

MEDICAL ELIGIBILITY CRITERIA CHECKLIST

The checklists provided by the WHO can serve as a guide to determine the medical eligibility of clients for their chosen contraceptives. A client not suited for his/her method of choice should be offered other appropriate alternative methods depending on his/her medical condition.

MEC Checklist for

Combined Oral Contraceptives (COCs)

Ask the client the questions below. If she answers “NO” to ALL of the questions, then she CAN use the combined oral contraceptive pills. If she answers “YES” to a question below, follow the instructions.

1. Are you breastfeeding a baby less than 6 months old?
 - ☐ NO
 - ☐ YES. If fully or nearly fully breastfeeding: Give her COCs, and tell her to start taking them 6 months after giving birth or when breast milk is no longer the baby’s main food—whichever comes first. If partially breastfeeding: She can start COCs as soon as 6 weeks after childbirth.
2. Have you had a baby in the last 3 weeks and you are NOT breastfeeding?
 - ☐ NO
 - ☐ YES. Give her COCs, and tell her to start taking them 3 weeks after childbirth. If she is at risk of developing a blood clot in a deep vein (deep vein thrombosis or venous thromboembolism [VTE]), then she should start at 6 weeks instead. These additional risk factors include previous VTE, thrombophilia, cesarean delivery, blood transfusion at delivery, postpartum hemorrhage, pre-eclampsia, obesity ($> 30 \text{ kg/m}^2$), smoking, and being bedridden for a long time.
3. Do you smoke cigarettes and are you 35 years of age or older?
 - ☐ NO
 - ☐ YES. Do not provide COCs. Urge her to stop smoking, and help her choose another method.

4. Do you have cirrhosis of the liver, a liver infection, or liver tumor? (Are her eyes or skin unusually yellow?)
- ☐ NO
- ☐ YES. If she reports serious active liver disease (jaundice, active hepatitis, severe cirrhosis, liver tumor) or ever had jaundice while using COCs, do not provide COCs. Help her choose a method without hormones.
5. Do you have high blood pressure?
- ☐ NO
- ☐ YES. If you cannot check blood pressure and she reports a history of high blood pressure, or if she is being treated for high blood pressure, do not provide COCs. Refer her for a blood pressure check, if possible, or help her choose a method without estrogen. Check blood pressure, if possible.
- If her blood pressure is below 140/90 mm Hg, provide COCs.
 - If her systolic blood pressure is 140 mm Hg or higher or diastolic blood pressure is 90 or higher, do not provide COCs. Help her choose a method without estrogen but not progestin-only injectables if systolic blood pressure is 160 or higher or diastolic pressure is 100 or higher. (One blood pressure reading in the range of 140–159 mm Hg/90–99 mm Hg is not enough to diagnose high blood pressure. Give her a backup method to use until she can return for another blood pressure check, or help her choose another method if she prefers. If her blood pressure at next check is below 140/90 mm Hg, she can use COCs.)
6. Have you had diabetes for more than 20 years or damage to your arteries, vision, kidneys, or nervous system caused by diabetes?
- ☐ NO
- ☐ YES. Do not provide COCs. Help her choose a method without estrogen but not progestin-only injectables.
7. Do you currently have gallbladder disease or take medication for a gallbladder disease?
- ☐ NO
- ☐ YES. Do not provide COCs. Help her choose another method but not the combined patch or combined vaginal ring.

8. Have you ever had a stroke, blood clot in your legs or lungs, heart attack, or other serious heart problems?
- ☐ NO
 - ☐ YES. If she reports heart attack, heart disease due to blocked or narrowed arteries, or stroke, do not provide COCs. Help her choose a method without estrogen but not progestin-only injectables. If she reports a current blood clot in the deep veins of the legs or lungs (not superficial clots), help her choose a method without hormones.
9. Do you have or have you ever had breast cancer?
- ☐ NO
 - ☐ YES. Do not provide COCs. Help her choose a method without hormones.
10. Do you sometimes see a bright area of lost vision in the eye before a very bad headache (migraine aura)? Do you get a throbbing, severe head pain, often on one side of the head, that can last from a few hours to several days and can cause nausea or vomiting (migraine headaches)? Such headaches are often worsened by light, noise, or moving about.
- ☐ NO
 - ☐ YES. If she has migraine aura at any age, do not provide COCs. If she has migraine headaches without aura and is age 35 or older, do not provide COCs. Help the client choose a method without estrogen. If she is under 35 and has migraine headaches without aura, she can use COCs.
11. Are you taking medications for seizures? Are you taking rifampicin or rifabutin for tuberculosis or other illnesses?
- ☐ NO
 - ☐ YES. If she is taking barbiturates, carbamazepine, lamotrigine, oxcarbazepine, phenytoin, primidone, topiramate, rifampicin, rifabutin, or ritonavir, do not provide COCs. These drugs can reduce the effectiveness of COCs. Help her choose another method but not progestin-only pills. If she is taking lamotrigine, help her choose a method without estrogen.

