

## Contraceptive Patch FACT SHEET

The **contraceptive patch**, also known as “the patch” or **OrthoEvra® patch**, is a weekly form of birth control. The patch has two naturally-occurring hormones, an estrogen and a progesterone, similar to the oral contraceptive pill (“the pill”). The patch prevents pregnancy by preventing the release of the egg from the ovary, and also by changing the cervical mucus to prevent sperm from reaching an egg.

A prescription for the patch is required from your health care provider. The patch is placed on the skin on the upper arm, shoulder, upper back, abdomen, hip or buttock; it is not to 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”. The patch is less effective when not used correctly. For the typical woman using the patch, it is 91% effective (9 pregnancies in 100 women using the patch for a year). Additionally, the patch is less effective in women who weigh more than 198 pounds.

**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 to prevent STIs.

### **Advantages of the patch:**

- Decreased pain with periods and/or lighter menstrual periods
- Nothing to do right before sex (to prevent pregnancy)
- Decreased risk of uterine (endometrial) and ovarian cancer
- Ability to become pregnant returns quickly when you stop using the patch

### **Disadvantages of the patch:**

- Must be used correctly: three weeks on and one week off
- Side effects – some women experience side effects such as breast tenderness, nausea, or change in mood. It is also possible to have irritation or a rash at the site of the patch.
- It is possible for the patch to partially or completely fall off. If the patch has not lost its stickiness, it can be reapplied. If it is not sticky, a new patch will need to be used. If the patch has been off for more than 24 hours or an unknown period of time, a new patch should be used. A back-up method or abstinence should be used for 7 days.
- The patch may interact with certain epilepsy (anti-seizure) or anti-retroviral medications making it less effective.

### **Risks of using the patch:**

- **Venous thromboembolism** – Very rarely, a blood clot can develop in the veins of the legs or in the lungs. These conditions can be life-threatening. Use of the patch increases the chance of developing a blood clot slightly. The risk of having a blood clot while using the patch is approximately 1 in 500. 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 developing a blood clot, however, whether there is a real increase in risk is still not known.
- **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, especially if you also have other risk factors such as high blood pressure, smoking or certain types 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.

**The patch cannot be used by women who:**

- Smoke and are 35 years or older
- Have high blood pressure (hypertension)
- Have certain types of migraine headaches
- Have a history of blood clot (DVT or PE), or if you or a family member have certain blood disorders which can increase the risk for a blood clot
- Currently have, or have a history of breast cancer
- Have a history of stroke or heart disease
- Have abnormal vaginal bleeding that has not been evaluated
- Have liver disease
- Have severe diabetes (with eye, nerve or kidney problems)
- Have recently given birth (within 3-6 weeks)
- Weigh more than 198 pounds

Tell your clinician if you have any of these risk factors or conditions, or of any other past or current medical problems or concerns. Your clinician will evaluate your history to help you decide if the patch is the correct choice for you.

**Warning signs – Call your healthcare provider right away if you:**

- Think you are pregnant
- Have been, or might have been exposed to an STI
- 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 depression or change in mood

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