Birth Control: Contraceptive Patch

The contraceptive patch (Picture 1) is a birth control that looks like a small bandage. The patch contains estrogen and progestin which are much like the hormones that are naturally made in a woman’s body. The patch prevents pregnancy by stopping the egg from being released from the ovary. The patch also changes cervical mucus to keep sperm from reaching an egg.

Advantages of the patch

- 91 percent effective against pregnancy with typical use
- Menstrual periods stay regular
- Can decrease menstrual cramps
- May improve premenstrual syndrome (PMS)
- Can improve acne
- Can decrease risk of uterine and ovarian cancer

Disadvantages of the patch

- Possible side effects include: breast tenderness, nausea, irregular bleeding, headaches, and irritation or rash at the patch site. Many of these symptoms improve with time.
- The patch may interact with certain antibiotics, anti-seizure and HIV medicines.
- The patch may not work as well for women who weigh more than 198 lbs.

How to use it

- Place the patch directly onto your skin. It can go on one of these places: on the upper arm, shoulder, upper back, abdomen, hip or buttock. One patch lasts for 1 week. After 1 week, take off the old patch, and then put a new one onto a different spot on your body. You do this once a week for 3 weeks. The 4th week you do not wear a patch, and you have your period.
- It is important to change your patch on time every week.

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How to use it, continued

- If your patch falls off within 24 hours of being applied, try to reapply the patch if it is still sticky. If not, replace it with a new patch.

- If you are late putting on the patch or it is off for less than 48 hours, apply a new patch as soon as possible. Change the patch the same day you had planned to at first. You do not need any additional birth control. Emergency contraception (EC) is not usually needed. However, it can be considered if the patch was put on late, or if it came off in the first 3 days of the menstrual cycle or in the last week of the previous cycle.

- If you are late putting on the patch or it falls off for more than 48 hours (or you are not sure how long it has been off), apply a new patch as soon as possible. Change the patch the same day you had planned to at first. Use back-up contraception (condoms) or avoid having sex until you have worn a patch for one week. If you are late putting on the patch, or the patch fell off during the 3rd week, skip the hormone-free week. Finish the 3rd week of patch use and start a new patch right away. EC should be considered (with the exception of ulipristal acetate, or Ella®) if the delayed application or detachment happened within the first week of patch use and unprotected sexual intercourse happened in the previous 5 days. EC may also be considered (with the exception of ulipristal acetate or Ella®) at other times as needed.

Risks

- **Blood clots:** The patch can increase the risk of having a stroke or heart attack. Blood clots can develop in veins (deep vein thrombosis) and in the lungs (pulmonary embolism). These conditions are rare, but can be life-threatening. Women who use the patch are exposed to a higher overall amount of estrogen compared to women who use the pill. Some health care providers worry that the higher dose of estrogen may increase the chance of forming a blood clot. The actual increase in risk is still not known.

- **High blood pressure:** The patch can slightly increase your blood pressure. For most women, this increase is small and does not affect your health.

Who cannot use it

The Patch **should not** be used by women who have:

- High blood pressure.
- A history of blood clot, stroke, or heart disease.
- A blood clotting disorder.
- Certain types of migraine headaches.
- Severe liver disease.
- Had a baby within the last three weeks.

Tell your doctor or health care provider if you have any of these risk factors or conditions, or any other medical concerns.
When to call the doctor

Call the doctor or healthcare provider if you:

- Think you are pregnant.
- Think you might have a sexually transmitted infection (STI).
- Have depression or change in mood.
- Have new or worse headaches.
- Miss a period or are late in starting your period.

When to go to the emergency room

Go straight to the emergency room if you have any of the following symptoms:

- Unusual pain or swelling in the legs
- Unusual pain in your chest
- Trouble breathing or speaking
- Severe headache
- Sudden change in vision
- Weakness or numbness

Preventing STIs

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 when you have sex. Get yearly health check-ups, including testing for STIs.