12. Do you have several conditions (older age, smoking, high blood pressure, or diabetes) that could increase your chances of heart disease (coronary artery disease) or stroke?
- ☐ NO
 - ☐ YES. Do not provide COCs. Help her choose a method without estrogen but not progestin-only injectables.

MEC Checklist for

Combined Injectable Contraceptives (CICs)

Ask the client the questions below about known medical conditions. Examinations and tests are not necessary. If she answers “NO” to all of the questions, then she can start monthly injectables. If she answers “YES” to a question, follow the instructions. In some cases, she can still start monthly injectables.

1. Are you breastfeeding a baby less than 6 months old?
 - ☐ NO
 - ☐ YES. If fully or nearly fully breastfeeding: She can start 6 months after giving birth or when breast milk is no longer the baby’s main food—whichever comes first. If partially breastfeeding: She can start using monthly injectables as soon as 6 weeks after giving birth.
2. Have you had a baby in the last 3 weeks and you are not breastfeeding?
 - ☐ NO
 - ☐ YES. She can start using CICs as soon as 3 weeks after childbirth. If she is at risk of developing a blood clot in a deep vein (deep vein thrombosis, or VTE), then she should start at 6 weeks instead.
3. Do you smoke 15 or more cigarettes a day and is more than 35 years of age?
 - ☐ NO
 - ☐ YES. Do not provide CICs. Urge her to stop smoking, and help her choose another method.

4. Do you have severe cirrhosis of the liver, a liver infection, or a liver tumor? (Are her eyes or skin unusually yellow [signs of jaundice]?)
- ☐ NO
 - ☐ YES. If she reports serious active liver disease (jaundice, active hepatitis, severe cirrhosis, liver tumor), do not provide monthly injectables. Help her choose a method without hormones. (If she has mild cirrhosis or gall bladder disease, she can use monthly injectables.)
5. Do you have high blood pressure?
- ☐ NO
 - ☐ YES. If you cannot check blood pressure and she reports a history of high blood pressure, or if she is being treated for high blood pressure, do not provide monthly injectables. Refer her for a blood pressure check, if possible, or help her choose another method without estrogen.
6. Have you had diabetes for more than 20 years or damage to your arteries, vision, kidneys, or nervous system caused by diabetes?
- ☐ NO
 - ☐ YES. Do not provide CICs. Help her choose a method without estrogen but not progestin-only injectables.
7. Have you ever had a stroke, blood clot in your legs or lungs, heart attack, or other serious heart problems?
- ☐ NO
 - ☐ YES. If she reports heart attack, heart disease due to blocked or narrowed arteries, or stroke, do not provide monthly injectables. Help her choose a method without estrogen but not progestin-only injectables. If she reports a current blood clot in the deep veins of the leg or in the lung (not superficial clots), help her choose a method without hormones.
8. Do you have or have you ever had breast cancer?
- ☐ NO
 - ☐ YES. Do not provide CICs. Help her choose a method without hormones.

9. Do you sometimes see a bright area of lost vision in the eye before a very bad headache (migraine aura)? Do you get a throbbing, severe head pain, often on one side of the head, that can last from a few hours to several days and can cause nausea or vomiting (migraine headaches)? Such headaches are often worsened by light, noise, or moving about.
- ☐ NO
- ☐ YES. If she has migraine aura at any age, do not provide monthly injectables. If she has migraine headaches without aura and is age 35 or older, do not provide monthly injectables. Help the client choose a method without estrogen. If she is under 35 and has migraine headaches without aura, she can use monthly injectables.
10. Are you planning a major surgery that will keep you from walking for one week or more?
- ☐ NO
- ☐ YES. She can start using CICs 2 weeks after the surgery. Until she can start monthly injectables, she should use a backup method.
11. Do you have several conditions (older age, smoking, high blood pressure, or diabetes) that could increase your chances of heart disease (coronary artery disease) or stroke?
- ☐ NO
- ☐ YES. Do not provide CICs. Help her choose a method without estrogen but not progestin-only injectables.
12. Are you taking lamotrigine or ritonavir?
- ☐ NO
- ☐ YES. Do not provide CICs. Monthly injectables can make lamotrigine less effective. Ritonavir can make monthly injectables less effective. Help her choose a method without estrogen. Women should also not use CICs if they report having thrombogenic mutations or lupus with positive (or unknown) antiphospholipid antibodies.

