

## MEDICAL ELIGIBILITY CRITERIA FOR CONTRACEPTIVE USE

The WHO have produced "Medical Eligibility Criteria for Contraceptive Use" a document based on the recommendations of an expert group meeting in Geneva in 2003. The group had broad based expertise in clinical practice and epidemiology. The whole document is to be reviewed every 3-4 years and represents an up to date evidence based approach.

Each condition affecting eligibility was defined as representing either an individual's characteristics (e.g., age, history of pregnancy) or a known pre-existing medical/pathological condition (e.g., diabetes, hypertension).

The conditions affecting eligibility for the use of each contraceptive method were classified under one of the following four categories:

1.	A condition for which there is no restriction for the use of the contraceptive method.
2.	A condition where the advantages of using the method generally outweigh the theoretical or proven risks
3.	A condition where the theoretical or proven risks usually outweigh the advantages of using the method.
4.	A condition which represents an unacceptable health risk if the contraceptive method is used.

Categories 1 and 4 are self-explanatory. Classification of a method/condition as category 2 indicates the method can generally be used, but careful follow-up may be required. However, provision of a method to a woman with a condition classified as category 3 requires careful clinical judgement and access to clinical services; for such a woman, the severity of the condition and the availability, practicality, and acceptability of alternative methods should be taken into account. For a method/condition classified as category 3, use of that method is not usually recommended unless other more appropriate methods are not available or acceptable. Careful follow-up will be required and explanation of any warning symptoms of serious complications should be documented.

Some conditions have a further division of category. When the Working Group determined that categories for initiation and continuation were different, these differences are noted in the columns 'I=Initiation' and 'C=Continuation'. Where I and C are not denoted, the category is the same for initiation and continuation of use.

In addition to the risks associated with contraceptive use the risk of pregnancy needs to be considered. Women with conditions that may make pregnancy an unacceptable health risk should be advised that, because of their relatively higher typical-use failure rates, sole use of barrier methods for contraception and behaviour-based methods of contraception may not be the most appropriate choice for them.

- Breast cancer
- Complicated valvular heart disease
- Diabetes: insulin-dependent; with nephropathy/retinopathy/neuropathy or other vascular disease; or of > 20 years' duration
- Endometrial or ovarian cancer
- High blood pressure (systolic >160 mm Hg or diastolic >100 mm Hg)
- HIV/AIDS\*
- Ischaemic heart disease
- Malignant gestational trophoblastic disease
- Malignant liver tumours (hepatoma)
- Schistosomiasis with fibrosis of the liver
- Severe (decompensated) cirrhosis
- Sickle cell disease
- STI\*
- Stroke
- Thrombogenic mutations
- Tuberculosis

\* Dual protection is strongly recommended for protection against HIV/AIDS and other STIs when a risk of STI/HIV transmission exists. This can be achieved through the simultaneous use of condoms with other methods or the consistent and correct use of condoms alone.

#### Abbreviations

COC=combined oral contraceptive,  
CIC= combined injectable contraceptive\*  
P/R=patches and rings\*  
POP=progestogen only contraception,  
DMPA= Depo-Provera®,  
NET-EN=Norethisterone oenathate \*  
LNG/ETG=levonorgestrel/etonorgestrel,  
Cu=copper,  
LNG IUD=Mirena®

The full version can be accessed online via;  
[http://www.who.int/reproductive-health/publications/MEC\\_3/mec.pdf](http://www.who.int/reproductive-health/publications/MEC_3/mec.pdf)

