

Birth Control

M E T H O D S

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■ Introduction

Deciding when to start using birth control and choosing a method that will work for you is an important decision. This booklet outlines different birth control methods and issues to consider when deciding to become sexually active. More resources are listed at the end of this booklet if you want more information or need to speak with someone directly.

Deciding to have sex is a very personal choice. Sex also involves how you feel about yourself and others, how you relate to people and the choices you make. Sex is healthy and enjoyable, however it can also be risky. Protection needs to be used whenever you are sexually active to prevent pregnancy and the spread of sexually transmitted infections (STIs). STIs are usually passed through oral, vaginal or anal intercourse, and in some cases contact with blood from an infected person. For more information on STIs, talk to your health care provider, and review the resources listed at the back of this book.

Are you ready?

There are many issues to consider before you choose to be sexually active such as being OK to share your body with someone, your comfort about talking about your feelings and how sex will affect the relationship. A healthy relationship is not abusive, hurtful or controlling.

Ask yourself these questions to help you decide if you are ready:

- Am I able to talk openly and honestly about my feelings and about sex?
- Do I think that having sex with my partner may change our relationship?
- If the relationship breaks up, will I still feel good about my decision to have sex?
- Do I feel pressured from my partner or my friends to have sex?
- Do I feel comfortable enough with my partner to say no to sexual activity?
- Will I feel guilty because of my moral, religious or family beliefs?
- Do I feel comfortable talking with my partner about testing for STIs, preventing STIs and pregnancy?
- As a couple, are we ready to deal with an unplanned pregnancy?
- Do I know enough about STIs and HIV, and am I willing to go for testing?
- Do you know what you have been tested for? Do you know what your partner has been tested for?
- Do I know the sexual history of my partner? How many sexual partners has my partner had before me? Has my partner always used protection when having sex?
- Am I willing to use condoms every time I have sex?
- Do I find it easier to have sex when I use drugs and alcohol?

It is difficult to talk about sex. If you have had sex and felt it was not the right choice for you, you do not need to continue having sex. Your body belongs to you and you have the right to take care of it as you choose.

What is the best birth control?

There are many methods of birth control. It is best to choose one that is right for you.

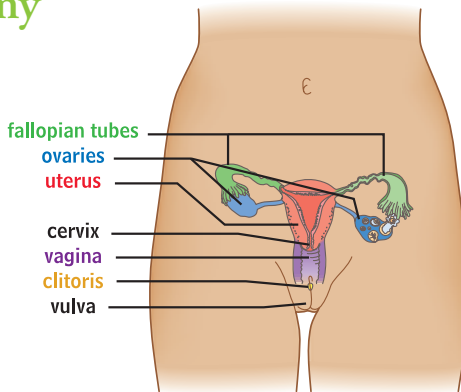
Most methods do not protect against STIs, so condoms should be used for sex all of the time. When considering which birth control method is best for you, think about:

- Where do I need to go to get the method?
- Is my partner involved with this method?
- How convenient is the method to use?
- What is the cost of this method?

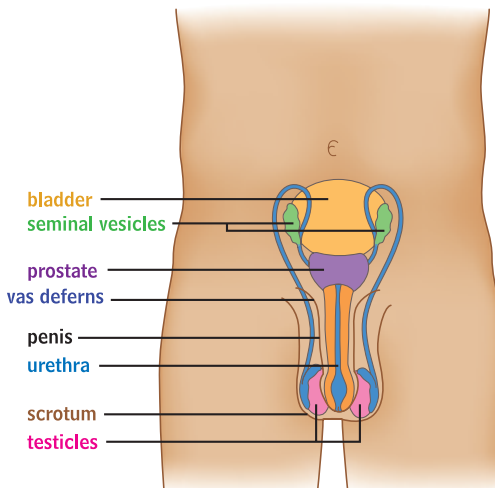
Being sexually active also means taking responsibility for your body's health by getting regular check-ups including Pap testing for cancer and testing for STIs.