MEC Checklist for

Progestin-only Pills (POPs)

Ask the client the questions below about known medical conditions. Examinations and tests are not necessary. If she answers “NO” to all of the questions, then she can start using POPs. If she answers “YES” to a question, follow the instructions. In some cases, she can still start POPs.

1. Are you breastfeeding a baby less than 6 weeks old?
 - ☐ NO
 - ☐ YES. She can start taking POPs as soon as 6 weeks after childbirth. Give her POPs, and tell her when to start taking them.
2. Do you have severe cirrhosis of the liver, a liver infection, or a liver tumor? (Are her eyes or skin unusually yellow [signs of jaundice]?)
 - ☐ NO
 - ☐ YES. If she reports serious active liver disease (jaundice, severe cirrhosis, liver tumor), do not provide POPs. Help her choose a method without hormones.
3. Do you currently have a serious problem with a blood clot in your legs or lungs?
 - ☐ NO
 - ☐ YES. If she reports a current blood clot (not superficial clots) and she is not on anticoagulant therapy, do not provide POPs. Help her choose a method without hormones.
4. Are you taking medication for seizures? Are you taking rifampicin or rifabutin for tuberculosis or other illness?
 - ☐ NO
 - ☐ YES. If she is taking barbiturates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate, rifampicin, rifabutin, or ritonavir, do not provide POPs. These drugs can reduce the effectiveness of POPs. Help her choose another method but not combined oral contraceptives.

5. Do you have or have you ever had breast cancer?

☐ NO

☐ YES. Do not provide POPs. Help her choose a method without hormones.

Be sure to explain the health benefits, risks, and side effects of the method. When relevant to the client, point out any conditions that would make the method inadvisable.

MEC Checklist for

Progestin-only Injectables (POIs)

Ask the client the questions below about known medical conditions. Examinations and tests are not necessary. If she answers “NO” to all of the questions, then she can start using progestin-only injectables. If she answers “YES” to a question, follow the instructions. In some cases, she can still start using progestin-only injectables.

1. Are you breastfeeding a baby less than 6 weeks old?

☐ NO

☐ YES. She can start using progestin-only injectables as soon as 6 weeks after childbirth.

2. Do you have severe cirrhosis of the liver, a liver infection, or a liver tumor? (Are her eyes or skin unusually yellow [signs of jaundice]?)

☐ NO

☐ YES. If she reports serious active liver disease (jaundice, severe cirrhosis, liver tumor), do not provide progestin-only injectables. Help her choose a method without hormones.

3. Do you have high blood pressure?

☐ NO

☐ YES. If you cannot check blood pressure and she reports having high blood pressure in the past, provide progestin-only injectables. Check her blood pressure if possible.

- If she is currently being treated for high blood pressure and it is adequately controlled or if her blood pressure is below 160/100 mm Hg, provide progestin-only injectables.

- . If systolic blood pressure is 160 mm Hg or higher or diastolic blood pressure is 100 or higher, do not provide progestin-only injectables. Help her choose another method without estrogen.
- 4. Have you had diabetes for more than 20 years or damage to your arteries, vision, kidneys, or nervous system caused by diabetes?
 - ☐ NO
 - ☐ YES. Do not provide progestin-only injectables. Help her choose another method without estrogen.
- 5. Have you ever had a stroke, blood clot in your legs or lungs, heart attack, or other serious heart problems?
 - ☐ NO
 - ☐ YES. If she reports heart attack, heart disease due to blocked or narrowed arteries, or stroke, do not provide progestin-only injectables. Help her choose another method without estrogen. If she reports a current blood clot in the deep veins of the leg or in the lung (not superficial clots) and she is not on anticoagulant therapy, help her choose a method without hormones.
- 6. Do you have vaginal bleeding that is unusual for you?
 - ☐ NO
 - ☐ YES. If she has unexplained vaginal bleeding that suggests pregnancy or an underlying medical condition, progestin-only injectables could complicate the diagnosis and monitoring of any treatment. Help her choose a method to use while being evaluated and treated (but not implants or a copper-bearing or hormonal intrauterine device [IUD]). After treatment, re-evaluate for the use of progestin-only injectables.
- 7. Do you have or have you ever had breast cancer?
 - ☐ NO
 - ☐ YES. Do not provide progestin-only injectables. Help her choose a method without hormones.