SUMMARY TABLES								
CONDITION	COC	CIC	P/R	POP	DMPA NET-EN	LNG/ ETG Implants	Cu-IUD	LNG-IUD
I = Initiation, C = Continuation								
PERSONAL CHARACTERISTICS AND REPRODUCTIVE HISTORY								
PREGNANCY	NA*	NA*	NA*	NA*	NA*	NA*	4*	4*
<b>AGE</b>	Menarche to <40=1  ≥40=2	Menarche to <40=1  ≥40=2	Menarche to <18=1  18-45=1  >45=1	Menarche to <18=2  18-45=1  >45=2	Menarche to <18=1  18-45=1  >45=1	Menarche to <20=2  ≥20=1	Menarche to <20=2  ≥20=1	Menarche to <20=2  ≥20=1
<b>PARITY</b>								
a) Nulliparous	1	1	1	1	1	1	2	2
b) Parous	1	1	1	1	1	1	1	1
<b>BREASTFEEDING</b>								
a) < 6 weeks postpartum	4	4	4	3*	3*	3*		
b) 6 weeks to < 6 months (primarily breastfeeding)	3	3	3	1	1	1		
c) ≥ 6 months postpartum	2	2	2	1	1	1		
<b>POSTPARTUM</b> (non-breastfeeding women)								
a) < 21 days	3	3	3	1	1	1		
b) ≥ 21 days	1	1	1	1	1	1		
<b>POSTPARTUM</b> (breastfeeding or non-breastfeeding women, including post-caesarean section)								
a) < 48 hours							2	3
b) ≥ 48 hours to <4 weeks							3	3
c) ≥ 4 weeks							1	1
d) Puerperal sepsis							4	4
<b>POST-ABORTION</b>								
a) First trimester	1*	1*	1*	1*	1*	1*	1*	1*
b) Second trimester	1	1	1	1	1	1	2	2
c) Immediate post-septic abortion	1	1	1	1	1	1	4	4
<b>PAST ECTOPIC PREGNANCY</b>	1	1	1	2	1	1	1	1

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<b>HISTORY OF PELVIC SURGERY</b> (including caesarean section) (see also postpartum section)	1	1	1	1	1	1	1	1
<b>SMOKING</b>								
a) Age < 35	2*	2	2	1	1	1	1	1
b) Age ≥ 35								
(i) <15 cigarettes/day	3*	2	3	1	1	1	1	1
(ii) ≥15 cigarettes/day	4*	3	4	1	1	1	1	1
<b>OBESITY</b> ≥30 kg/m <sup>2</sup> body mass index (BMI)	2	2	2	1	1	1	1	1
<b>BLOOD PRESSURE MEASUREMENT UNAVAILABLE</b>	NA*	NA*	NA*	NA*	NA*	NA*	NA*	NA*
<b>CARDIOVASCULAR DISEASE</b>								
<b>MULTIPLE RISK FACTORS FOR ARTERIAL CARDIOVASCULAR DISEASE</b> (such as older age, smoking, diabetes and hypertension)	3/4*	3/4*	3/4*	2*	3*	2*	1	2
<b>HYPERTENSION</b>								
a) History of hypertension where blood pressure CANNOT be evaluated (including hypertension during pregnancy)	3*	3*	3*	2*	2*	2*	1	2
b) Adequately controlled hypertension, where blood pressure CAN be evaluated	3*	3*	3*	1*	2*	1*	1	1
c) Elevated blood pressure levels (properly taken measurements)								
(i) systolic 140-159 or diastolic 90-99	3	3	3	1	2	1	1	1
(ii) systolic >160 or diastolic >100	4	4	4	2	3	2	1	2
d) Vascular disease	4	4	4	2	3	2	1	2

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<b>HISTORY OF HIGH BLOOD PRESSURE DURING PREGNANCY</b> (where current blood pressure is measurable and normal)	2	2	2	1	1	1	1	1
<b>DEEP VENOUS THROMBOSIS (DVT)/ PULMONARY EMBOLISM (PE)</b>								
a) History of DVT/PE	4	4	4	2	2	2	1	2
b) Current DVT/PE	4	4	4	3	3	3	1	3
c) Family history (first-degree relatives)	2	2	2	1	1	1	1	1
d) Major surgery								
(i) with prolonged immobilization	4	4	4	2	2	2	1	2
(ii) without prolonged immobilization	2	2	2	1	1	1	1	1
e) Minor surgery without immobilization	1	1	1	1	1	1	1	1
<b>KNOWN THROMBOGENIC MUTATIONS</b> (e.g. Factor V Leiden; Prothrombin mutation; Protein S, Protein C and Antithrombin deficiencies)	4*	4*	4*	2*	2*	2*	1*	2*
<b>SUPERFICIAL VENOUS THROMBOSIS</b>								
a) Varicose veins	1	1	1	1	1	1	1	1
b) Superficial thrombophlebitis	2	2	2	1	1	1	1	1
<b>CURRENT AND HISTORY OF ISCHAEMIC HEART DISEASE</b>				I   C		I   C		I   C
	4	4	4	2   3	3	2   3	1	2   3
<b>STROKE</b> (history of cerebrovascular accident)				I   C		I   C		
	4	4	4	2   3	3	2   3	1	2
<b>KNOWN HYPERLIPIDAEMIAS</b> (screening is NOT necessary for safe use of contraceptive methods)	2/3*	2/3*	2/3*	2*	2*	2*	1*	2*

