

Combined Patch

Key Points for Providers and Clients

- **A woman wears a small adhesive patch** on her body at all times, day and night. A new patch is put on each week for 3 weeks, and then no patch for the fourth week.
- **Replace each patch on time for greatest effectiveness.**
- **Bleeding changes are common but not harmful.** Typically, irregular bleeding for the first few months and then lighter and more regular bleeding.

6

Combined Patch

What Is the Combined Patch?

- A small, thin, square of flexible plastic worn on the body.
- Continuously releases 2 hormones—a progestin and an estrogen, like the natural hormones progesterone and estrogen in a woman's body—directly through the skin into the bloodstream.
- The woman puts on a new patch every week for 3 weeks, then no patch for the fourth week. During this fourth week the woman will have monthly bleeding.
- Also called Ortho Evra and Evra.
- Works primarily by preventing the release of eggs from the ovaries (ovulation).

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when a woman is late to change the patch.

- As commonly used, about 7 pregnancies per 100 women using the combined patch over the first year. This means that 93 of every 100 women using the combined patch will not become pregnant.
- When no mistakes are made with use of the patch, less than 1 pregnancy per 100 women using a patch over the first year (3 per 1,000 women).



- Pregnancy rates may be slightly higher among women weighing 90 kg or more.

Return of fertility after patch use is stopped: No delay

Protection against sexually transmitted infections: None

Side Effects, Health Benefits, and Health Risks

Side Effects

Some users report the following:

- Skin irritation or rash where the patch is applied
- Changes in bleeding patterns[†]:
 - Lighter bleeding and fewer days of bleeding
 - Irregular bleeding
 - Prolonged bleeding
 - No monthly bleeding
- Headaches
- Nausea
- Vomiting
- Breast tenderness and pain
- Abdominal pain
- Flu symptoms/upper respiratory infection
- Irritation, redness, or inflammation of the vagina (vaginitis)



Known Health Benefits and Health Risks

Long-term studies of the patch are limited, but researchers expect that its health benefits and risks are like those of combined oral contraceptives (see Chapter 1 – Combined Oral Contraceptives, section on Side Effects, Health Benefits, and Health Risks, pp. 2–3).

Medical eligibility criteria guidelines for when to start and helping continuing users for the combined patch are the same as for combined oral contraceptives and the combined vaginal ring. See Chapter 1 – Combined Oral Contraceptives, pp. 6, 11, and 19.

[†] For definitions of bleeding patterns, see “vaginal bleeding” in Glossary.

Providing the Combined Patch

Explaining How to Use

Explain how to remove the patch from the pouch and remove backing

- Explain to the user that she should tear the foil pouch along the edge.
 - She should then pull out the patch and peel away the backing without touching the sticky surface.
-

Show her where and how to apply the patch

- Explain that she can apply it on the upper outer arm, back, stomach, abdomen, or buttocks, wherever it is clean and dry, but not on the breasts.
 - She must press the sticky, medicated part against her skin for 10 seconds. She should run her finger along the edge to make sure it sticks.
 - The patch will stay on even during work, exercise, swimming, and bathing.
-

She must change the patch every week for 3 weeks in a row

- She should apply each new patch on the same day of each week—the “patch-change day.” For example, if she puts on her first patch on a Sunday, all of her patches should be applied on a Sunday.
 - Explain that to avoid irritation, she should not apply the new patch to the same place on the skin where the previous patch was.
-

She should not wear a patch on the 4th week

- She will probably have monthly bleeding this week.
-

After the patch-free week, she should apply a new patch

- She should never go without wearing a patch for more than 7 days. Doing so risks pregnancy.
-

Supporting New and Continuing Users

Instructions for Late Replacement or Removal, or if the Patch Comes Off

Forgot to apply a new patch after the 7-day patch-free interval?

- Apply a new patch as soon as possible.
 - Keep the same patch-change day.
 - If late by only 1 or 2 days (48 hours or less), there is no need for a backup method.
 - If more than 2 days late (more than 48 hours) (that is, no patch was worn for 10 days or more in a row), use a backup method* for the first 7 days of patch use.
 - Also, if more than 2 days late and unprotected sex occurred in the past 5 days, consider taking emergency contraceptive pills (ECPs) (see Chapter 3).
-

Late changing the patch at the end of week 1 or 2?

- If late by only 1 or 2 days (48 hours or less), apply a new patch as soon as possible. Keep the same patch-change day. No need for a backup method.
 - If more than 2 days late (more than 48 hours), apply a new patch as soon as possible. This patch will begin a new 4-week patch cycle, and this day of the week will become the new patch-change day. Also use a backup method* for the next 7 days.
 - Also, if more than 2 days late and unprotected sex occurred in the past 5 days, consider taking ECPs (see Chapter 3).
-

Late taking off the patch at the end of week 3?

- Remove the patch.
 - Start the next cycle on the usual patch-change day.
 - No need for a backup method.
-

The patch came off and was off for less than 2 days (48 hours or less)?

- Apply a new patch as soon as possible. (The same patch can be re-used if it was off less than 24 hours.)
 - No need for a backup method.
 - Keep the same patch change day.
-

The patch came off and was off for more than 2 days (more than 48 hours)?

- Apply a new patch as soon as possible.
 - Use a backup method* for the next 7 days.
 - Keep the same patch-change day.
 - If during week 3, skip the patch-free week and start a new patch immediately after week 3. If a new patch cannot be started immediately, use a backup method* and keep using it through the first 7 days of patch use.
 - If during week one and unprotected sex occurred in the past 5 days, consider taking ECPs (see Chapter 3).
-

* Backup methods include abstinence, male and female condoms, spermicides, and withdrawal. Tell her that spermicides and withdrawal are the least effective contraceptive methods. If possible, give her condoms.