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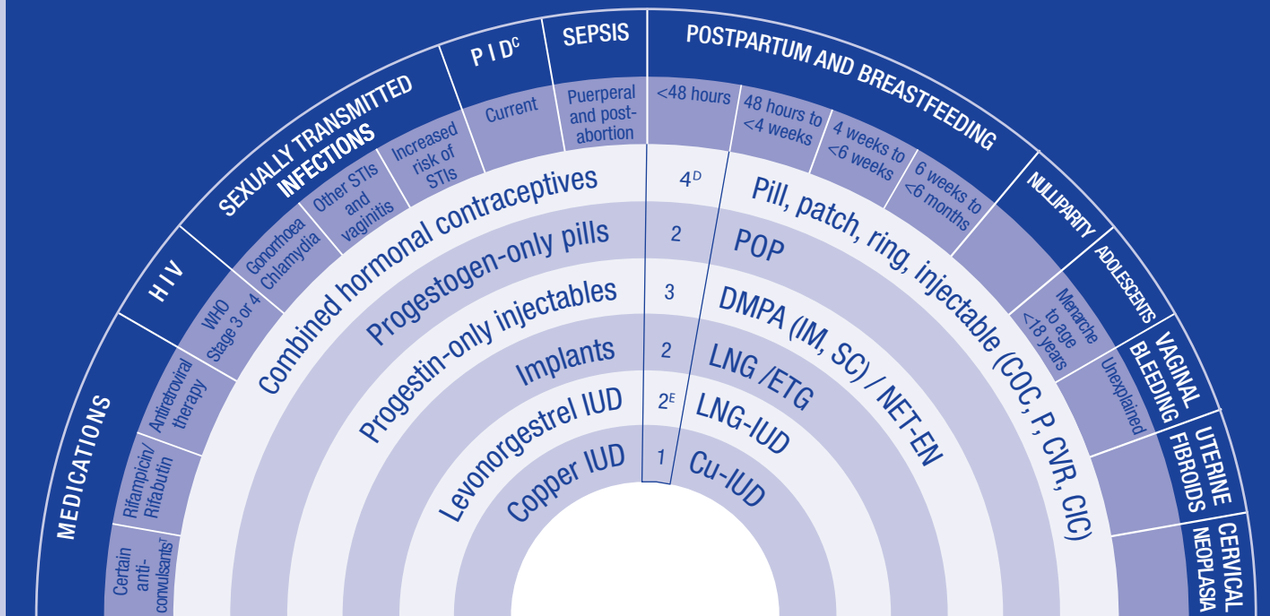
WHO

MEDICAL ELIGIBILITY CRITERIA WHEEL FOR CONTRACEPTIVE USE

2015



About this wheel

This wheel contains the medical eligibility criteria for starting use of contraceptive methods, based on Medical Eligibility Criteria for Contraceptive Use, 5th 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 ≤ 35 µg 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)	
ABC	Abacavir
TDF	Tenofovir
AZT	Zidovudine
3TC	Lamivudine
DDI	Didanosine
FTC	Emtricitabine
D4T	Stavudine

Non-nucleoside reverse transcriptase inhibitors (NNRTIs)	
EFV	Efavirenz
ETR	Etravirine
NVP	Nevirapine
RPV	Rilpirivine

Protease inhibitors (PIs)	
ATV/r	Ritonavir-boosted atazanavir
LPV/r	Ritonavir-boosted lopinavir
DRV/r	Ritonavir-boosted darunavir
RTV	Ritonavir

Integrase Inhibitors	
RAL	Raltegravir

Emergency contraceptive pills

CONDITION	COC	LNG	UPA
Pregnancy	NA	NA	NA
Breastfeeding	1	1	2
Past ectopic pregnancy	1	1	1
Obesity† (BMI ≥30 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 (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	1	1	1
Rape	1	1	1

COC = combined oral contraceptives; **LNG** = levonorgestrel; **UPA** = ulipristal acetate; **NA** = not applicable

† Emergency contraceptive pills may be less effective among women with BMI ≥ 30 kg/m^2 than among women with BMI < 25 kg/m^2. Despite this, there are no safety concerns.