8. Do you have several conditions that could increase your chances of heart disease (coronary artery disease) or stroke, such as high blood pressure and diabetes?
☐ NO
☐ YES. Do not provide progestin-only injectables. Help her choose another method without estrogen. Be sure to explain the health benefits, risks, and side effects of the method. When relevant to the client, point out any conditions that would make the method inadvisable.

MEC Checklist for

Subdermal Implants

Ask the client the questions below about known medical conditions. Examinations and tests are not necessary. If she answers “NO” to all of the questions, then she can have implants inserted. If she answers “YES” to a question, follow the instructions. In some cases, she can still start using implants.

1. Are you breastfeeding a baby less than 6 weeks old?
☐ NO
☐ YES. She can start using implants as soon as 6 weeks after childbirth.
2. Do you have severe cirrhosis of the liver, a liver infection, or liver tumor? (Are her eyes or skin unusually yellow [signs of jaundice]?)
☐ NO
☐ YES. If she reports serious active liver disease (jaundice, severe cirrhosis, liver tumor), do not provide implants. Help her choose a method without hormones.
3. Do you currently have a serious problem with a blood clot in your legs or lungs?
☐ NO
☐ YES. If she reports a current blood clot (not superficial clots) and she is not on anticoagulant therapy, do not provide implants. Help her choose a method without hormones.

4. Do you have vaginal bleeding that is unusual for you?
 - ☐ NO
 - ☐ YES. If she has unexplained vaginal bleeding that suggests pregnancy or an underlying medical condition, implants could complicate the diagnosis and monitoring of any treatment. Help her choose a method to use while being evaluated and treated (not progestin-only injectables or a copper-bearing/hormonal IUD). After treatment, re-evaluate for implant use.
5. Do you have or have you ever had breast cancer?
 - ☐ NO
 - ☐ YES. Do not provide implants. Help her choose a method without hormones.

MEC Checklist for

Copper-Bearing IUDs

Ask the client the questions below about known medical conditions. If she answers “NO” to all of the questions, then she can have an IUD inserted. If she answers “YES” to a question, follow the instructions. In some cases, she can still have an IUD inserted.

1. Did you give birth more than 48 hours ago but less than 4 weeks ago?
 - ☐ NO
 - ☐ YES. Delay inserting an IUD until 4 or more weeks after childbirth.
2. Do you have an infection following childbirth or abortion?
 - ☐ NO
 - ☐ YES. If she currently has infection of the reproductive organs during the first 6 weeks after childbirth (puerperal sepsis) or she just had an abortion-related infection in the uterus (septic abortion), do not insert the IUD. Treat or refer if she is not already receiving care. Help her choose another method, or offer a backup method.* After treatment, re-evaluate for IUD use.

3. Do you have vaginal bleeding that is unusual for you?
 - ☐ NO
 - ☐ YES. If she has unexplained vaginal bleeding that suggests pregnancy or an underlying medical condition, use of an IUD could make diagnosis and monitoring of any treatment difficult. Help her choose a method to use while being evaluated and treated (but not a hormonal IUD, progestin-only injectables, or implants). After treatment, re-evaluate for IUD use.
4. Do you have any female conditions or problems (gynecologic or obstetric conditions or problems), such as genital cancer or pelvic tuberculosis? If so, what are these problems?
 - ☐ NO
 - ☐ YES. Known current cervical, endometrial, or ovarian cancer; gestational trophoblast disease; pelvic tuberculosis: Do not insert an IUD. Treat or refer for care if she is not already receiving care. Help her choose another method. In case of pelvic tuberculosis, re-evaluate for IUD use after treatment.
5. Do you have AIDS?
 - ☐ NO
 - ☐ YES. Do not insert an IUD if she has AIDS unless she is clinically well on antiretroviral therapy. If she is infected with HIV but does not have AIDS, she can use an IUD. If a woman who has an IUD in place develops AIDS, she can keep the IUD.
6. Assess whether she is at very high individual risk for gonorrhea or chlamydia.
 - Women who have a very high individual likelihood of exposure to gonorrhea or chlamydia should not have an IUD inserted.
7. Assess whether the client might be pregnant.
 - Ask the client the questions in the pregnancy checklist (see Appendix). If she answers “YES” to any question, she can have an IUD inserted. For complete classifications, see Medical Eligibility Criteria for Contraceptive Use. Be sure to explain the health benefits, risks, and side effects of the method. When relevant to the client, point out any conditions that would make the method inadvisable.