\* Please consult the tables in the text for a clarification to this classification

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I = Initiation, C = Continuation										
<b>VALVULAR HEART DISEASE</b>										
a) Uncomplicated	2	2	2	1	1	1	1	1		
b) Complicated (pulmonary hypertension, atrial fibrillation, history of subacute bacterial endocarditis)	4	4	4	1	1	1	2*	2*		
<b>NEUROLOGIC CONDITIONS</b>										
<b>HEADACHES</b>	I	C	I	C	I	C	I	C	I	C
a) Non-migrainous (mild or severe)	1*	2*	1*	2*	1*	2*	1*	1*	1*	1*
b) Migraine										
(i) without aura										
Age <35	2*	3*	2*	3*	1*	2*	2*	2*	1*	2*
Age ≥35	3*	4*	3*	4*	1*	2*	2*	2*	1*	2*
(ii) with aura (at any age)	4*	4*	4*	4*	2*	3*	2*	3*	1*	2*
<b>EPILEPSY</b>	1*		1*		1*		1*		1	1
<b>DEPRESSIVE DISORDERS</b>										
<b>DEPRESSIVE DISORDERS</b>	1*		1*		1*		1*		1*	1*
<b>REPRODUCTIVE TRACT INFECTIONS AND DISORDERS</b>										
<b>VAGINAL BLEEDING PATTERNS</b>									I	C
a) Irregular pattern <i>without</i> heavy bleeding	1		1		2		2		1	1
b) Heavy or prolonged bleeding (includes regular and irregular patterns)	1*		1*		2*		2*		1*	2*
<b>UNEXPLAINED VAGINAL BLEEDING</b> (suspicious for serious condition)									I	C
Before evaluation	2*		2*		2*		3*		4*	2*
<b>ENDOMETRIOSIS</b>	1		1		1		1		2	1
<b>BENIGN OVARIAN TUMOURS</b> (including cysts)	1		1		1		1		1	1

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<b>SEVERE DYSMENORRHOEA</b>	1	1	1	1	1	1	2	1
<b>TROPHOBLAST DISEASE</b>								
a) Benign gestational trophoblastic disease	1	1	1	1	1	1	3	3
b) Malignant gestational trophoblastic disease	1	1	1	1	1	1	4	4
<b>CERVICAL ECTROPION</b>	1	1	1	1	1	1	1	1
<b>CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN)</b>	2	2	2	1	2	2	1	2
<b>CERVICAL CANCER</b> (awaiting treatment)							I   C	I   C
	2	2	2	1	2	2	4   2	4   2
<b>BREAST DISEASE</b>								
a) Undiagnosed mass	2*	2*	2*	2*	2*	2*	1	2
b) Benign breast disease	1	1	1	1	1	1	1	1
c) Family history of cancer	1	1	1	1	1	1	1	1
d) Cancer								
(i) current	4	4	4	4	4	4	1	4
(ii) past and no evidence of current disease for 5 years	3	3	3	3	3	3	1	3
<b>ENDOMETRIAL CANCER</b>							I   C	I   C
	1	1	1	1	1	1	4   2	4   2
<b>OVARIAN CANCER</b>							I   C	I   C
	1	1	1	1	1	1	3   2	3   2
<b>UTERINE FIBROIDS</b>								
a) Without distortion of the uterine cavity	1	1	1	1	1	1	1	1
b) With distortion of the uterine cavity	1	1	1	1	1	1	4	4
<b>ANATOMICAL ABNORMALITIES</b>								
a) That distort the uterine cavity							4	4
b) That do not distort the uterine cavity							2	2

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Note \* refers to information in the full text downloadable document