■ Anatomy

Female Anatomy



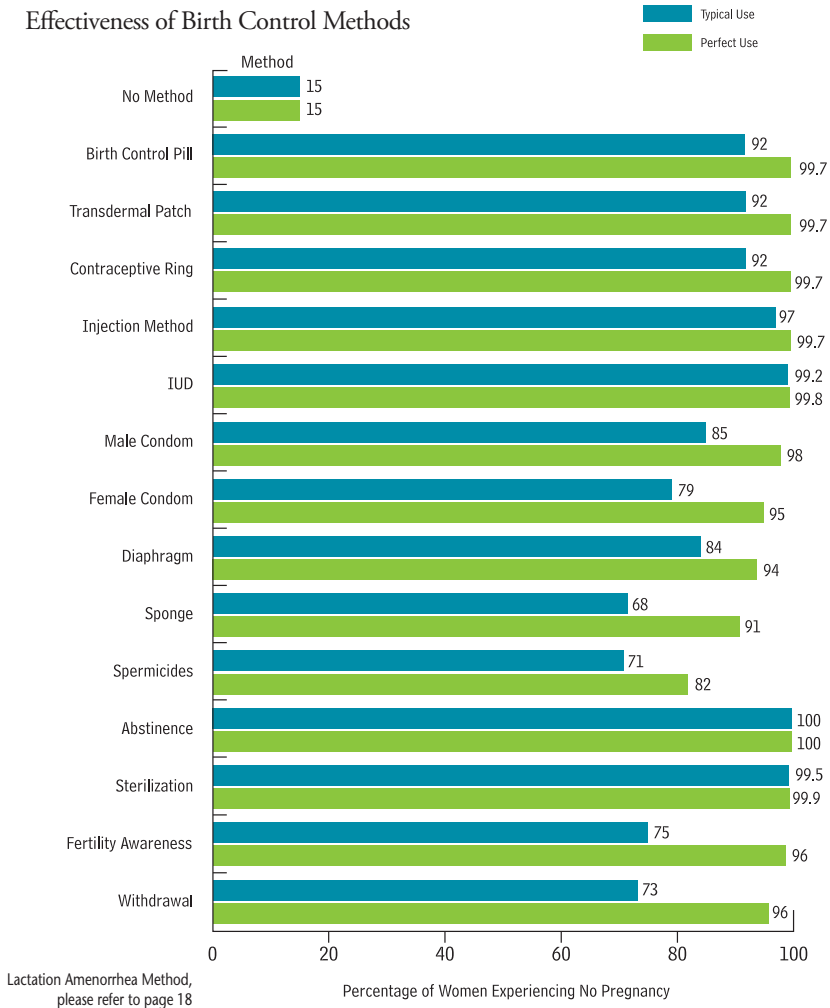
Male Anatomy



Effectiveness

Before choosing a birth control method, think about how well each method works. The effectiveness of a birth control method is measured by how effective it is in preventing pregnancies with typical use and perfect use (method is used all the time perfectly). The chart below shows how well each method works. For example, when birth control pills are used perfectly, they will prevent pregnancy in 99.7 percent of women. Typical use of birth control pills prevents pregnancy in 92 percent of women.

Effectiveness of Birth Control Methods



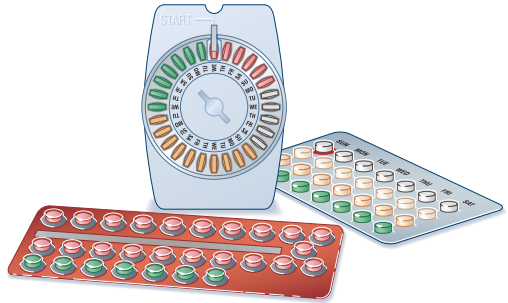
Note: The emergency contraceptive pill (ECP) is not recommended as a regular method of birth control. Adapted from Contraceptive Technology, 19th ed. R Hatcher et al, 2007

■ Hormonal Methods of Birth Control

*Birth Control Pill**

How Does it Work?

- A pill is taken once a day
- Comes in 28 days packs (21 days of hormones and 7 days of reminders) or 21 day packs (21 days of hormones)
- Contains the female hormones progesterin and estrogen
- Stops the ovary from releasing an egg (ovulation)
- Changes the lining of the uterus and makes it difficult for the egg to attach to the wall of the uterus
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus



Advantages

- 92–99.7% effective
- Menstrual periods may be shorter in length and lighter in flow with less cramping
- Regulates periods
- Can be taken by healthy, non-smoking women of any age
- May reduce the risk of some cancers of the reproductive system
- May improve acne
- Easily reversible
- Allows for unplanned sex

Disadvantages

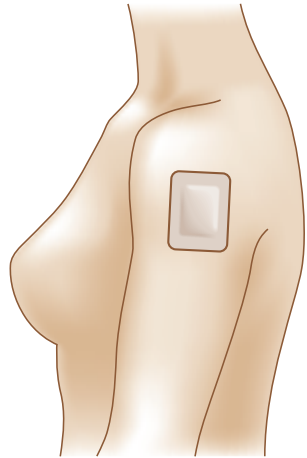
- **No protection against STIs, including HIV**
- Should be taken about the same time every day to keep a steady level of hormones in the body
- Some side effects (stomach upset, breast tenderness, bleeding between periods, headaches)
- Women with certain conditions may not be able to take the pill due to increased risk of blood clot (for example, smokers over the age of 35 years, high blood pressure)

*indicates that a prescription is needed.