MEC Checklist for

Intrauterine System (IUS)

Ask the client the MEC questions for copper-bearing IUDs. Furthermore, ask the questions below about known medical conditions. If she answers “NO” to all of the questions here and for the copper-bearing IUD, then she can have an IUS inserted. If she answers “YES” to a question, follow the instructions. In some cases, she can still have an IUS inserted.

1. Did you give birth less than 4 weeks ago?
 - ☐ NO
 - ☐ YES. She can have the IUS inserted as soon as 4 weeks after childbirth.
2. Do you now have a blood clot in the deep veins of your legs or lungs?
 - ☐ NO
 - ☐ YES. If she reports current blood clot (except superficial clots) and she is not on anticoagulant therapy, help her choose a method without hormones.
3. Do you have severe cirrhosis of the liver, a liver infection, or liver tumor? (Are her eyes or skin unusually yellow [signs of jaundice]?)
 - ☐ NO
 - ☐ YES. If she reports serious active liver disease (jaundice, severe cirrhosis, liver tumor), do not provide the IUS. Help her choose a method without hormones.
4. Do you have or have you ever had breast cancer?
 - ☐ NO
 - ☐ YES. Do not insert the LNG-IUD. Help her choose a method without hormones. For complete classifications, see Medical Eligibility Criteria for Contraceptive Use. Be sure to explain the health benefits, risks, and side effects of the method. When relevant to the client, point out any conditions that would make the method inadvisable.

MEC Checklist for
Female Sterilization

Ask the client the questions below. If she answers “NO” to all of the questions, then the female sterilization procedure can be performed in a routine setting without delay. If she answers “YES” to a question, follow the instructions, which recommend caution, delay, or special arrangements.

1. Do you have any current or past female conditions or problems (gynecologic or obstetric conditions or problems), such as infection or cancer? If so, what are these problems?
 - ☐ NO
 - ☐ YES. If she has any of the following, use CAUTION: Past pelvic inflammatory disease (PID) since last pregnancy, breast cancer, uterine fibroids, previous abdominal, or pelvic surgery.

If she has any of the following, DELAY female sterilization: Current pregnancy; 7 to 42 days postpartum; postpartum with severe pre- eclampsia or eclampsia; serious postpartum or postabortion complications (such as infection, hemorrhage, or trauma) except uterine rupture or perforation; a large collection of blood in the uterus, unexplained vaginal bleeding that suggests an underlying medical condition, PID, purulent cervicitis, chlamydia, or gonorrhea; pelvic cancers (treatment may make her sterile in any case); or malignant trophoblast disease.

If she has any of the following, make SPECIAL arrangements: AIDS, fixed uterus due to previous surgery or infection, endometriosis, hernia (abdominal wall or umbilical), postpartum or post-abortion uterine rupture or perforation.

2. Do you have any lingering, long-term diseases or any other conditions? If so, what are these conditions?

☐ NO

- ☐ YES. If she has any of the following, use CAUTION: Epilepsy; diabetes without damage to arteries, vision, kidneys, or nervous system; hypothyroidism; mild cirrhosis of the liver; liver tumors; schistosomiasis with liver fibrosis; moderate iron-deficiency anemia (hemoglobin 7–10 g/ dL); sickle cell disease; inherited anemia (thalassemia); kidney disease; diaphragmatic hernia; severe lack of nutrition; obesity; elective abdominal surgery at time sterilization is desired; depression; young age; or uncomplicated lupus.

If she has any of the following, DELAY female sterilization: Gallbladder disease with symptoms, active viral hepatitis, severe iron-deficiency anemia (hemoglobin less than 7 g/dL), lung disease (bronchitis or pneumonia), systemic infection or significant gastroenteritis, abdominal skin infection, undergoing abdominal surgery for emergency or infection, or major surgery with prolonged immobilization.

