

## How to use this wheel

The wheel matches up the contraceptive methods, shown on the inner disk, with specific medical conditions or characteristics shown around the outer rim. The numbers shown in the viewing slot tell you whether the woman who has this known condition or characteristic is able to start use of the contraceptive method:

CATEGORY	WITH CLINICAL JUDGEMENT	WITH LIMITED CLINICAL JUDGEMENT
1	Use method in any circumstance	YES (Use the method)
2	Generally use method	
3	Use of method not usually recommended unless other more appropriate methods are not available or not acceptable	NO (Do not use the method)
4	Method not to be used	

Categories 1 and 4 are clearly defined recommendations. For categories 2 or 3, greater clinical judgement will be needed and careful follow-up may be required. If clinical judgement is limited, categories 1 and 2 both mean the method can be used, and categories 3 and 4 both mean the method should not be used.

No restrictions for some conditions: there are many medical conditions when ALL methods can be used (that is, all the methods are either a category 1 or 2). Some of these conditions are listed on the back of the wheel.

With few exceptions, all women can safely use emergency contraception, barrier and behavioural methods of contraception, including lactational amenorrhoea method; for the complete list of recommendations, please see the full document.

Only correct and consistent use of condoms, male or female, protect against STI/HIV. If there is a risk of STI/HIV, condom use is recommended.

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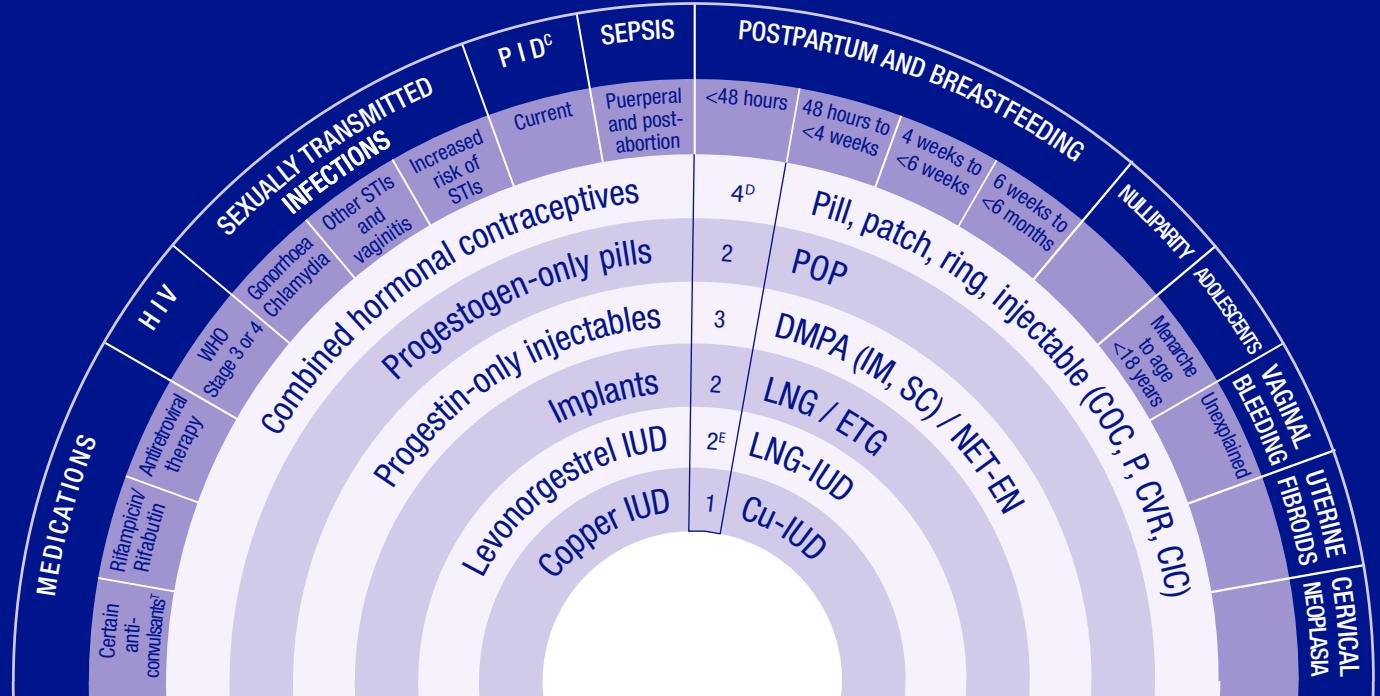
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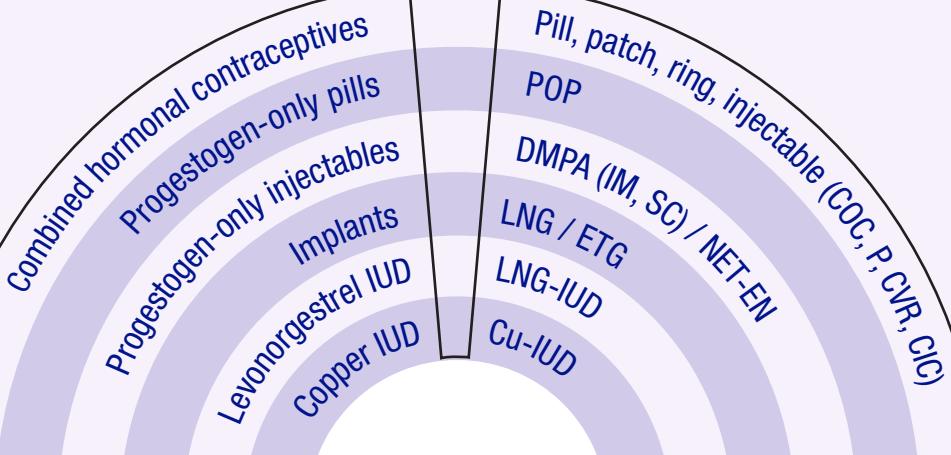


