

Birth control for teens

Birth control can help prevent pregnancy. It can also help with menstrual cramps, heavy menstrual flow, and acne. There are many types of birth control, so teens should speak to a health care provider (HCP) to decide what method is best for them.

Talking to your teen about birth control

Talking openly with your teen about their changing body and about sex can be stressful, but it is important. As a parent, you're in the best position to answer questions and talk about your values. Children and teens who have unanswered questions about sex and birth control and don't feel comfortable asking a parent may rely on friends or go online, which often leads to misinformation.

Rather than having "the talk," which can be overwhelming for both teens and parents, start discussions early, and share information long before you think they are ready to have sex. Ask your child—whether they are a boy or a girl—what they know about preventing pregnancy and protecting themselves from sexually transmitted infections (STIs). This is also an opportunity to have conversations about healthy relationships and consent. Being open shows that they can come to you with their questions and concerns. It also increases the odds that they will make good (and safer) decisions when they decide to have sex.

Encourage your teen to also discuss birth control with their HCP. Having an opportunity to speak with their HCP privately for at least part of their visit will ensure they have accurate information and help your teen participate in their health care.

Birth control methods

Understanding the benefits and risks of each birth control method allows your teen to choose the right method for them.

Remember: Whatever method your teen chooses, they should always use condoms as well. Condoms are the only birth control method that protects against HIV and some other STIs.

Intrauterine devices and systems (IUD and IUS)

An intrauterine device (IUD) or system (IUS) is a small (often T-shaped) device placed inside the uterus by a HCP to prevent pregnancy. IUDs:

- Are over 99% effective at preventing pregnancy.
- Are the most effective and reliable birth control method, and often recommended first.
- Are safe for teens.
- Can be used long-term (3 to 7 years depending on the type).
- Can be removed at any time by a HCP.
- Have no hormones. IUSs have a small amount of hormones.
- Do not cause weight gain.
- Do not cause infertility.
- May increase the amount of menstrual bleeding and/or menstrual cramps. IUSs usually decrease menstrual cramps, the amount of menstrual bleeding, or may stop the period altogether.

Hormone injections

Hormone injections are 94% effective at preventing pregnancy, and are given by a HCP every 3 months. Side effects can include:

- weight gain
- irregular spotting/bleeding, or stop the period altogether
- reversible bone loss
- delay of normal menstrual cycles once they are stopped

Hormone pills

There are 2 types of pills: Combination of estrogen/progesterone, and progesterone-only.

- 91% effective at preventing pregnancy when taken properly.
- Side effects may include irregular bleeding (more frequent with progesterone-only pills), sore breasts, nausea or headaches.
- In general, pills do not cause weight gain.
- Some prescriptions or herbal medicines may impact effectiveness.
- Although rare, there is a small increase in the risk of having a blood clot or a stroke on the combination pill. That risk rises if you smoke. Pregnancy has a much higher risk of blood clots.

Vaginal rings

The vaginal ring is a soft small circle of plastic that releases hormones similar to the combination pill. The teen inserts the ring into the vagina and removes it after 3 weeks. During the fourth week, the teen gets a period.

- 91% effective at preventing pregnancy.
- Same side effects and risks as the combination pill.
- Vaginal irritation or discharge is possible.

Patches

The patch is a tan colored square that sticks to the skin (either the arm, back, buttocks, belly or thigh). It must be worn for 3 weeks. During the fourth week (no patch), the teen should get a period. At the end of the fourth week, a new patch is applied.

- 91% effective at preventing pregnancy.
- Same side effects and risks as the combination pill.
- Irritation or discoloration of the skin under the patch may occur.

Condoms

- 82% effective at preventing pregnancy.
- Highly effective at preventing pregnancy when used in combination with another contraception method.
- Offer protection from HIV and many (but not all) STIs.
- Often free at teen clinics or public health clinics.
- Having access to condoms does not encourage sexual activity, but it does make it more likely that sex will be safer when it happens.

Emergency contraception

Emergency contraception can be used shortly after having unprotected sex (or if a condom breaks) to prevent pregnancy. It is a “back up” method and should not be used as a primary method of birth control.

Helping your teen get the most out of their birth control

Skipping periods: Studies show that it is safe to skip periods by skipping the week off (period week) and immediately starting a new pack of pills, patch, or ring. Your teen can talk to their HCP to see if this is a good option.

No Pap needed: Pelvic exams and Pap smears use to be done before prescribing birth control. However, exams cause a great deal of stress and don't give much information unless the teen is having specific symptoms. National guidelines suggest waiting until the early 20s before starting Pap tests, unless the teen has problems with their immune system. Sexually active teens should still be screened for STIs at least once a year.

Year-long prescriptions: Year-long prescriptions encourage teens to take their birth control consistently. They are less likely to run out of birth control unexpectedly. Parents can help by keeping track of when refills need to be picked up, and prescriptions renewed.

Additional resources

- Contraception - Sex & U (Society of Obstetricians and Gynaecologists of Canada)
(<https://www.sexandu.ca/contraception/>)

Reviewed by the following CPS committees

- Adolescent Health Committee

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