*Transdermal Patch**

How does it work?

- Patch is 4 cm square of polyester containing the female hormones estrogen and progestin
- Hormones are absorbed through the skin
- Stops the ovary from releasing an egg (ovulation)
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus
- Changes the lining of the uterus and makes it difficult for the egg to attach to the wall of the uterus
- A new patch is placed on the skin every week for 3 weeks
- On week 4 you do not wear a patch



Advantages

- 92–99.7% effective
- May reduce the risk of some cancers of the reproductive system
- Menstrual periods may be shorter in length and lighter in flow with less cramping
- Regulates periods
- Can be taken by healthy, non-smoking women of any age
- Wear the same patch for 7 days in a row
- Not swallowed so there is less chance of stomach upset.
- May improve acne
- Easily reversible
- Allows for unplanned sex

Disadvantages

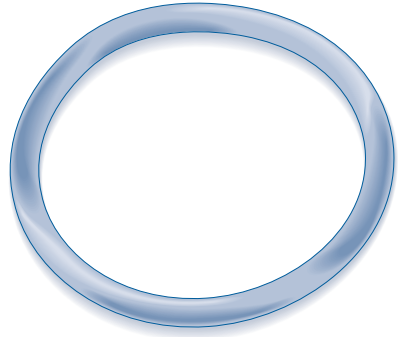
- **No protection against STIs, including HIV**
- May be less effective for women who weigh more than 198 lbs (90 kg)
- Possible skin irritation where the patch is placed
- Must remember to change the patch as directed for it to work
- Some side effects (breast tenderness, stomach upset, bleeding between periods, headaches)
- Small chance of the patch becoming loose or falling off
- Women with certain conditions may not be able to use the patch due to increased risk of a blood clot (for example, smokers over the ages of 35 years, high blood pressure)

*indicates that a prescription is needed.

Contraceptive Ring*

How does it work?

- Flexible ring is inserted into the vagina and releases female hormones estrogen and progestin
- Hormones are absorbed through the lining of the vagina
- Stops the ovary from releasing an egg (ovulation)
- Thickens the cervical mucus and makes it difficult for the egg to attach to the wall of the uterus
- Changes the lining of the uterus and makes it difficult for the egg to attach to the wall of the uterus
- Stays in the vagina for 21 days
- Then removed for 7 days and you will have your regular period
- Woman must feel comfortable to insert and remove the ring on her own



Advantages

- 92–99.7% effective
- Does not need to be removed before or after intercourse
- Rarely felt by women and/or partner
- Regulates periods
- Not swallowed so there is less chance of stomach upset
- Can be used by healthy, non-smoking women of any age
- Allows for unplanned sex
- Easily reversible

Disadvantages

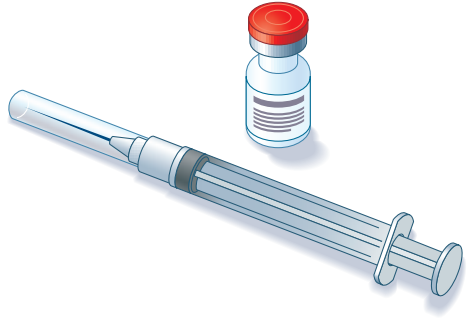
- **No protection against STIs, including HIV**
- Some side effects (stomach upset, bleeding between periods, headaches, breast tenderness)
- May accidentally slip out under certain conditions
- Women with increased conditions may not be able to use the ring due to increased risk of a blood clot (for example, smokers over the age of 35 years, high blood pressure)

*indicates that a prescription is needed.

*Injection Method**

How does it work?