WHO

# MEDICAL ELIGIBILITY CRITERIA WHEEL FOR CONTRACEPTIVE USE

2015





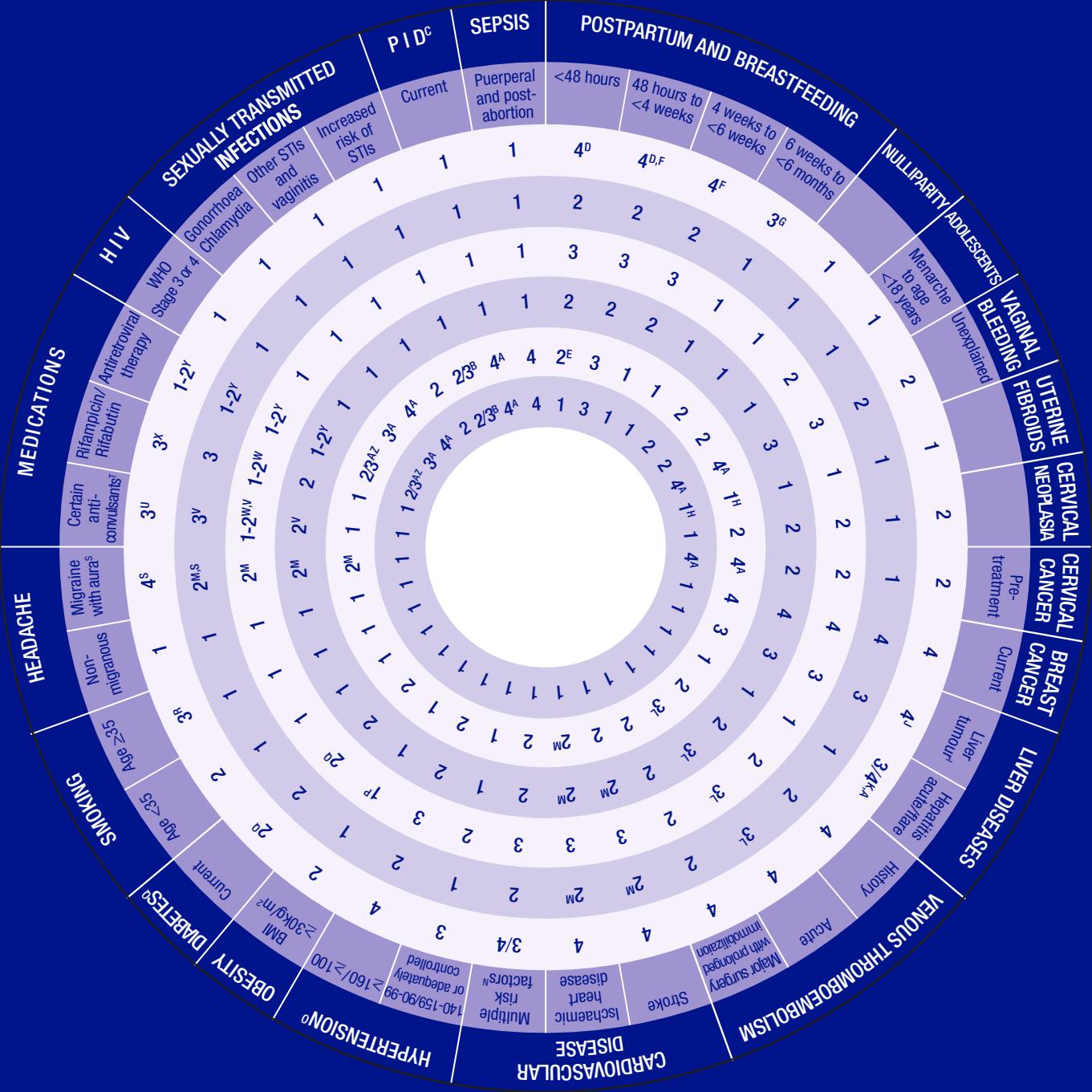
- 1** Use the method in any circumstance
- 2** Generally use the method
- 3** Use of the method not usually recommended unless other, more appropriate methods are not available or acceptable
- 4** Method NOT to be used

## WHO Medical Eligibility Criteria Wheel for contraceptive use, 2015

These methods do not protect against STI/HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms, male or female, is recommended.



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- A** If condition develops while using method, can continue using it during treatment.
- B** If very high likelihood of exposure to gonorrhoea or chlamydia =3.
- C** If past pelvic inflammatory disease (PID) all methods =1, including IUDs.
- D** If <3 wks, not breastfeeding & no other VTE risk factors =3.
- E** If not breastfeeding =1.
- F** If 3 to <6 wks, not breastfeeding & no other VTE risk factors =2, with other VTE risk factors =3.
  
- G** If ≥6 wks & not breastfeeding =1.
- H** If uterine cavity distorted preventing insertion =4.
- I** Refers to hepatocellular adenoma (benign) or carcinoma/hepatoma (malignant).
- J** If adenoma CIC =3, if carcinoma/hepatoma CIC =3/4.
- K** CIC =3.
- L** If established on anticoagulation therapy =2.
- M** If condition developed while on this method, consider switching to non-hormonal method.
- N** Risk factors: older age, smoking, diabetes, hypertension, obesity & known dyslipidaemias.
- O** If cannot measure blood pressure & no known history of hypertension, can use all methods. Either systolic or diastolic blood pressure may be elevated.
- P** If age <18 yrs & obese DMPA/NET-EN =2.
- Q** For insulin-dependent & non-insulin-dependent, If complicated or >20 yrs duration, COC/P/CVR, CIC =3/4; DMPA, NET-EN =3.
  
