

Contraceptive Patch Fact Sheet

The **Contraceptive Patch** (the patch) contains medicine (hormones) that are absorbed through the skin to prevent pregnancy. The patch has the same hormones as oral contraceptives (the pill). These two hormones, an estrogen and a progestin, are similar to hormones that are made naturally by a woman's body. The patch is placed on the skin on the upper arm, shoulder, upper back, abdomen, hip or buttock; it should not be placed on the breast or genitals. The patch is changed every week for 3 weeks and then left off for one week to allow for the woman to have a period. It can also be changed every week without any patch-free weeks.

The patch prevents pregnancy by preventing the egg from being released from the ovary. If used correctly, the patch is 99% effective at preventing pregnancy. However, most women do not use the patch perfectly. For the typical woman using the patch, it is 91% effective (9 pregnancies in 100 women using the patch for a year).

The patch does not protect against sexually transmitted infections (STIs). Condoms are the best way for sexually active people to reduce the risk of infection. Always use a condom if you or your partner has other sex partners or if you are otherwise at risk for STIs.

Advantages of the patch:

- No need to do something daily or right before sex to prevent pregnancy
- Decreased pain with periods and/or lighter menstrual periods
- May improve PMS (premenstrual syndrome) symptoms
- Can decrease risk of uterine (endometrial), ovarian, and other cancers
- Ability to become pregnant returns quickly when you stop using the patch.

Disadvantages of the patch:

- Must be used correctly – changed weekly for 3 weeks followed by 1 patch-free week or changed weekly without any patch-free weeks
- Much less effective (higher risk of pregnancy) if the patch is not used properly
- Can be associated with some risks (see below)
- Side effects – The patch is generally well-tolerated, but some women experience side effects such as breast tenderness, nausea, or change in mood or libido. Most of these symptoms improve with time.
- The patch may interact with certain epilepsy (anti-seizure), anti-retroviral, or other medications.

Risks of using the patch:

- **Venous thromboembolism** – Very rarely, a blood clot can develop in the veins of the legs (DVT) or in the lungs (PE). These conditions can be life-threatening. Use of the patch may increase the chance of developing a DVT or PE slightly. The risk of having a DVT or PE while using the patch is approximately 1 in 5,000-10,000 women. This is lower than the risk of DVT or PE in pregnancy.
- **Stroke or heart attack** – Very rarely, younger women can have a stroke or heart attack. Use of the patch can increase the chance of this happening slightly, especially if you also have other risk factors (such as high blood pressure, smoking, or a certain type of migraine headaches).
- **High blood pressure** – The patch can slightly increase your blood pressure. For most women, this increase is small and does not affect your health.

Contraindications – The patch is generally not recommended for women who:

- Smoke (or use other tobacco products) and are older than 35
- Have uncontrolled high blood pressure (hypertension)
- Have certain types of migraine headaches
- Have a history of blood clot (DVT or PE) or certain blood disorders which can increase the risk for blood clots (personally or in a close family member)
- Have a recent history of breast cancer
- Have a history of stroke or heart disease
- Have severe diabetes (or complications from diabetes)
- Have recently given birth (within 6 weeks).

Tell your clinician if you have any of these risk factors or conditions.

Warning signs – Call your healthcare provider if you:

- Think you are pregnant
- Have unusual pain or swelling in the legs, unusual pain in your chest, or difficulty breathing (go directly to an emergency room)
- Have sudden change in vision, severe headache, weakness, numbness or difficulty speaking (go directly to an emergency room)
- Have new or worsening headaches
- Have new symptoms you think might be related to using the patch.

Problem-solving during use:

- If the same patch has been on longer than 9 days, or no patch has been on for 9 days or more, you are at risk for pregnancy. You should place a new patch as soon as possible and use a back-up birth control method for the next 7 days (wait to have sex or use condoms). If you had sex during this time you should take emergency contraceptive pills (Plan B® or Ella®) as soon as possible and then call your clinician's office.
- If the patch begins to peel off of the skin, you should try to smooth it back on. If it is still not adhering well, remove that patch and place a new patch.

Regular visits for routine health care, STI and cancer screening are strongly recommended.