

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
Age	Menarche to 39 years	1	1	1
	40 years or more	2	1	1
	Menarche to 17 years	1	2	1
	18 years to 45 years	1	1	1
	More than 45 years	1	2	1
	Menarche to 19 years	1	1	1
20 years or more	1	1	1	
Nulliparous	1	1	1	1
Breastfeeding	Less than 6 weeks postpartum	3	1	1
	6 weeks to 6 months postpartum	2	1	1
	6 months postpartum or more	1	1	1
Smoking	Age < 35 years	1	1	1
	Age ≥ 35 years, < 15 cigarettes/day	2	1	1
	Age ≥ 35 years, ≥ 15 cigarettes/day	3	1	1
Hypertension	History of hypertension where blood pressure:			
	CANNOT be evaluated	3	2	2
	Is controlled and CAN be evaluated	1	1	1
	Systolic 140 - 159 or diastolic 90 - 99	2	1	1
Systolic ≥ 160 or diastolic ≥ 100	3	2	2	
Headaches	Non-migrainous (mild or severe)	1	1	1
	Migraine without aura (age < 35 years)	1	1	1
	Migraine without aura (age ≥ 35 years)	1	1	1
	Migraines with aura	1	1	1
History of deep venous thrombosis	3	2	2	2
Superficial thrombophlebitis	1	1	1	1
Complicated valvular heart disease	3	2	2	2
Ischemic heart disease/stroke	3	2	2	2
Diabetes	Non-vascular disease	1	1	1
	Vascular disease or diabetes of > 20 years	3	2	2
Malaria	1	1	1	1
Non-pelvic tuberculosis	1	1	1	1
Thyroid disease	1	1	1	1
Iron deficiency anemia	1	1	1	1
Sickle cell anemia	1	1	1	1

CONDITION	COC	DMPA	Implants	Cu-IUD
Known hyperlipidemias	2	1	1	1
Cancers	Cervical (awaiting treatment)	1	1	1
	Endometrial	1	1	1
	Ovarian	1	1	1
Cervical ectropion	1	1	1	1
Breast disease	Undiagnosed mass	3	3	3
	Current cancer	3	3	3
Uterine fibroids without cavity distortion	1	1	1	1
Endometriosis	1	1	1	1
Vaginal bleeding patterns	Irregular without heavy bleeding	1	1	1
	Heavy or prolonged, regular and irregular	1	1	1
	Unexplained bleeding	1	1	1
Cirrhosis	Mild	1	1	1
	Severe	3	2	2
Current symptomatic gall bladder disease	2	1	1	1
Cholestasis	Related to pregnancy	1	1	1
	Related to oral contraceptives	2	1	1
Hepatitis	Acute or flare	1	1	1
	Chronic or client is a carrier	1	1	1
Liver tumors (hepatocellular adenoma and malignant hepatoma)	3	2	2	2
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhea	1	1	1
	Vaginitis	1	1	1
	Current pelvic inflammatory disease (PID)	1	1	1
	Other STIs (excluding HIV/hepatitis)	1	1	1
	Increased risk of STIs	1	1	1
	Very high individual risk of exposure to STIs	1	1	1
HIV	1	1	1	1
AIDS	High risk of HIV or HIV-infected	1	1	1
	No antiretroviral therapy (ARV)	1	1	1
	Clinically well on ARV therapy	1	1	1
Not clinically well on ARV therapy	1	1	1	
Drug interactions including use of:	Nucleoside reverse transcriptase inhibitors	1	1	1
	Non-nucleoside reverse transcriptase inhibitors	1	1	1
	Ritonavir, ritonavir-boosted protease inhibitors	2	1	1
	Rifampicin or rifabutin	2	1	1
	Other antibiotics	1	1	1

- **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. 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, a woman with that condition falls in the category indicated — whether or not she is initiating or continuing use of the method.

* Breastfeeding does not affect initiation and use of the copper-IUD. Regardless of breastfeeding status, postpartum insertion of the copper-IUD is Category 1 up to 48 hours postpartum, Category 3 from 48 hours to four weeks, and Category 1 four weeks and after.

** Evaluation should be pursued as soon as possible.



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