- Injection that contains only the female hormone progesterin (there is no estrogen in this method)
- Must get the injection every 12 weeks
- Stops the ovary from releasing an egg (ovulation)
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus



Advantages

- 97–99.7% effective
- Each injection last 12 weeks
- Effective right away if you get your first injection during the first five days of a normal period
- Only you know you are using this method
- Allows for unplanned sex
- Periods may be shorter in length and lighter in flow or you may no longer have a regular period
- Can be used by women who are unable to use estrogen (for example, women who are 35 and older who smoke)
- Reversible

Disadvantages

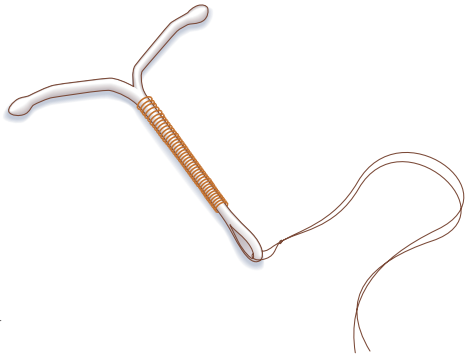
- **No protection against STIs, including HIV**
- Side effects may include changes in menstrual bleeding patterns, weight changes, breast tenderness, mood changes, headaches
- Slower return of fertility – not recommended if you plan to become pregnant in the next 1-2 years
- Side effects can last up to 6-8 months after the last injection
- Affects bone density and is not recommended for long term use

*indicates that a prescription is needed.

IUD (Intrauterine Device)*

How does it work?

- Small t-shaped device is inserted into the uterus
- May or may not contain hormones



Hormonal:

- Contains the hormone progestin, which is released slowly into the bloodstream over 5 years
- Thickens the cervical mucus and makes it more difficult for the sperm to travel into the uterus
- Changes the lining of the uterus and makes it difficult for the egg attach to the wall of the uterus
- May also prevent ovulation

Non-Hormonal:

- Prevents the egg from meeting the sperm and attaching to the wall of the uterus

Advantages

- 99.2–99.8% effective
- Once inserted, nothing to be remembered
- Once IUD removed, fertility returns to normal
- Allows for unplanned sex
- Can be used by women who are unable to use estrogen due to health risks or women over 35 years who smoke

Hormonal:

- Can be left in place for up to 5 years before it needs to be changed
- May reduce the amount of bleeding during periods, therefore better for women with heavier periods
- Contains no estrogen

Non-Hormonal:

- Can be used by women who have experienced unwanted side effects when taking hormonal contraception
- Can be used safely during breastfeeding
- Can be inserted 6 weeks after giving birth

*indicates that a prescription is needed.

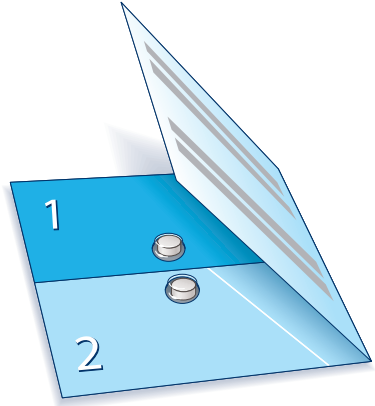
Disadvantages

- **No protection against STIs, including HIV**
- May cause irregular menstrual periods
- May experience side effects from the hormone
- Strings need to be checked to make sure that the IUD is in place
- Not a good choice for women with a recent STI or women who have multiple sexual partners
- Increases the risk of pelvic inflammatory disease
- Non-hormonal IUDs may cause increased bleeding during periods, periods lasting longer or more cramping
- It is possible that the IUD can slip out of the uterus (most likely just after insertion)

Emergency Contraceptive Pill* (ECP)

How does it work?

- 2 pills containing the hormone progestin or 2 pills containing the hormones progestin and estrogen
- Prevents ovary from releasing an egg, prevents sperm and egg from uniting or prevents a fertilized egg from attaching to the wall of the uterus
- Must be taken within 72 hours of unprotected intercourse to help prevent pregnancy
- Take both pills at once or the first pill as soon as possible, then the second pill 12 hours later
- These pills do not replace your regular method of birth control



Advantages

- 95% effective if taken within 24 hours, 85% effective if taken within 25–48 hours, or 58% effective if taken within 49–72 hours of unprotected vaginal sex
- Available from pharmacists or in some pharmacies so you do not need to see a doctor
- If you are already pregnant, the ECP will not cause an abortion or harm the fetus

Disadvantages

- **No protection against STIs, including HIV**
- Must be taken within 72 hours of unprotected vaginal intercourse
- Side effects may include nausea, mild stomach upset, tiredness, headache or spotting
- There are two types of ECP used in Canada: Ovral® and Plan B®. Ovral® contains the same female hormones, estrogen and progestin, as regular birth control pills but at a higher dose. Plan B® is made from the progestin hormone only. Both are available in the Yukon but Plan B® is the only one available over the counter in drug stores without a prescription.

For more information on the Emergency Contraceptive Pill, including where it is available, refer to page 21.

