

# Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use –

to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD)

CONDITION		COC	DMPA	Implants	Cu-IUD
<b>Pregnancy</b>		NA	NA	NA	
<b>Breastfeeding</b>	Less than 6 weeks postpartum				
	6 weeks to < 6 months postpartum				NC
	6 months postpartum or more				
<b>Postpartum</b>	Less than 21 days, non-breastfeeding				NC
	< 48 hours including immediate post-placental				
	≥ 48 hours to less than 4 weeks	NC	NC	NC	
	Puerperal sepsis				
<b>Postabortion</b>	Immediate post-septic				
<b>Smoking</b>	Age ≥ 35 years, < 15 cigarettes/day				
	Age ≥ 35 years, ≥ 15 cigarettes/day				
<b>Multiple risk factors for cardiovascular disease</b>					
<b>Hypertension</b>	History of (where BP cannot be evaluated)				
	BP is controlled and can be evaluated				
	Elevated BP (systolic 140 - 159 or diastolic 90 - 99)				
	Elevated BP (systolic ≥ 160 or diastolic ≥ 100)				
	Vascular disease				
<b>Deep venous thrombosis (DVT) and pulmonary embolism (PE)</b>	History of DVT/PE				
	Acute DVT/PE				
	DVT/PE, established on anticoagulant therapy				
	Major surgery with prolonged immobilization				
<b>Known thrombogenic mutations</b>					
<b>Ischemic heart disease (current or history of) or stroke (history of)</b>				I	C
<b>Known hyperlipidemias</b>					
<b>Complicated valvular heart disease</b>					
<b>Systemic lupus erythematosus</b>	Positive or unknown antiphospholipid antibodies				
	Severe thrombocytopenia		I	C	I
	Immunosuppressive treatment				I
<b>Headaches</b>	Non-migrainous (mild or severe)	I	C		
	Migraine without aura (age < 35 years)	I	C		
	Migraine without aura (age ≥ 35 years)	I	C		
	Migraines with aura (at any age)		I	C	I
<b>Vaginal bleeding patterns</b>	Irregular without heavy bleeding				
	Heavy or prolonged, regular and irregular				
	Unexplained bleeding (prior to evaluation)				I

- Category 1** There are no restrictions for use.
- Category 2** Generally use; some follow-up may be needed.
- Category 3** Usually not recommended; clinical judgment and continuing access to clinical services are required for use.
- Category 4** The method should not be used.



Unlike previous versions of the MEC Quick Reference Chart, this version includes a complete list of all conditions classified as Category 3 and 4 by WHO. I/C (Initiation/Continuation): A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. For example, a client with current PID who wants to initiate IUD use would be considered as Category 4, and should not have an IUD inserted. However, if she develops PID while using the IUD, she would be considered as Category 2. This means she could generally continue using the IUD and be treated for PID with the IUD in place. Where I/C is not marked, the category is the same for initiation and continuation.

NA (not applicable): Women who are pregnant do not require contraception.

NC (not classified): The condition is not part of the WHO classification for this method.

\* Evaluation of an undiagnosed mass should be pursued as soon as possible.

\*\* Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.

CONDITION		COC	DMPA	Implants	Cu-IUD
<b>Gestational trophoblastic disease</b>	Regressing or undetectable β-hCG levels				
	Persistently elevated β-hCG levels or malignant disease				
<b>Cancers</b>	Cervical (awaiting treatment)				I
	Endometrial				I
	Ovarian				I
<b>Breast disease</b>	Undiagnosed mass	*	*	*	
	Current cancer				
	Past w/ no evidence of current disease for 5 yrs				
<b>Uterine distortion due to fibroids or anatomical abnormalities</b>					
<b>STIs/PID</b>	Current purulent cervicitis, chlamydia, gonorrhea				I
	Vaginitis				
	Current pelvic inflammatory disease (PID)				I
	Other STIs (excluding HIV/hepatitis)				
	Increased risk of STIs				
	Very high individual risk of exposure to STIs				I
<b>Pelvic tuberculosis</b>					I
<b>Diabetes</b>	Non-vascular disease				
	Vascular disease or diabetes for > 20 years				
<b>Symptomatic gall bladder disease (current or medically treated)</b>					
<b>Cholestasis (history of)</b>	Related to pregnancy				
	Related to oral contraceptives				
<b>Hepatitis</b>	Acute or flare	I	C		
	Chronic or client is a carrier				
<b>Cirrhosis</b>	Mild				
	Severe				
<b>Liver tumors (hepatocellular adenoma and malignant hepatoma)</b>					
<b>HIV</b>	High risk of HIV or HIV-infected				
<b>AIDS</b>	No antiretroviral therapy (ARV)				I
	Clinically well on ARV therapy	see drug interactions			
	Not clinically well on ARV therapy	see drug interactions			I
<b>Drug interactions, including use of:</b>	Nucleoside reverse transcriptase inhibitors				
	Non-nucleoside reverse transcriptase inhibitors				
	Ritonavir, ritonavir-boosted protease inhibitors				
	Rifampicin or rifabutin				
	Anticonvulsant therapy**				

Source: Adapted from Medical Eligibility Criteria for Contraceptive Use, Geneva: World Health Organization, updated 2008. Available: [http://www.who.int/reproductive-health/family\\_planning/guidelines.htm](http://www.who.int/reproductive-health/family_planning/guidelines.htm)



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