If she has any of the following, make SPECIAL arrangements: Severe cirrhosis of the liver, hyperthyroidism, coagulation disorders (blood does not clot), chronic lung disease (asthma, bronchitis, emphysema, lung infection), pelvic tuberculosis, lupus with positive (or unknown) antiphospholipid antibodies, with severe thrombocytopenia, or on immunosuppressive treatment.

MEC Checklist for **Male Sterilization**

Ask the client the questions below. If he answers “NO” to all of the questions, then the vasectomy procedure can be performed in a routine setting without delay. If he answers “YES” to a question below, follow the instructions, which recommend caution, delay, or special arrangements.

1. Do you have any problems with your genitals, such as infections, swelling, injuries, or lumps on your penis or scrotum? If so, what are these problems?

☐ NO

- ☐ YES. If he has any of the following, use CAUTION: Previous scrotal injury, swollen scrotum due to swollen veins or membranes in the spermatic cord or testes (large varicocele or hydrocele), undescended testicle—one side only. (Vasectomy is performed only on the normal side. Then, if any sperm are present in a semen sample after 3 months, vasectomy is also performed on the other side.)

If he has any of the following, DELAY vasectomy: Active sexually transmitted infection; swollen, tender (inflamed) tip of the penis, sperm ducts (epididymis), or testicles; scrotal skin infection or a mass in the scrotum.

If he has any of the following, make SPECIAL arrangements: Hernia in the groin (if able, the provider can perform the vasectomy while repairing the hernia. If such a procedure is not possible, the hernia should be repaired first) or undescended testicles—both sides.

2. Do you have any other conditions or infections? If so, what are they?

☐ NO

- ☐ YES. If he has the following, use CAUTION: Diabetes, depression, young age, lupus with positive (or unknown) antiphospholipid antibodies, or on immunosuppressive treatment.

If he has any of the following, DELAY vasectomy: Systemic infection or gastroenteritis, filariasis, or elephantiasis.

If he has any of the following, make SPECIAL arrangements: AIDS, blood fails to clot (coagulation disorders), or lupus with severe thrombocytopenia.

Fertility Awareness-based Methods

Ask the client the questions below. If she answers “NO” to all of the questions, then she can use any fertility awareness-based method. If she answers “YES” to a question below, follow the instructions. No conditions restrict use of these methods, but some conditions can make them difficult to use effectively.

1. Do you have a medical condition that would make pregnancy especially dangerous? (Medical Conditions and Method Choice)
 - ☐ NO
 - ☐ YES. She may want to choose an effective method. If not, stress careful use of fertility awareness-based methods to avoid pregnancy.
2. Do you have irregular menstrual cycles? Vaginal bleeding between periods? Heavy or long monthly bleeding? For younger women: Are your periods just starting? For older women: Have your periods become irregular, or have they stopped?
 - ☐ NO
 - ☐ YES. Predicting her fertile time with only the calendar method may be difficult or impossible. She can use basal body temperature (BBT) and/or cervical mucus, or she may prefer another method.
3. Did you recently give birth or have an abortion? Are you breastfeeding? Do you have any other condition that affects the ovaries or menstrual bleeding, such as stroke, serious liver disease, hyperthyroid, hypothyroid, or cervical cancer?
 - ☐ NO
 - ☐ YES. These conditions do not restrict the use of fertility awareness-based methods. However, these conditions may affect fertility signs, making fertility awareness-based methods difficult to use. Therefore, a woman or couple may prefer a different method. If not, they may need further counseling and follow-up to use the method effectively.

4. Have you had any infections or diseases that may change cervical mucus, basal body temperature, or menstrual bleeding, such as sexually transmitted disease, PID in the last 3 months, or vaginal infection?

☐ NO

☐ YES. These conditions may affect fertility signs, making fertility awareness-based methods difficult to use. However, a woman can use fertility awareness-based methods easily once an infection is treated and reinfection is avoided.

5. Do you take any drugs that affect cervical mucus, such as mood-altering drugs, lithium, tricyclic antidepressants, or antianxiety therapies?

☐ NO

☐ YES. Predicting her fertile time correctly may be difficult or impossible if she uses only the cervical mucus method. She can use BBT and/or the

calendar method, or she may prefer another method. Be sure to explain the health benefits, risks, and side effects of the method. When relevant to the client, point out any conditions that would make the method inadvisable