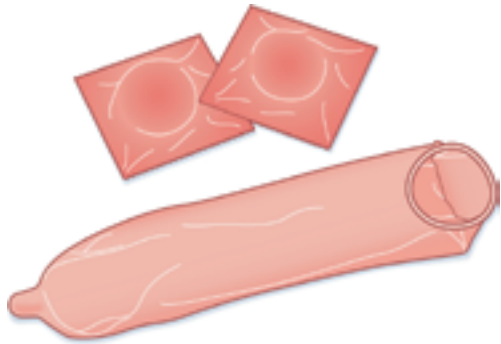
*indicates that a prescription may be required.

■ Barrier Methods of Birth Control

Male Condom

How does it work?

- Thin sheath usually made of latex
- Also available in polyurethane (for people with latex allergies)
- Covers an erect penis
- Prevents the sperm from meeting the egg
- Can be used with a water-based lubricant
- Can be used with other birth control methods to increase effectiveness



Advantages

- 85–98% effective
- Helps prevent pregnancy
- **Helps prevent STIs, including HIV**
- Available from a variety of locations such as pharmacies, grocery stores and community health centres
- No need to see a doctor or health care provider
- Both partners can buy and carry condoms

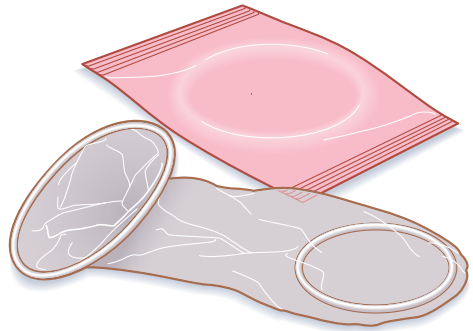
Disadvantages

- Need to have a condom with you so some planning is required
- Need to put the condom on correctly before any sexual contact takes place
- Spermicides in condoms or latex allergies may cause irritation which could make it easier to get an STI or HIV if exposed
- May break if not used correctly
- A new condom needs to be used with every act of intercourse
- Novelty condoms may not be meant to protect against STIs

Female Condom

How does it work?

- Polyurethane sheath that contains two rings
- One ring is inserted into the top of the vagina and the other ring sits outside the opening of the vagina to fit the shape of the vagina
- Penis then goes inside the female condom during sex



Advantages

- 79–95% effective
- Available from a variety of locations such as pharmacies, grocery stores
- No need to see a doctor or health care provider
- **Offers some protection against STIs, HIV and pregnancy**
- Non-latex so may be used by people who have latex allergies

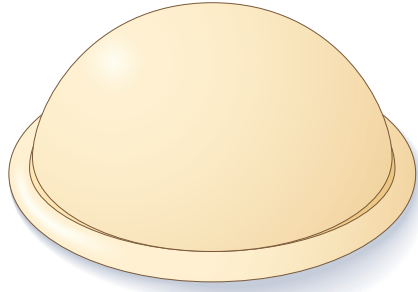
Disadvantages

- Need to have a condom with you so some planning is required
- User must feel comfortable inserting the condom into the vagina
- Need to insert female condom correctly before any sexual contact takes place
- Must be cautious that the penis goes into the condom, not beside the condom during intercourse
- May make noise during intercourse

Diaphragm*

How does it work?

- Soft rubber dome that fits over the cervix and prevents sperm from reaching the cervix
- Must be used with a contraceptive jelly (spermicide) to kill the sperm
- Can be inserted into the vagina up to 6 hours before intercourse
- Must remain in for at least 6 hours after intercourse, but no longer than 24 hours due to risk of toxic shock syndrome



Advantages

- 84–94% effective
- Reusable method – can be washed with soap and water and used again
- Inserted only when needed
- Non-hormonal method
- Spermicidal jelly can act as a lubricant

Disadvantages

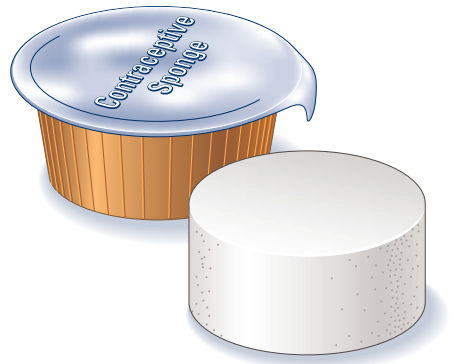
- Need to add more spermicidal jelly if you have sex more than once
- Requires visit to a doctor to be fitted
- Can be messy
- Will need to be refitted with weight gain/loss of 10 lbs, following pregnancy or pelvic surgery
- Woman must be comfortable with insertion and removal
- Cannot be used during menstrual period
- Increased risk of bladder and yeast infections and bacterial vaginosis
- Must be washed after every use, checked for holes and stored in cool, dry place
- **No protection against STIs, including HIV**
- **May cause irritation from the spermicide and/or the latex in the diaphragm, therefore increasing risk of HIV or STIs, if exposed**
- Can become dislodged during sex and other strenuous activities
- Contains latex so cannot be used if allergic to latex

*indicates that a prescription is needed.

