

It is time to improve access to first-line contraception for BC's youth

Authors call on the government of British Columbia to cover the cost of long-acting reversible contraception for youth in this province so they can access first-line contraception without barriers.

Kelly Anne Cox, MD, MPH, Eva Moore, MD, MSPH

Earlier this year, the Canadian Paediatric Society joined the American Academy of Pediatrics and the Society for Adolescent Health and Medicine in recommending long-acting reversible contraception (LARC) as a first-choice contraceptive for youth.¹⁻³ LARC includes intrauterine devices (IUDs) and implantable birth control; howev-

Dr Cox is a pediatric resident at the University of British Columbia. She received her medical degree from the University of Toronto and her Master of Public Health from Simon Fraser University. Dr Moore is an adolescent medicine pediatrician and a clinical associate professor at BC Children's Hospital and the University of British Columbia in the Division of Adolescent Health and Medicine and the Department of Pediatrics. Dr Moore received her medical degree and subspecialty training in adolescent medicine from the Johns Hopkins University School of Medicine, and her Master of Science in Public Health from the Bloomberg School of Public Health in Baltimore, Maryland. She completed her pediatric residency at the University of Washington in Seattle. Dr Moore has been providing health care in inpatient, outpatient, and community settings and working to improve health service delivery for BC youth since 2012.

This article has been peer reviewed.

er, in Canada, IUDs are the only type of LARC approved for use.¹ IUDs are either hormonal or nonhormonal (copper), and out-of-pocket costs for an IUD in BC range from \$75 for a copper IUD to \$325 to \$400 for a hormonal IUD.⁴ In comparison, the cheapest oral birth control available at the province's sexual health clinics costs \$13 per pack (\$468 for 3 years),⁵ and a medical abortion in BC ranges from \$500 to \$750.⁶

LARC is superior to other birth control methods such as condoms or birth control pills in that its perfect use is equivalent to typical use.

LARC is superior to other birth control methods such as condoms or birth control pills in that its perfect use is equivalent to typical use.² It lasts from 3 to 10 years, depending on the type. Certain medical conditions, such as migraines with auras, prevent adolescents from being able to use combined oral contraception because

of their increased risk of blood clots. Among these adolescents, both hormonal and nonhormonal IUDs can be safely used.^{1,7}

Cost is a significant barrier to accessing contraception. A recent American study assessed pregnancy and abortion rates among teens who were provided free contraception, including LARC, and compared them to the American national average. Authors found that birth, abortion, and pregnancy rates were significantly lower among teens who were provided free contraception compared to all other teens.⁸

In BC in 2015, 828 babies were born to mothers under age 20.⁹ There are social, educational, and physical risks associated with unintended pregnancy in adolescence.¹⁰ Unintended teen pregnancies are associated with poorer educational achievement and lower income for the mother. Babies born to teen mothers are more likely to be born preterm and small for gestational age, which increases the risk for a stay in a neonatal intensive care unit.¹¹

At sexual health clinics across the province, oral contraceptives are often the only contraception choice available for free, despite evidence that LARC is more effective and cost-efficient.¹² While it is laudable

that a hormonal IUD is on the Fair Pharmacare formulary, there remain potential barriers for teens whose families may qualify for Fair Pharmacare—the family may not be signed up, or they may not have met their annual deductible yet. For teens from families who do not qualify for Fair Pharmacare, the burden is on the teen to either buy the IUD or ask for financial assistance from their family. Because confidentiality is a foundational aspect of adolescent care,¹³ and sexual health care in particular, it is problematic to rely on adolescents to communicate with their parents about covering the cost of an IUD in order to receive the protection.

LARC is now the first-line recommended option for contraception among teens. It is time for the province to follow evidence-based practice by removing barriers to LARC and funding it for youth under age 25 across the province.

Competing interests

None declared.

References

- Di Meglio G, Crowther C, Simms J. Contraceptive care for Canadian youth. *Pediatr Child Heal* 2018;23:271-277.
- MacGregor KE, Khadr SN. Contraception for adolescents (American Academy of Pediatrics). *Arch Dis Child Educ Pract Ed* 2016;101:61-64.
- Society for Adolescent Health and Medicine, Burke PJ, Coles MS, et al. Sexual and reproductive health care: A position paper of the society for adolescent health and medicine. *J Adolesc Health* 2014;54:491-496.
- Willow Women's Clinic. IUD – frequently asked questions. 2010. Accessed 9 November 2018. www.willowclinic.ca/?page_id=720.
- Options for Sexual Health. Products and Pricing. 2018. Accessed 19 November 2018. www.optionsforsexualhealth.org/clinic-services/products-pricing.
- Willow Women's Clinic. What do abortions cost. 2010. Accessed 9 November 2018. www.willowclinic.ca/?page_id=15.
- National Institute for Health and Care Excellence. Long-acting reversible contraception. 2005. Accessed 2 November 2018. www.nice.org.uk/guidance/cg30.
- Secura GM, Madden T, McNicholas C, et al. Provision of no-cost, long-acting contraception and teenage pregnancy. *N Engl J Med* 2014;371:1316-1323.
- Government of British Columbia. Table 03: Births by age of mother and live births by birth order. 2015. www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/statistics-reports/annual-reports/2015/xls/table_03_births_by_age_of_mother_and_live_births_by_birth_order.xlsx.
- Parks C, Peipert JF. Eliminating health disparities in unintended pregnancy with long-acting reversible contraception (LARC). *Am J Obstet Gynecol* 2016; 214:681-688.
- Fleming N, O'Driscoll T, Becker G, et al. Adolescent pregnancy guidelines. *J Obstet Gynaecol Can* 2015;37:740-756.
- Eisenberg D, McNicholas C, Peipert JF. Cost as a barrier to long-acting reversible contraceptive (LARC) use in adolescents. *J Adolesc Health* 2013;52(4 Suppl.):S59-S63.
- Society for Adolescent Health and Medicine, American Academy of Pediatrics. Confidentiality protections for adolescents and young adults in the health care billing and insurance claims process. *J Adolesc Health* 2016;58:374-377.

Continued from page 176

for WorkSafeBC injured workers. The toll-free hotline number is 1 855 476-3049, and is staffed between 8:30 a.m. and 4:30 p.m., Monday to Friday.

—Peter Rothfels, MD
WorkSafeBC Chief Medical Officer and Director of Clinical Services
 —Olivia Sampson, MD, CCFP, MPH, FRCPC, ABPM
WorkSafeBC Manager of Clinical Services

References

- Coroners Service. Ministry of Public Safety and Solicitor General. Illicit drug overdose deaths in BC. January 1, 2018 –December 31, 2018. Accessed 28 February 2019. <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>.
- Coroners Service. Ministry of Public Safety and Solicitor General. Illicit drug overdose deaths in BC. Findings of Coroners' investigations. 27 September 2018. Accessed 27 March 2019. <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicitdrugoverdosedeadthsinbc-findingsofcoronersinvestigations-final.pdf>.
- BC Ministry of Mental Health and Addictions. Responding to BC's illegal drug overdose epidemic. Progress update. August/September/October 2018. Accessed 27 March 2019. <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/overdose-response-progress-update-aug-sept-oct-2018.pdf>.
- Harduar Morano L, Steege AL, Luckhaupt SE. Occupational patterns in unintentional and undetermined drug-involved and opioid-involved overdose deaths—United States, 2007–2012. *MMWR Morb Mortal Wkly Rep* 2018;67:925-930.
- Rothfels P. Best practices in treating chronic noncancer pain. *BCM J* 2018; 60:244,269.