- R** If <15 cigarettes/day CIC =2. If ≥15 cigarettes/day COC/P/CVR =4.
- S** Aura is focal neurological symptoms, such as flickering lights. If no aura & age <35 COC/P/CVR, CIC =2, POP =1. If no aura & age ≥35 COC/P/CVR, CIC =3, POP =1.
- T** Barbituates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate & lamotrigine.
- U** If barbituates, carbamazepine, oxcarbazepine, phenytoin, primidone or topiramate CIC =2.
- V** If lamotrigine =1.
- W** DMPA =1, NET-EN =2.
- X** CICs =2.
- Y** If antiretroviral therapy with EFV, NVP, ATV/r, LPV/r, DRV/r, RTV: COC/P/CVR, CIC, POP, NET-ET, Implants =2; DMPA =1. For all NRTIs, ETR, RPV, RAL each method =1. See jacket for full names of medications.
- Z** If WHO Stage 3 or 4 (severe or advanced HIV clinical disease) IUD =3.

### Conditions that are category 1 and 2 for all methods (method can be used)

**Reproductive Conditions:** Benign breast disease or undiagnosed mass • Benign ovarian tumours, including cysts • Dysmenorrhoea • Endometriosis • History of gestational diabetes • History of high blood pressure during pregnancy • History of pelvic surgery, including caesarean delivery • Irregular, heavy or prolonged menstrual bleeding (explained) • Past ectopic pregnancy • Past pelvic inflammatory disease • Post-abortion (no sepsis) • Postpartum ≥ 6 months

**Medical Conditions:** Depression • Epilepsy • HIV asymptomatic or mild clinical disease (WHO Stage 1 or 2) • Iron-deficiency anaemia, sickle-cell disease and thalassaemia • Malaria • Mild cirrhosis • Schistosomiasis (bilharzia) • Superficial venous disorders, including varicose veins • Thyroid disorders • Tuberculosis (non-pelvic) • Uncomplicated valvular heart disease • Viral hepatitis (carrier or chronic)

**Other:** Adolescents • Breast cancer family history • Venous thromboembolism (VTE) family history • High risk for HIV • Surgery without prolonged immobilization • Taking antibiotics (excluding rifampicin/rifabutin)

With few exceptions, all women can safely use emergency contraception, barrier and behavioural methods of contraception, including lactational amenorrhoea method; for the complete list of recommendations, please see the full document.

“Combined” is a combination of ethinyl estradiol & a progestogen.

**CIC:** combined injectable contraceptive **COC:** combined oral contraceptive pill

**Cu-IUD:** copper intrauterine device **CVR:** combined contraceptive vaginal ring

**DMPA (IM, SC):** depot medroxyprogesterone acetate, intramuscular or subcutaneous

**ETG:** etonogestrel **LNG:** levonorgestrel **LNG-IUD:** levonorgestrel intrauterine device

**NET-EN:** norethisterone enanthate **P:** combined contraceptive patch

**POP:** progestogen-only pill

## About this wheel

This wheel contains the medical eligibility criteria for starting use of contraceptive methods, based on Medical Eligibility Criteria for Contraceptive Use, 5<sup>th</sup> edition (2015), one of WHO's evidence-based guidelines. It guides family planning providers in recommending safe and effective contraception methods for women with medical conditions or medically-relevant characteristics.

The wheel includes recommendations on initiating use of nine common types of contraceptive methods:

1. Combined pills, COC (low dose combined oral contraceptives, with  $\leq 35 \mu\text{g}$  ethinyl estradiol)
2. Combined contraceptive patch, P
3. Combined contraceptive vaginal ring, CVR
4. Combined injectable contraceptives, CIC
5. Progestogen-only pills, POP
6. Progestogen-only injectables, DMPA (IM,SC)/NET-EN (depot medroxyprogesterone acetate intramuscular or subcutaneous or norethisterone enantate intramuscular)
7. Progestogen-only implants, LNG/ETG (levonorgestrel or etonogestrel)
8. Levonorgestrel-releasing intrauterine device, LNG-IUD
9. Copper-bearing intrauterine device, Cu-IUD