Sponge

How does it work?

- Small, soft foam sponge is inserted into the vagina to cover the cervix
- Must be moistened with water to activate spermicide that kills sperm
- Helps prevent the sperm from reaching the cervix
- Can be inserted any time before sex
- Must not be left in the vagina for more than 30 hours total and must stay in place for at least 6 hours after last intercourse
- Read instructions that come with package



Advantages

- 68–91% effective
- No need to see a doctor or health care provider
- Non latex
- May be used for more than one act of intercourse without adding more spermicide
- Available at pharmacies, grocery stores
- One size fits all women

Disadvantages

- **No protection against STIs, including HIV**
- **Spermicide may cause some irritation, therefore increasing risk of HIV or STIs, if exposed**
- If left in the vagina for more than 30 hours, may lead to toxic shock syndrome
- Cannot be used during menstrual period
- Woman must be comfortable with insertion and removal
- Increased risk of bladder and yeast infections and bacterial vaginosis

Spermicides

How does it work?

- Chemicals that kill sperm or make the sperm unable to move towards the egg
- Come in several different forms including foam, gel and film
- All methods are inserted into the vagina
- Read instructions for each method before use as insertion times vary
- Can be used alone or with other birth control methods to increase effectiveness



Advantages

- 71–82% effective when used alone, without condoms
- No need to see a doctor or health care provider
- Spermicide may act as a lubricant
- Use only when needed
- Available at pharmacy section

Disadvantages

- **No protection against STIs, including HIV**
- **May cause skin irritation, which could make it easier to get an STI or HIV if exposed**

■ Other Methods of Birth Control

Abstinence

How does it work?

- Decision to not have anal, oral or vaginal sex
- Need to decide on your sexual limits and talk about them with your partner
- May wish to avoid situations where you feel pressured or unable to stick to your limits

Advantages

- 100% effective in preventing pregnancy
- **Can protect against STIs (depending on your limits and other activities)**
- No need to see a doctor or health care provider
- No cost

Disadvantages

- May need to confront the pressure from friends and partner
- May feel like you do not “fit in”
- May feel an inability to express some aspects of sexuality or relationship

Fertility Awareness

How does it work?

- Various ways of recognizing the changes in your body to determine when you will ovulate to avoid having intercourse and becoming pregnant
- Can use methods such as daily temperature taking or cervical mucus changes
- Partners need to work together to ensure this method is effective

Advantages

- 75–96% effective with perfect use
- Can be used to plan or avoid a pregnancy
- Helps women to learn more about their body
- Low cost
- No side effects

Disadvantages

- Requires time and commitment
- **No protection from STIs, including HIV**
- Requires abstinence or condom use during the time in the ovulatory cycle when you are most likely to get pregnant
- Illness or stress may change your ovulatory cycle, making this method less reliable

Lactation Amenorrhea Method (LAM)

What is LAM?

Lactational Amenorrhea Method (LAM) is used by a woman who has just given birth and is exclusively breastfeeding.

How does it work?

- After giving birth, a woman's ovulation is suppressed when she exclusively feeds her baby by breastfeeding
- The woman must breastfeed the baby at least every four hours during the day and every six hours through the night
- The baby must only be breastfed, with no bottle feeds – even if it is pumped breast milk
- The baby's diet must not be supplemented in any way, with no more than 2 mouthfuls a day of juice, water or other foods
- Another form of contraception must be used after the baby has reached 6 months of age, or if a woman's menstrual period has returned

Advantages

- Can be up to 98% effective if all rules are strictly adhered to
- Non-hormonal method
- No cost
- It is a method that can work very well for a short period of time (up to 6 months) after the birth of your baby
- Allows for spontaneous sex

Disadvantages

- High risk of pregnancy using this method if it is not strictly adhered to
- **No protection against STIs, including HIV**
- Only effective until your baby is 6 months of age
- You may not be aware that a pregnancy has happened because ovulation can take place before you restart your menstrual periods

Greater protection from pregnancy can be achieved by both breastfeeding and using an additional method of birth control, such as a condom.

