

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 thin, sticky patch, a bit like a plaster. It's beige-coloured and about 5cm x 5cm in size.

It releases 2 hormones through your skin – oestrogen and progestogen. These are similar to the natural hormones produced by the ovaries.

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How effective is the patch?

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

If the patch is always used perfectly, according to instructions, it's over 99% effective. This means that less than 1 in 100 patch users will get pregnant in 1 year.

If the patch is not always used according to instructions, about 9 in 100 patch users will get pregnant in 1 year.

The patch may not be so effective if you weigh 90kg (14 stone) or more – an alternative method may be advisable.

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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 a fertilised egg is less likely to implant.

Where can I get the patch?

You can get the patch for **free** from a contraception or sexual health clinic, some GP surgeries and some young people's services.

In some areas of the UK, you can order the patch for **free** from an online sexual health service. They can send it by post and may offer a click and collect service. You usually need to be 16 or over.

All advice and treatment from these services is confidential.

You can also choose to **buy** the patch from online pharmacies or from private online services or clinics.

You don't need to have a vaginal or breast examination or cervical screening (smear 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 be pregnant.

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

- 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, with a body mass index (BMI) of 35 or more
- you take certain medicines
- you're breastfeeding a baby less than 6 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 (high blood pressure)
- migraine with aura
- breast cancer or you have a gene mutation that's associated with breast cancer
- active disease of the gall bladder or liver
- diabetes with complications.

The patch **may** not be suitable if you're:

- immobile for a long period of time or use a wheelchair
- 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
- you can choose 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 ovary syndrome (PCOS).

What are the disadvantages of the patch?

There are some serious possible side effects (see page 7, Are there any risks?). 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 on days you're using the patch) are common in the first few months of use

- it doesn't protect you from sexually transmitted infections, so you may need to use condoms too.

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 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 the artery), heart attack or stroke. If you've ever had a blood clot, don't use the patch.
- The risk of venous thrombosis is greatest if any of these 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 these apply to you: you smoke, have high blood pressure, are very overweight, have migraine with aura, or are 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 10 years later.
- Research suggests that there's a small increase in the risk of developing cervical cancer with longer use of oestrogen 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 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 treatment to reduce the risk of 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 or other reasons not related to the patch.

When can I start to use the patch?

You can start the patch any time 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; if you have a very short cycle or a cycle that changes, talk to your

doctor, nurse or online provider about whether you may need additional contraception at first

- **at any other time in your menstrual cycle**, you'll need to use additional contraception, such as condoms, or avoid sex for the first 7 days of using the patch.



Where do I put the patch?

You can use the patch on most areas of your body as long as your skin's clean, dry and not very hairy. Don'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 a good idea to change the position of each new patch to help reduce the chance of any skin irritation.

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 7-day patch-free break but you can choose to shorten this break or to miss it and not have a withdrawal bleed (see page 11, Can I miss out a withdrawal bleed?).

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 is called a patch cycle and has been the standard way to use the patch. 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 for 9 weeks (3 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 4-day patch-free break.** This is called flexible extended use. Apply a new patch on the fifth day even if you're still bleeding. This can help manage the bleeding. Apply a new patch once

a week, every week, 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.

What do I do with used patches?

Used patches can be put into the disposal sachet provided and put in the bin. They must not be flushed down the toilet.

Am I protected from pregnancy during the patch-free break?

Yes. You're protected if:

- you've used the previous 3 patches correctly **and**
- you start the next patch cycle on time **and**
- you're not taking medicines that'll affect the patch (see page 14).

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's no need to have a withdrawal bleed unless you want one (see page 9, How do I use the patch?).

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

What if I haven't used the patch correctly?

I'm late restarting after a patch-free break

LESS THAN 8 full days since you removed your last patch.

Apply a new patch now.

Continue using the patch as normal.

8 OR MORE full days since you removed your last patch.

Apply a new patch now.

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

Use condoms or avoid sex for the next 7 days.

Up to 48 hours since patch came off OR patch 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.

48 hours or more since patch came off OR patch 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.

Use condoms or avoid sex until a patch has been worn for 7 days in a row.

If you're due to start a patch-free break in the next 7 days, **don't take the break.**

If you think you might forget more patches, talk to your doctor

You may need emergency contraception and a follow-up pregnancy test if you had unprotected sex in or after the patch-free break.

Talk to a doctor, nurse or pharmacist as soon as possible.

If you're in the first week after a patch-free break, you don't need additional or emergency contraception (EC), as long as you've 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 additional contraception or EC as long as you've used the patch correctly for the previous 7 days.

You might need emergency contraception (EC) now and a pregnancy test in 3 weeks if:

- you're in the first week after a patch-free break **and**
- you had unprotected sex this week **OR** in the patch-free break.

If you're in any other week, you don't need EC as long as you've used the patch correctly for the previous 7 days.

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 the patch less effective. These 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'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 7 days of using the patch.

If you're breastfeeding a baby less than 6 weeks old, the patch may affect your milk production. It's usually recommended that you use a different method of contraception until 6 weeks after the birth.

Can I use the patch after a miscarriage or abortion?

You can start using the patch straight 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. Get advice from your doctor or nurse. 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 using the patch and isn't usually anything to worry about. It may take up to 3 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 page 9, How do I use the patch?).

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 the patch according to instructions and haven't taken any medicines which might have affected the patch, then it's very unlikely 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, available evidence suggests that using the patch won't harm the fetus.

What 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, ask your doctor or nurse for advice because you can risk getting pregnant if you've had sex recently.

If you don't want to get pregnant, 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.

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?

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 sunscreen. 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 need 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 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 and at weekends from 11am-4pm.

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

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

You can find details of sexual health clinics and services and details of GP surgeries and pharmacies on these websites:

- England, www.nhs.uk
- Wales, 111.wales.nhs.uk
- Scotland, www.nhsinform.scot
- Northern Ireland, www.sexualhealthni.info and online.hscni.net

Emergency contraception

If you've had sex without contraception, or think your method might've failed, you can use emergency contraception. An intrauterine device (IUD) is the most effective option. Some people will get pregnant even when they take emergency pills correctly.

- An emergency IUD (copper coil) can be fitted up to 5 days after sex, or up to 5 days after the earliest time you could've ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate (UPA) can be taken up to 5 days (120 hours) after sex.
- An emergency contraceptive pill with the hormone levonorgestrel can be taken up to 3 days (72 hours) after sex.

Emergency pills are available for free with a prescription or to buy from a pharmacy.

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

Sexually transmitted infections

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

Condoms and internal condoms (also known as female condoms), used correctly and consistently, can help protect against STIs. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly has a chemical called nonoxinol-9, which may increase the risk of HIV and other infections.

A final word

This booklet can only give you general information. The information is 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.

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

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

Scan this QR code to register and download the digital version of this leaflet



the sexual health company



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 fpadirect@fpa.org.uk