## Antiretroviral Medications and Abbreviations on the MEC Wheel

Nucleoside reverse transcriptase inhibitors (NRTIs)		Non-nucleoside reverse transcriptase inhibitors (NNRTIs)		Protease inhibitors (PIs)	
ABC	Abacavir	EFV	Efavirenz	ATV/r	Ritonavir-boosted atazanavir
TDF	Tenofovir	ETR	Etravirine	LPV/r	Ritonavir-boosted lopinavir
AZT	Zidovudine	NVP	Nevirapine	DRV/r	Ritonavir-boosted darunavir
3TC	Lamivudine	RPV	Rilpivirine	RTV	Ritonavir
DDI	Didanosine				
FTC	Emtricitabine				
D4T	Stavudine				
<b>Integrase Inhibitors</b>					
		RAL	Raltegravir		

## Emergency contraceptive pills

CONDITION	COC	LNG	UPA
Pregnancy	NA	NA	NA
Breastfeeding <sup>a</sup>	1	1	2
Past ectopic pregnancy	1	1	1
Obesity <sup>b</sup> ( $\text{BMI} \geq 30 \text{ kg/m}^2$ )	1	1	1
History of severe cardiovascular disease (ischaemic heart disease, cerebrovascular attack, or other thromboembolic conditions)	2	2	2
Migraine	2	2	2
Severe liver disease (including jaundice)	2	2	2
CYP3A4 inducers <sup>c</sup> (e.g. rifampicin, phenytoin, phenobarbital, carbamazepine, efavirenz, fosphenytoin, nevirapine, oxcarbazepine, primidone, rifabutin, St John's wort/hypericum perforatum)	1	1	1
Repeated emergency contraceptive pill use <sup>d</sup>	1	1	1
Rape	1	1	1

## Copper IUD for Emergency Contraception

This method is highly effective for preventing pregnancy. It can be used within 5 days of unprotected intercourse as an emergency contraceptive. However, when the time of ovulation can be estimated, the Cu-IUD can be inserted beyond 5 days after intercourse, if necessary, as long as the insertion does not occur more than 5 days after ovulation.

The eligibility criteria for general Cu-IUD insertion also apply for the insertion of Cu-IUDs as emergency contraception.

CONDITION	Cu-IUD
Pregnancy	4
Rape	
a) High risk of STI	3
b) Low risk of STI	1

## Abbreviations:

NA = not applicable; COC = combined oral contraceptives;  
Cu-IUD = Copper intrauterine device;  
ECP = emergency contraceptive pill;  
LNG = levonorgestrel; UPA = ulipristal acetate

<sup>a</sup> Breastfeeding is not recommended for one week after taking UPA since it is excreted in breast milk. Breast milk should be expressed and discarded during that time

<sup>b</sup> ECPs may be less effective among women with  $\text{BMI} \geq 30 \text{ kg/m}^2$  than among women with  $\text{BMI} < 25 \text{ kg/m}^2$ . Despite this, there are no safety concerns.

<sup>c</sup> Strong CYP3A4 inducers may reduce the effectiveness of emergency contraceptive pills.

<sup>d</sup> Repeated ECP use is an indication that the woman requires further counselling on other contraceptive options. Frequently repeated ECP use may be harmful for women with conditions classified as 2, 3 or 4 for contraceptives containing hormones.

## Acknowledgements

The Medical Eligibility Criteria for Contraceptive Use and this version of the Medical Eligibility Criteria Wheel were developed by the World Health Organization's Department of Reproductive Health and Research. This wheel is based upon similar medical eligibility criteria wheels developed independently in Ghana and Jordan. In particular, we would like to thank the University of Ghana Medical School's Department of Obstetrics and Gynaecology; the Communication Partnership for Family Health in Jordan; and the Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs for their innovative work.

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## Ordering copies and further information

Detailed information on the medical eligibility criteria, including guidance on other contraceptive methods, appears in the Medical Eligibility Criteria for Contraceptive Use, 5<sup>th</sup> edition (2015). This can be accessed at <http://www.who.int/reproductivehealth/en/>. Bulk orders (20 wheels/package) to supply programmes or single orders can be ordered from: WHO Press, World Health Organization, 1211 Geneva 27, Switzerland, email: [bookorders@who.int](mailto:bookorders@who.int). Order online: <http://apps.who.int/bookorders/>