For more information on LAM, talk to a Community Health Nurse or other health care provider.

Withdrawal

How does it work?

- Penis is withdrawn or removed from the vagina before ejaculation
- Requires trust and commitment from both partners

Advantages

- 73–96% effective
- Better than using no birth control method at all
- No cost
- No need to see a doctor or health care provider
- No use of chemicals or hormones
- Can be used anytime

Disadvantages

- Males cannot always accurately control when they will ejaculate
- Judgement may be impaired by alcohol or drugs which can effect self-control
- Controlled by the male partner only
- May be some sperm in the pre-ejaculate
- Recommended with another method of birth control such as spermicides
- **No protection against STIs, including HIV**

Sterilization

How does that work?

Female sterilization (also called a tubal ligation):

- Both of the tubes where an egg would become fertilized by the sperm (fallopian tubes) are closed, either cut, tied or clipped

Male sterilization (also called a vasectomy):

- Tubes that carry the sperm (vas deferens) are closed, either cut, tied or clipped
- Will not interfere with sexual desire, performance or enjoyment of sex

Advantages

- 99.5–99.9% effective
- Long-term method of birth control (considered permanent)
- A good choice if a man or a woman is sure that they do not want to have any (more) children
- Surgical procedure performed in doctor's office (male) or hospital under local or general anesthesia (female)

Disadvantages

- Some minor risks associated with surgery include pain, bleeding, infection and complications with anaesthetic
- **No protection against STIs, including HIV**
- Very difficult and expensive to reverse the procedure and often it is not successful

■ Cost and Availability

Birth control methods are available from a variety of sources. The cost also varies, depending on the method and where it is purchased. Remember to check expiry dates.

A prescription from a doctor is needed for birth control pills, transdermal patches, contraceptive rings, the injection method, an IUD and a diaphragm.

Male and female condoms, sponges and spermicides are available in pharmacy sections of many stores and no prescription is needed. Male condoms are also available from many other stores and from vending machines in locations such as restaurants and bars. You can also get male condoms for free at your local health centre or Yukon Communicable Disease Control (YCDC).

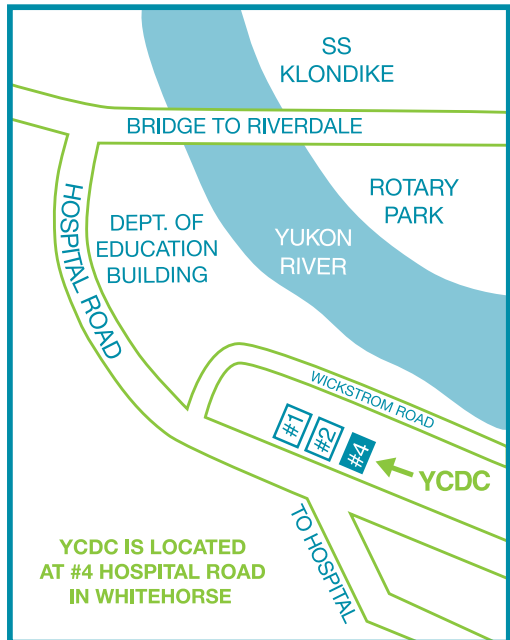
The Emergency Contraceptive Pill (ECP) is available at:

- YCDC (free)
- Community Health Centres (free)
- Emergency Department of a hospital (free)
- Most Doctor's Offices (free)
- Pharmacies: Ovral® is inexpensive but requires a prescription from a doctor; Plan B® is available without a prescription, but is more expensive.

Ovral® is free at community health centres, YCDC, hospitals and some doctors' offices. It costs less than \$10 at pharmacies and requires a prescription.

Plan B® is free at any community health centre, YCDC, and some doctors' offices. You can also walk into a pharmacy and purchase it without a prescription. It costs between \$25 and \$40 at pharmacies.

Yukon Communicable Disease Control (YCDC)



More Resources

For more information check out the following:

Phone Lines:

Yukon HealthLine – free, confidential health information. Talk to a registered nurse anytime of day or night. Dial 811.

YK STYLE – a free, confidential sexual health information line. 1-877-YK STYLE (1-877-957-8953). Open Monday to Friday 9:00 am to 9:00 pm.

