a break could make this less risky.

You can use the patch in the following ways.

- **Apply a new patch once a week, every week for 21 days then stop using the patch for the next 4 or 7 days.** This has been the standard way to use the patch. You'll usually have a withdrawal bleed during the patch-free break. This is called a patch cycle. Start using the patch again on the fifth or eighth day even if you're still bleeding.

- **Apply a new patch once a week, every week for nine weeks (three packs of patches) then no patch for the next 4 or 7 days.** This is called extended use or tricycling. You'll usually have a withdrawal bleed during the patch-free break. Start using the patch again on the fifth or eighth day even if you're still bleeding
- **Apply a new patch once a week, every week continuously, with no break.** This is called continuous patch use. You won't have a withdrawal bleed but you may still get some bleeding which may be occasional or more frequent. Any bleeding you get is likely to reduce over time if you keep using the patch continuously.
- **Apply a new patch once a week, every week for at least 21 days. If you get bleeding that's unacceptable to you for 3-4 days then have a four day patch-free break.** This is called flexible extended use. Apply a new patch again on the fifth day even if you're still bleeding. This can help manage the bleeding. Leave the patch on for at least 21 days before taking your next break.

You can use the patch continuously without a break for as long as you like, as long as your doctor, nurse or online provider doesn't advise you to stop.

**Disposal 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 patch-free 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 below).

## Can I miss out a withdrawal bleed?

Yes. This isn't harmful. There are no known benefits to withdrawal bleeds and no known risks to missing them. There is no need to have a withdrawal bleed at all unless you want one (see How do I use the patch? on page 9).

Sometimes you do still get some bleeding. This is nothing to worry about. If you've used your patch correctly you'll still be protected from pregnancy.

## 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 herbal 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.

# What if I've used the patch incorrectly?

If the patch comes off outside a patch-free break or you have kept a patch on for too long, follow these instructions. If you apply a new patch late after a patch-free break, see the box at the bottom of this page.

**Up to 48 hours since the patch came off OR patch has been left on for up to 48 hours too long**

Apply a new patch as soon as possible.

Keep the new patch on until the day you usually change it.

You don't need any additional contraception.

**48 hours or more since the patch came off OR patch has been left on for 48 hours or more too long**

Apply a new patch as soon as possible.

Keep the new patch on until the day you usually change it.

You should use condoms or avoid sex until a patch has been worn for seven days in a row. If you have a patch-free break due to begin in the next seven days, omit it.

**You don't need emergency contraception** as long as you're in the first week after a patch-free break, you used the patch correctly every day so far this week and in the week before the patch-free break.

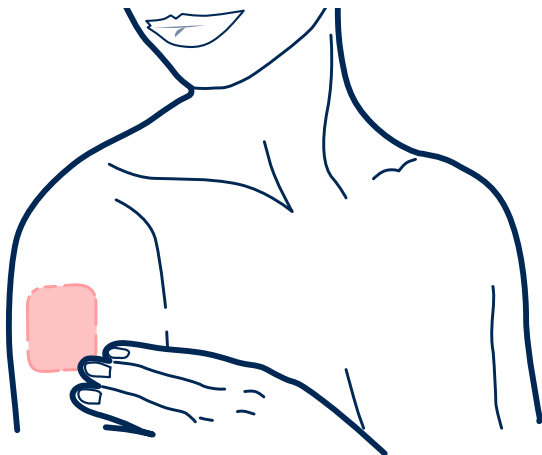
**If you're in any other week**, you don't need emergency contraception **as long as** you used the patch correctly for the previous seven days.

**You might need emergency contraception now and a pregnancy test in three weeks** if you're in the first week after a patch-free break and had unprotected sex during this week OR during the patch-free break,

**If you're in any other week**, you don't need emergency contraception **as long as** you've been using the patch correctly for the previous seven days.

**Did you apply the patch more than 24 hours late after a seven day patch-free break OR more than 96 hours late after a four day patch-free break?**

Apply a new patch as soon as possible. Keep the new patch on until the day you usually change it. If you had unprotected sex during the patch-free break, you might need emergency contraception now and a pregnancy test in 3 weeks.



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

You can usually 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 the first seven days of using the patch.

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 or avoid sex 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.

### **What 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 break or use additional contraception for a short time.

## I'm bleeding on days when I'm using the patch, what should I do?

Bleeding is very common when you first start taking using the patch and isn't usually anything to worry about. It may take up to three months to settle down. It's very important to keep using the patch according to instructions, even if the bleeding is as heavy as a withdrawal bleed. If you're using the patch continuously it's normal to get some bleeding (see How do I use the patch? on page 9).

Bleeding may also be caused by not using the patch correctly or by a sexually transmitted infection.

If it doesn't settle down or starts after you've used the patch for some time, seek advice.

## I didn't bleed in my patch-free break – 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 expected bleed. If you do get pregnant, the available evidence suggests that using the patch won't cause any harm to the baby.

## 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 a patch cycle. If you don't want to wait until this time, seek advice because you can risk getting 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. When you stop using the patch your fertility will return to whatever's normal for you. Don't worry if your periods don't start immediately. For some people it can take a few months.

If you want to try for a baby, you can start pre-pregnancy care such as taking folic acid and stopping smoking before you stop using the patch. For help with planning a pregnancy and pre-pregnancy care visit [sexwise.org.uk](http://sexwise.org.uk) or ask a doctor or nurse.

You can start trying to get pregnant as soon as you stop using the patch if you want to. You can also choose to wait until you've had one natural period. This will make it easier to work out when you got pregnant.

## 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 a check up?

When you start using the patch or get new supplies, your doctor or nurse will advise you when to get your next check up. Your medical history, blood pressure and weight needs to be checked at least once a year while you're using the patch. It's important to get advice sooner than this if you have problems with the patch, develop new health problems or want to change to a different method of contraception.

## How do I find out about contraception services?

The National Sexual Health Helpline 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.

For more information on sexual health visit [www.fpa.org.uk](http://www.fpa.org.uk) or [www.sexwise.org.uk](http://www.sexwise.org.uk)

Information for young people can be found at [www.brook.org.uk](http://www.brook.org.uk)

## Clinics

To find your closest clinic you can:

- use Find a Clinic at [www.fpa.org.uk/clinics](http://www.fpa.org.uk/clinics)
- download FPA's Find a Clinic app for iPhone or Android.

Details of general practices and pharmacies in England are at [www.nhs.uk](http://www.nhs.uk) and in Wales at [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk). In Scotland, details of general practices are at [www.nhsinform.scot](http://www.nhsinform.scot) and in Northern Ireland at [www.hscni.net](http://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.

- A copper 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. 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.

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



[sexwise.org.uk](http://sexwise.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](mailto:feedback@fpa.org.uk)

