

Adolescent contraception

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■ Cite as: *CMAJ* 2021 August 9;193:E1218. doi: 10.1503/cmaj.202413

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1 Despite a decreasing incidence of teenage pregnancy in Canada, most pregnancies in adolescents are unplanned

In Canada, 5.3% of live births in 2000, 4% in 2010 and 1.7% in 2019, were to mothers younger than 19 years old.¹ More than 80% of adolescent pregnancies, however, are unplanned and many end in termination.² The Canadian Pediatric Society recommends quick-start methods of contraception and year-long prescriptions to decrease unplanned pregnancies and increase continuation rates.³

2 Adolescents face multiple barriers when accessing contraception

Many adolescents have concerns with their ability to pay for contraceptives and express difficulty accessing confidential contraceptive care.² Clinicians should emphasize the benefits of physician-patient confidentiality while explaining the exceptions, including the need to disclose self-harm and activities occurring in a position of vulnerability.

3 Long-acting reversible contraceptive (LARC) methods are recommended as first-line interventions

In populations in which LARC use is high, adolescent pregnancy rates have declined.³ Levonorgestrel and copper intrauterine devices (IUDs) are effective LARC interventions available in Canada.³ The etonogestrel-releasing implant (Nexplanon) was approved for use in 2020. As it is implanted in the upper arm and does not require a pelvic examination, it may become a popular option among adolescents. After counselling, most adolescents chose a LARC method when it is offered at no cost, with similar uptake of implants and IUDs.⁴

4 When prescribing hormonal contraceptives, consider optimization of bone mineral density

Bone mineralization during adolescence represents up to 40% of adult bone mass accrual.⁵ Prospective studies suggest that oral contraceptives containing $\leq 30 \mu\text{g}$ of ethinyl estradiol may be insufficient for optimizing bone density.⁵ Long-term users of medroxyprogesterone acetate (Depo-Provera) may have decreased bone mineral density; stopping medication can reverse density loss.⁵ Implants and IUDs do not appear to affect bone accrual.

5 Encourage concomitant use of barrier contraception to prevent sexually transmitted infections

About 50% of all sexually transmitted infections occur in the 15- to 24-year-old age group, but adolescents using LARCs are 60% less likely to use condoms than those using oral contraceptives.⁶

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Competing interests: None declared.

This article has been peer reviewed.

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