Websites:

- Yukon Sexual Health information: www.bettertoknow.yk.ca
- The Society of Obstetricians and Gynecologists of Canada: www.sexualityandu.ca
- Options for Sexual Health (OPT): www.optionsforsexualhealth.org
- Canadian Federation for Sexual Health: www.cfsh.ca
- The Canadian Health Network, Public Health Agency of Canada, www.publichealth.gc.ca

Health Centres, Clinics, Hospitals & Pharmacies

Public Health Clinics in Whitehorse

- Whitehorse Health Centre, 9010 Quartz Rd., Mon to Fri 8:00 am to 5:00 pm. (867) 667-8864, or 1-800-661-0408 extension 8864.
- Yukon Communicable Disease Control (YCDC), #4 Hospital Rd., Whitehorse. Mon to Fri, appointments only from 8:30 am to noon, drop-in clinic from 12:30 pm to 4:00 pm. (867) 667-8323 or 1-800-661-0408 extension 8323.
- Kwanlin Dun First Nation Community Health and Wellness, 43 McCrimmon Cres., Whitehorse. Mon to Fri 8:30 am to 4:30 pm (closed for lunch from noon to 1:00 pm), (867) 668-7289.
- Blood Ties Four Directions Centre Drop-in and Street Clinic, 307 Strickland St., Whitehorse. Drop-in Clinic is Wednesday, 1:00 pm to 3:00 pm, (867) 633-2437 or 1-877-333-2437.

Community Health Centres Outside of Whitehorse

- Beaver Creek, (867) 862-4444
- Carcross, (867) 821-4444
- Carmacks, (867) 863-4444
- Dawson City, (867) 993-4444
- Destruction Bay, (867) 841-4444
- Faro, (867) 994-4444
- Haines Junction, (867) 634-4444
- Mayo, (867) 996-4444
- Old Crow, (867) 966-4444
- Pelly Crossing, (867) 537-4444
- Ross River, (867) 969-4444
- Teslin, (867) 390-4444
- Watson Lake, (867) 536-7483

Medical Clinics

Please look in the yellow pages of your phone book under *Physicians and Surgeons* for the nearest doctor's office or medical clinic. Doctors' offices include:

Walk-In Clinics (no appointment necessary):

- River Valley Medical Clinic, 106 Lambert St. Whitehorse, (867) 667-6491
Mon–Fri 8:00 am – 5:00 pm, Sat 9:00 am – 4:00 pm
- Mina North Walk-In Clinic, #8–106 Main St. Whitehorse, (867) 667-6405
- Second Avenue Walk-In Clinic, 2131 2nd Ave. Suite 102, Whitehorse, (867) 667-6119 Mon–Fri 9:00am – 5:00pm , Sat 10:00am – 5:00pm
- Horwood's Mall Medical Clinic, 101 Main St. Suite 104, Whitehorse, (867) 633-2847 Mon-Fri 9:00 am - 4:30 pm

General (appointments usually needed):

- Klondyke Medical Clinic, 3089 3rd Ave. Whitehorse, (867) 668-4065 or 668-4060
- Taiga Clinic, 210 Elliott St. Whitehorse, (867) 456-4362
- Family Practice Unit, 102–402 Hanson St. Whitehorse, (867) 667-6421
- Pine Medical Clinic, 5110 5th Ave. Whitehorse, (867) 668-4353
- Whitehorse Medical Services Ltd. 406 Lambert St. Whitehorse, (867) 393-6600
- Parhelion Medical Services, 403 8th St. Watson Lake, (867) 536-2565
- Dawson Medical Clinic, 530 Church St./6th Ave. Dawson, (867) 993-5744

Womens' Clinics:

- Obstetrician/Gynecologist (OB/GYN) Office, #5 Hospital Rd. Whitehorse, (867) 393-8915
- Aurora Clinic, #5 Hospital Rd. Whitehorse, (867) 393-8923

Hospitals

- Watson Lake Hospital, (867) 536-4444
- Whitehorse General Hospital, #5 Hospital Rd. (867) 393-8700

Pharmacies

- Medicine Chest Pharmacy, 406 Lambert St. Whitehorse, (867) 668-7000, outside Whitehorse call toll free 1-800-661-0404
- Shoppers Drug Mart, 211 Main St. Whitehorse, (867) 667-2485 or 303 Ogilvie St. Whitehorse, (867) 667-6633, outside Whitehorse call 1-800-661-0506
- Superstore Pharmacy, 2270 2nd Ave. Whitehorse, (867) 456-6635
- Wal-Mart Pharmacy, 9021 Quartz Rd. Whitehorse, (867) 667-7641
- Parhelion Medical Services Pharmacy, 403 8th St. Watson Lake, (867) 536-2568
- Dawson Medical Clinic, 530 Church St./6th Ave. Dawson, (867) 993-5744



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