

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
Pregnancy	NA	NA	NA	
Breastfeeding	Less than 6 weeks postpartum			
	6 weeks to < 6 months postpartum			NC
	6 months postpartum or more			
Postpartum	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			
Postabortion				
Smoking	Immediate post-septic			
	Age ≥ 35 years, < 15 cigarettes/day			
	Age ≥ 35 years, ≥ 15 cigarettes/day			
Multiple risk factors for cardiovascular disease				
Hypertension	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			
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 thrombotic mutations				
Ischemic heart disease (current or history of) or stroke (history of)				
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
Vaginal bleeding patterns	Irregular without heavy bleeding			
	Heavy or prolonged, regular and irregular			
	Unexplained bleeding (prior to evaluation)			I C

CONDITION	COC	DMPA	Implants	Cu-IUD
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				
Diabetes	Non-vascular disease			
	Vascular disease or 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)				
HIV	High risk of HIV or HIV-infected			
AIDS	No antiretroviral therapy (ARV)			I C
	Clinically well on ARV therapy	see drug interactions		
	Not clinically well on ARV therapy	see drug interactions		
Drug interactions, including use of:	Nucleoside reverse transcriptase inhibitors			
	Non-nucleoside reverse transcriptase inhibitors			
	Ritonavir, ritonavir-boosted protease inhibitors			
	Rifampicin or rifabutin			
	Anticonvulsant therapy**			

- 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.



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