

Combined Patch

Key Points for Providers and Clients

- **Requires wearing a small adhesive patch.** Worn on the body every day and night. A new patch is put on each week, for 3 weeks, followed by a week with no patch.
- **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.

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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.
- A new patch is worn 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.

- The combined patch is new, and research on effectiveness is limited. Effectiveness rates in clinical trials of the patch suggest that it may be more effective than combined oral contraceptives, both as commonly used and with consistent and correct use (see Combined Oral Contraceptives, How Effective?, p. 1).



- 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 monthly bleeding:
 - 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 Combined Oral Contraceptives, Health Benefits and Health Risks, p. 3).

Medical eligibility criteria (see p. 6), guidelines for when to start (see p. 10), and helping continuing users (see p. 16) are the same for the combined patch as for combined oral contraceptives.

Providing the Combined Patch

Explaining How to Use

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

- Explain 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 fourth 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.
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Supporting the User

Instructions for Late Removal or Replacement

Forgot to apply a new patch at the start of any patch cycle (during week one)?

- Apply a new patch as soon as possible.
- Record this day of the week as the new patch-change day.
- Use a backup method* for the first 7 days of patch use.
- Also, if the new patch was applied 3 or more days late (patch was left off for 10 days or more in a row) and she had unprotected sex in the past 5 days, consider taking emergency contraceptive pills (see Emergency Contraceptive Pills, p. 45).

Forgot to change the patch in the middle of the patch cycle (during week 2 or 3)?

- If late by 1 or 2 days (up to 48 hours):
 - Apply a new patch as soon as remembered
 - Keep the same patch-change day
 - No need for a backup method
- If late by more than 2 days (more than 48 hours):
 - Stop the current cycle and start a new 4-week cycle by applying a new patch immediately
 - Record this day of the week as the new patch-change day
 - Use a backup method for the first 7 days of patch use

Forgot to remove the patch at the end of the patch cycle (week 4)?

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