OMOTOSO

FAMILY MEDICINE

PATIENT RESOURCE

Contraception

What every woman in Canada should know — methods, effectiveness, safety, fertility, and how to choose.

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Based on Canadian and international evidence. General information only — not personal medical advice. Discuss options with your physician.

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1 What is contraception?

Contraception (birth control) means methods used to prevent pregnancy. Options range from daily pills to long-acting devices that work for years. The best method is the one that fits your health, lifestyle, and preferences.

2 Contraception in Canada: the facts

~16%
Women 15–49 used the pill in the past month

~40%
Of pregnancies in Canada are unintended

↑ IUDs
B.C. LNG-IUD use rose ~0% → ~12% (2001–2021)

The pill remains the most common reversible method, but long-acting options are growing. Cost has been a barrier (IUDs $350–$425; pills $15–$40/month). Access is improving: **B.C.** free since 2023 · **Manitoba** & **P.E.I.** followed · **Ontario** free under 25 (OHIP+) · national Pharmacare Act (2024) still rolling out.

3 Methods & how well they work

TIER 1 · MOST EFFECTIVE · <1 PREGNANCY / 100 WOMEN / YEAR

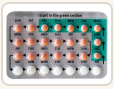
Hormonal IUD
Mirena, Kyleena — local progestin. Lasts 5–8 yrs. Often lighter periods.
Failure 0.1–0.4%

Copper IUD
Hormone-free. Lasts 10–12 yrs. May ↑ bleeding early. Best EC option.
Failure 0.8%

Implant (Nexplanon)
Rod under upper-arm skin; progestin. Lasts 3 years.
Failure 0.1%

Permanent sterilization — tubal ligation or bilateral salpingectomy (also lowers ovarian cancer risk). IUDs/implants are first-line — including for teens and never-pregnant women.

TIER 2 · VERY EFFECTIVE · 4–7 / 100 / YEAR (TYPICAL USE)



Combined oral contraceptive pills
Estrogen + progestin, daily. Typical-use failure **4–7%**.

Contraceptive patch
Weekly × 3 weeks, then 1 week off. Estrogen + progestin.

Vaginal ring (e.g. NuvaRing)
In vagina 3 weeks, out 1 week. Estrogen + progestin.

Progestin-only pill (“mini-pill”)
Same time every day. Failure ~**7%**.

Injectable (Depo-Provera)
Every 11–14 weeks. Failure ~**4–6%**.

TIER 3 · MODERATELY EFFECTIVE · 13–28 / 100 / YEAR

Method	Notes	Failure
External condom	Also protects against STIs	13%
Internal condom	Also STI protection	21%
Diaphragm	Barrier over cervix	17%
Fertility awareness	Temperature, mucus, calendar	≤23%
Withdrawal	Less reliable alone	~20–22%

Remember: Only condoms protect against STIs. Methods that don’t depend on daily action work best for pregnancy prevention.

4 Are IUDs safe if I've never been pregnant?

Yes. Safe for all ages — including adolescents and nulliparous women. Endorsed by SOGC, ACOG, and the AAP. IUDs do **not** cause infertility. PID risk ~1.6/1,000 woman-years; perforation ~0.1%; insertion success >95%. Fertility returns in ~2 cycles after removal.

5 Will contraception affect future fertility?

Hormonal contraception does **not** cause permanent infertility. Temporary delay after stopping: IUDs/implants ~2 cycles · pills/ring ~3 · patch ~4 · Depo ~5–8 (longest, still temporary). Even 10+ years of pill use was not linked to reduced fertility. All methods except sterilization are reversible.

6 Does contraception cause cancer?

Protective effects

- Combined pills: ovarian ↓ ~28%; endometrial ↓ ~32% — lasts decades
- Hormonal IUD: endometrial ↓ ~20%; ovarian ↓ ~29%

Small increased risk

- Current hormonal use: breast cancer relative risk ↑ ~20–30%
- Absolute risk tiny: ~1 extra / 7,690 women per year of use
- Returns to baseline ~5–10 years after stopping

In perspective: A 30-year UK study of 46,000+ women found an overall neutral cancer balance — ovarian/endometrial protection largely offsets the small, temporary breast cancer increase.

7 When is estrogen NOT safe?

Combined methods slightly raise clot risk (~7–10 / 10,000 women/year). Avoid estrogen if: **migraine with aura** · history of clots/clotting disorders · smoking + age ≥35 · BP ≥160/100 · heart disease/stroke · current breast cancer · severe liver disease · first 21 days after birth · major surgery with immobilization.

Safe alternatives: Mini-pill, hormonal IUD, implant, Depo, copper IUD, and condoms do not carry the same clot risk.