SUMMARY TABLES									
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I = Initiation, C = Continuation									
<b>PELVIC INFLAMMATORY DISEASE (PID)</b>									
a) Past PID (assuming no current risk factors of STIs)							I	C	
(i) with subsequent pregnancy	1	1	1	1	1	1	1	1	
(ii) without subsequent pregnancy	1	1	1	1	1	1	2	2	
b) PID - current	1	1	1	1	1	1	4	2*	
<b>STIs</b>							I	C	
a) Current purulent cervicitis or chlamydial infection or gonorrhoea	1	1	1	1	1	1	4	2*	
b) Other STIs (excluding HIV and hepatitis)	1	1	1	1	1	1	2	2	
c) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	1	1	1	1	1	1	2	2	
d) Increased risk of STIs	1	1	1	1	1	1	2/3*	2	
<b>HIV/AIDS</b>									
<b>HIGH RISK OF HIV</b>							I	C	
	1	1	1	1	1	1	2	2	
<b>HIV-INFECTED</b>	1	1	1	1	1	1	2	2	
<b>AIDS</b>	1*	1*	1*	1*	1*	1*	3	2*	
Clinically well on ARV therapy	See ANTIRETROVIRAL THERAPY below							2	2
<b>OTHER INFECTIONS</b>									
<b>SCHISTOSOMIASIS</b>									
a) Uncomplicated	1	1	1	1	1	1	1	1	
b) Fibrosis of the liver	1	1	1	1	1	1	1	1	
<b>TUBERCULOSIS</b>							I	C	
a) Non-pelvic	1*	1*	1*	1*	1*	1*	1	1	
b) Known pelvic	1*	1*	1*	1	1	1	4	3	
<b>MALARIA</b>	1	1	1	1	1	1	1	1	



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<b>ENDOCRINE CONDITIONS</b>								
<b>DIABETES</b>								
a) History of gestational disease	1	1	1	1	1	1	1	1
b) Non-vascular disease								
(i) non-insulin dependent	2	2	2	2	2	2	1	2
(ii) insulin dependent	2	2	2	2	2	2	1	2
c) Nephropathy/ retinopathy/ neuropathy	3/4*	3/4*	3/4*	2	3	2	1	2
d) Other vascular disease or diabetes of >20 years' duration	3/4*	3/4*	3/4*	2	3	2	1	2
<b>THYROID DISORDERS</b>								
a) Simple goitre	1	1	1	1	1	1	1	1
b) Hyperthyroid	1	1	1	1	1	1	1	1
c) Hypothyroid	1	1	1	1	1	1	1	1
<b>GASTROINTESTINAL CONDITIONS</b>								
<b>GALL-BLADDER DISEASE</b>								
a) Symptomatic								
(i) treated by cholecystectomy	2	2	2	2	2	2	1	2
(ii) medically treated	3	2	3	2	2	2	1	2
(iii) current	3	2	3	2	2	2	1	2
b) Asymptomatic	2	2	2	2	2	2	1	2
<b>HISTORY OF CHOLESTASIS</b>								
a) Pregnancy-related	2	2	2	1	1	1	1	1
b) Past COC-related	3	2	3	2	2	2	1	2
<b>VIRAL HEPATITIS</b>								
a) Active	4	3/4*	4*	3	3	3	1	3
c) Carrier	1	1	1	1	1	1	1	1
<b>CIRRHOSIS</b>								
a) Mild (compensated)	3	2	3	2	2	2	1	2
b) Severe (decompensated)	4	3	4	3	3	3	1	3

SUMMARY TABLES								
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I = Initiation, C = Continuation								
<b>LIVER TUMOURS</b>								
a) Benign (adenoma)	4	3	4	3	3	3	1	3
b) Malignant (hepatoma)	4	3/4	4	3	3	3	1	3
<b>ANAEMIAS</b>								
<b>THALASSAEMIA</b>	1	1	1	1	1	1	2	1
<b>SICKLE CELL DISEASE</b>	2	2	2	1	1	1	2	1
<b>IRON-DEFICIENCY ANAEMIA</b>	1	1	1	1	1	1	2	1
<b>DRUG INTERACTIONS</b>								
<b>DRUGS WHICH AFFECT LIVER ENZYMES</b>								
a) Rifampicin	3*	2*	3*	3*	2*	3*	1	1
b) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*	2*	3*	3*	2	3	1	1
<b>ANTIBIOTICS (excluding rifampicin)</b>								
a) Griseofulvin	2	1	2	2	1	2	1	1
b) Other antibiotics	1	1	1	1	1	1	1	1
<b>ANTIRETROVIRAL THERAPY</b>								
							I   C	I   C
	2*	2*	2*	2*	2*	2*	2/3*   2	2/3*   2