



The Canadian Pediatric Society (CPS) has released [new recommendations](#) for selecting and prescribing contraceptives (birth control) for youth. The new recommendations list long acting reversible contraceptives, (LARCs) such as intrauterine contraceptives (IUCs) as the first-line option for youth.

Dr. Natasha Johnson, an adolescent medicine specialist at Hamilton Health Sciences McMaster Children's Hospital, is a member of the Canadian Pediatric Society's Adolescent Health Committee, which wrote the paper. She answers some questions about birth control and these new recommendations.

Most people are aware of contraceptive pills, patches, injections as well as condom use to prevent pregnancy. These options continue to have a role in contraceptive care for teens. One group of contraceptives that has emerged as a good option for teens that many people are not aware of is long-acting reversible contraceptives (LARCs). LARCs include intrauterine contraceptives (IUCs) and subdermal implants. Though subdermal implants are not available in Canada, IUCs are. LARCs are the most effective method of birth control available, (see the table below) and it is important for healthcare providers, teens, and their families to be aware of them. The Canadian Pediatric Society joins a number of other societies that have endorsed LARCs as a first-line method of contraception for teens.

Sexual and reproductive health care is an important part of overall health care for all people including teenagers. We know that more than half of Canadian youth are sexually active by age 17. We also know that teenage pregnancy can have significant negative impact on many aspects of a teen's life. It can also have negative impacts on their family, on the community and the health care system. When provided with appropriate education about the effectiveness of various birth control options and barriers like cost are removed, many teens will opt for the most effective birth control methods available. For this reason, it is important for health care

providers to know about various birth control options including LARCs so that they can appropriately counsel teens who wish to avoid pregnancy.

	% Unintended pregnancy in first year of use	
No method	94§	94§
Withdrawal	22	4
Condom (no spermicide)		
Female	21	5
Male	18	2
Diaphragm (+ spermicide)	12	6
Combined oral contraceptive pill	9	0.3
Transdermal patch (i.e., Evra)	9	0.3
Intravaginal ring (i.e., NuvaRing)	9	0.3
Progestin-only pill	9	0.3
Injectable contraceptive (i.e., Depo-Provera)	6	0.2
Intrauterine contraceptive		
Copper IUD	0.8	0.6
Levonorgestrel IUS (i.e., Mirena/Jaydess)	0.2	0.2
Subdermal implant (i.e., Nexplanon) ¶	0.05	0.05

Adapted from ref. [47].

*Among typical couples who initiate use of a method (not necessarily for the first time), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason.

Among couples who initiate use of a method (not necessarily for the first time) and who use it perfectly (both consistently and correctly), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason.

§This estimate is for adolescents. For adults, the estimate is 85% [9].

¶Not available in Canada.

There are numerous barriers that teens can face regarding their sexual and reproductive health care. The first is lack of education about sexual health. It has been shown that providing youth with education about reproductive health care helps them to make better decisions around their sexual health including using contraception when they do become sexually active. Another barrier would be if their health care providers are not aware of the various birth control options that exist. Confidentiality is also a big concern for teen health care in general, and this of course applies to sexual health. Finally, cost can be a barrier for a teen who may have trouble affording their chosen method of contraception. OHI P + is a major step forward as it relates to this issue in Ontario, but this type of access to prescribed medications is unfortunately not universal for all youth across the country.

pregnancy. By providing a teen with a confidential environment to safely discuss their sexual and reproductive health care, healthcare providers can work with teens to assist them in choosing a method of contraception that works best for them

For teens who are interested in starting birth control, I would encourage them to discuss this issue with their healthcare provider or to attend a local sexual health clinic.

The Canadian Pediatric Society's position statement is titled [Contraceptive care for Canadian youth](#). The principal authors are Dr. Giosi Di Meglio, Dr. Colleen Crowther, and nurse practitioner, Joanne Simms.