8 Non-contraceptive benefits

- **Lighter, less painful periods** — hormonal IUD especially for heavy bleeding
- **Acne & excess hair** · **Endometriosis / adenomyosis pain** · **PMDD**
- Fewer functional ovarian cysts · cancer protection · menstrual migraine (extended/continuous use)

9 Common side effects

Combined (pill, patch, ring)

- Nausea, breast tenderness, headaches — often improve in 2–3 months
- Spotting early on · Mood changes (mixed evidence)

Progestin-only & copper IUD

- Irregular bleeding (most common reason to stop)
- Lighter periods or none — safe · Depo: possible weight gain; reversible bone loss
- Copper IUD: heavier periods early; no hormones

10 Emergency contraception

After unprotected sex or method failure. **Not an abortion** — prevents or delays ovulation.

- **Copper IUD** — most effective (~99.9%); within 5 days; then ongoing contraception
- **Hormonal IUD (52 mg LNG)** — similarly effective for EC within 5 days
- **Ulipristal (Ella)** — best oral EC; up to 5 days; prescription · **Plan B** — OTC; best within 72 hours

11 Quick myths & tips

- **Skipping periods on the pill is safe** — the bleed is a withdrawal bleed, not a true period. Continuous use can help pain, endometriosis, migraines, or PMDD.
- **Most antibiotics do not weaken the pill** — only rifampin/rifabutin (TB). Some seizure and HIV medicines can — ask your physician.

12 How do I choose?

- **Highest reliability?** → Tier 1 (IUD/implant) · **No hormones?** → Copper IUD or barriers
- **Migraine with aura, clots, or smoking ≥35?** → Avoid estrogen · **STI protection?** → Condoms
- **Lighter periods / acne / PMDD?** → Hormonal methods · **Cost?** → Ask about provincial free coverage

13 Key takeaways

1. Many safe options exist — from daily pills to years-long devices.
2. IUDs & implants are the most effective reversible methods and are safe at all ages.
3. Hormonal contraception does not cause permanent infertility — fertility returns after stopping.
4. Benefits include lighter periods, acne help, endometriosis relief, and cancer protection.
5. The small rise in breast cancer risk is temporary and returns to baseline after stopping.
6. Avoid estrogen if you have migraine with aura, a clot history, or smoke and are ≥35.
7. Emergency contraception is not an abortion; the copper IUD is the most effective option.
8. Cost barriers are falling — ask about free provincial coverage and talk with your physician.

Disclaimer: General health information based on Canadian and international evidence. Not a substitute for medical advice. Discuss options with your physician — the best contraception is the one you will use consistently.

References

1. Rotermann M. Oral Contraceptive Use in Canada. *Health Reports.* 2025.
2. Rotermann M, et al. Oral Contraceptive Use… CHMS. *Health Reports.* 2015.
3. Mei AJ, et al. Temporal Trends… British Columbia. *Contraception.* 2026.
4. Nethery E, et al. Universal Free Contraception Coverage… *JAMA Health Forum.* 2026.
5. Downey AK, et al. Universal Pharmacare… Youth. *JAMA Pediatr.* 2025.
6. Schummers L, et al. Effect of Universal No-Cost Coverage… *BMJ.* 2025.
7. Teal S, Edelman A. Contraception Selection… *JAMA.* 2021.
8. Lindley KJ, et al. Contraception… Cardiovascular Disease. *JACC.* 2021.
9. Ott MA, et al. Contraception for Adolescents. *Pediatrics.* 2025.
10. Yland JJ, et al. Pregravid Contraceptive Use and Fecundability. *BMJ.* 2020.
11. Mikkelsen EM, et al. Pre-Gravid OC Use and Time to Pregnancy. *Hum Reprod.* 2013.
12. Mørch LS, et al. Hormonal Contraception and Breast Cancer. *N Engl J Med.* 2017.
13. Fitzpatrick D, et al. Hormonal Contraceptives and Breast Cancer. *PLoS Med.* 2023.
14. Karlsson T, et al. Time-Dependent Effects of OC Use… *Cancer Res.* 2021.
15. Tuesley KM, et al. Long-Acting Progestin Contraceptives and Cancer. *JNCI.* 2025.
16. Klein DA, et al. Quality Contraceptive Services. *Am Fam Physician.* 2025.
17. Paradise SL, et al. Evidence-Based Contraception. *Am Fam Physician.* 2022.
18. Bahamondes L, et al. Non-Contraceptive Benefits… *Hum Reprod Update.* 2015.
19. Practice Bulletin No. 186: LARC. *Obstet Gynecol.* 2017.
20. ACOG CO No. 735: Adolescents and LARC. *Obstet Gynecol.* 2018.
21. Curtis KM, Peipert JF. Long-Acting Reversible Contraception. *N Engl J Med.* 2017.
22. Turok DK, et al. LNG vs Copper IUDs for EC. *N Engl J Med.* 2021.