Copper IUD for Emergency Contraception (Cu-IUD)

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

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:

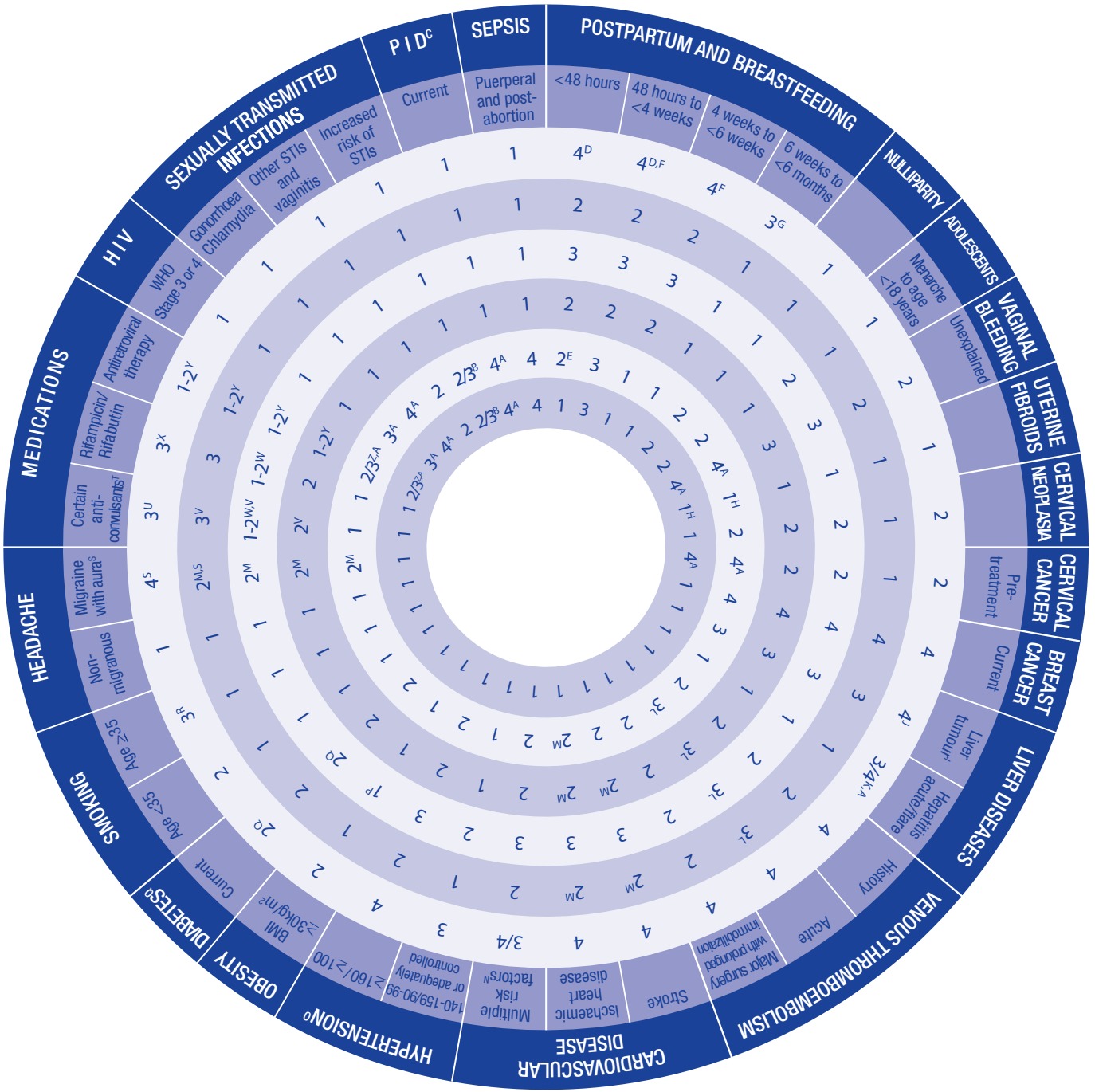
CATEGORY	WITH CLINICAL JUDGEMENT	WITH LIMITED CLINICAL JUDGEMENT
1	Use method in any circumstance	**YES** (Use the method)
2	Generally use method	
3	Use of method not usually recommended unless other more appropriate methods are not available or not acceptable	**NO** (Do not use the method)
4	Method 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 behavioral methods of contraception, including lactational amenorrhea 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.


