

2015 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	Sub-condition	COC	DMPA	Implants	Cu-IUD	
Pregnancy		NA	NA	NA		
Breastfeeding	Less than 6 weeks postpartum				See i.	
	6 weeks to < 6 months postpartum					
	6 months postpartum or more					
Postpartum and not breastfeeding	< 21 days				See i.	
	< 21 days with other risk factors for VTE*					
	≥ 21 to 42 days with other risk factors for VTE*					
	> 42 days					
Postpartum and breastfeeding or not breastfeeding	< 48 hours or more than 4 weeks	See ii.	See ii.	See ii.		
	≥ 48 hours to less than 4 weeks					
	Puerperal sepsis					
Postabortion	Immediate post-septic					
Smoking	Age ≥ 35 years, < 15 cigarettes/day					
	Age ≥ 35 years, ≥ 15 cigarettes/day					
Multiple risk factors for cardiovascular disease						
Hypertension BP = blood pressure	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)					
Deep venous thrombosis (DVT) and pulmonary embolism (PE)	History of DVT/PE					
	Acute DVT/PE					
	DVT/PE, established on anticoagulant therapy					
	Major surgery with prolonged immobilization					
Known thrombogenic mutations						
Ischemic heart disease (current or history of) or stroke (history of)				I	C	
Known hyperlipidemias						
Complicated valvular heart disease						
Systemic lupus erythematosus	Positive or unknown antiphospholipid antibodies					
	Severe thrombocytopenia		I	C	I	C
	Immunosuppressive treatment				I	C
Headaches	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	C

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	
Unexplained vaginal bleeding (prior to evaluation)					I	C
Gestational trophoblastic disease	Regressing or undetectable β-hCG levels					
	Persistently elevated β-hCG levels or malignant disease					
Cancers	Cervical (awaiting treatment)				I	C
	Endometrial				I	C
	Ovarian				I	C
Breast disease	Undiagnosed mass	**	**	**		
	Current cancer					
	Past w/ no evidence of current disease for 5 yrs					
Uterine distortion due to fibroids or anatomical abnormalities						
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhea				I	C
	Vaginitis					
	Current pelvic inflammatory disease (PID)				I	C
	Other STIs (excluding HIV/hepatitis)					
	Increased risk of STIs					
	Very high individual risk of exposure to STIs				I	C
Pelvic tuberculosis					I	C
Diabetes	Nephropathy/retinopathy/neuropathy					
	Diabetes for > 20 years					
Symptomatic gall bladder disease (current or medically treated)						
Cholestasis (history of)	Related to pregnancy					
	Related to oral contraceptives					
Hepatitis	Acute or flare	I	C			
	Chronic or client is a carrier					
Cirrhosis	Mild					
	Severe					
Liver tumors (hepatocellular adenoma and malignant hepatoma)						
High risk of HIV or HIV-infected (Stage 1 or 2)						
AIDS (HIV-infected Stage 3 or 4)	No antiretroviral therapy (ARV)				I	C
	Improved to Stage 1 or 2 on ARV therapy	See iii.	See iii.	See iii.		
	Not improved on ARV therapy				I	C
Drug interactions	Rifampicin or rifabutin					
	Anticonvulsant therapy***					

This chart shows a complete list of all conditions classified by WHO as Category 3 and 4.

Source: Adapted from *Medical Eligibility Criteria for Contraceptive Use, 5th Edition*. Geneva: World Health Organization, 2015.
Available: http://www.who.int/reproductivehealth/publications/family_planning/en/index.html

- 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.

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. 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. If these methods are accidentally initiated, no harm will result.

i See condition "Postpartum and breastfeeding or not breastfeeding" instead.

ii See condition "Breastfeeding" or condition "Postpartum and not breastfeeding" instead.

iii Women who use methods other than IUDs can use them regardless of HIV stage or use of ART.

* Other risk factors for VTE include: previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30 kg/m², postpartum hemorrhage, immediately post-caesarean delivery, pre-eclampsia, and smoking.

** 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.