MEDICATIONS
Certain anti-convulsants[T]
Rifampicin/ Rifabutin
Antiretroviral therapy
HIV
WHO Stage 3 or 4
SEXUALLY TRANSMITTED INFECTIONS
Gonorrhoea Chlamydia
Other STIs and vaginitis
Increased risk of STIs
P I D[C]
Current
SEPSIS
Puerperal and post-abortion
POSTPARTUM AND BREASTFEEDING
<48 hours
48 hours to <4 weeks
4 weeks to <6 weeks
6 weeks to <6 months
NULIPARITY
ADOLESCENTS
Menarche to age <18 years
VAGINAL BLEEDING
Unexplained
UTERINE FIBROIDS
CERVICAL NEOPLASIA
CERVICAL CANCER
Pre-treatment
BREAST CANCER
Current
LIVER DISEASES
Liver tumour
Hepatitis acute/flare
History
VENOUS THROMBOEMBOLISM
Acute
Major surgery with prolonged immobilization
Stroke
CARDIOVASCULAR DISEASE
Ischaemic heart disease
Multiple risk factors[N]
140-159/90-99 or adequately controlled
≥160/≥100
HYPERTENSION[O]
OBESITY
BMI ≥30kg/m²
DIABETES[Q]
Current
SMOKING
Age <35
Age ≥35
HEADACHE
Non-migraine
Migraine with aura[S]

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

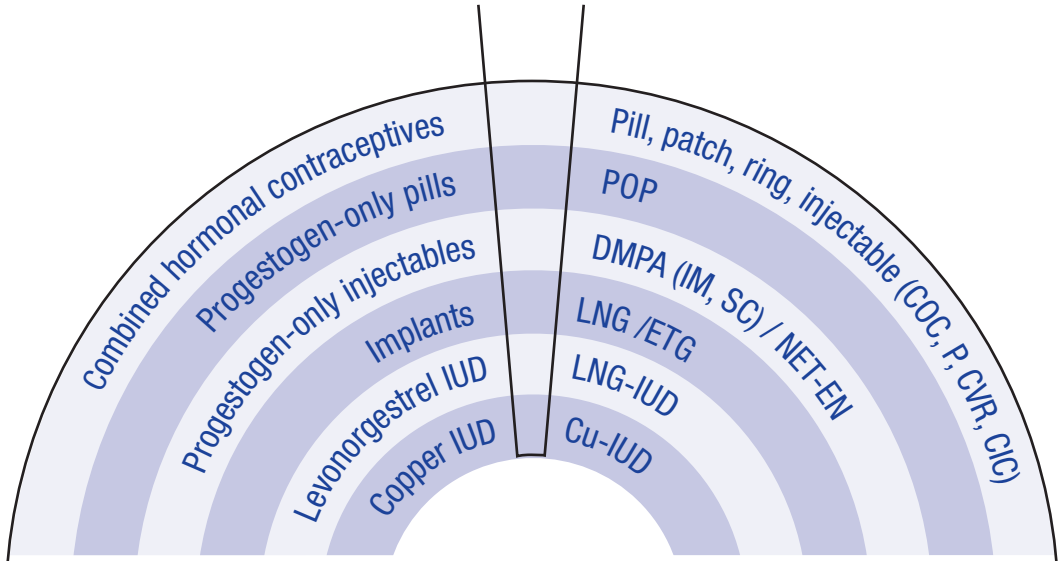
Medical Conditions: Depression • Epilepsy • HIV asymptomatic or mild clinical disease (WHO Stage 1 or 2) • Iron-deficiency anaemia, sickle-cell disease and thalassaemia • Malaria • Mild cirrhosis • Schistosomiasis (bilharzia) • Superficial venous disorders, including varicose veins • Thyroid disorders • 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



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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Acknowledgements

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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, 5th 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. Order online: http://apps.who.int/bookorders/