



News from the World Health Organization, March 2004

The World Health Organization (WHO) recently revised the guidelines for IUCD use as part of an update of its Medical Eligibility Criteria for Contraceptive Use (MEC). These revisions will improve quality of care and reduce medical barriers for women who are considering an IUCD as a contraceptive method. Based on the latest clinical and epidemiological research, the revisions are particularly significant for women at risk of sexually transmitted infections (STIs), including HIV, and women living with HIV or AIDS.

Initiation and continuation of IUCDs

Research has shown that while some conditions restrict IUCD initiation, they do not necessarily affect the safety of continued use. Under the new guidelines, for example, a client who has gonorrhea or chlamydial infection is considered a Category 4 for IUCD initiation and should be advised to choose another method. However, if an IUCD user develops an STI, she can be treated with antibiotics without the IUCD being removed (Category 2). In addition, the client should be counseled about partner notification and treatment, and condom use.

Risk of STIs and PID

Pelvic inflammatory disease (PID), which can lead to infertility, is caused by STIs such as chlamydia or gonorrhea. The IUCD itself contributes very little to PID, even in settings with high STI prevalence.

WHO states that clients at high *individual* risk (e.g., has multiple partners or a partner with STI symptoms, and fails to use condoms consistently and correctly) should initiate IUCD use only if other methods are unavailable or unacceptable and if medical follow-up is available (Category 3). Notably, however, clients at *general* risk of STIs (e.g., are young, not in a stable relationship, or live in a high STI area) may initiate IUCD use, provided they do not have STI symptoms (Category 2). Counseling for all clients should stress that using condoms with the IUCD will help protect against STIs, as well as unintended pregnancy.

Standard IUCD guidelines recommend a one-month follow-up visit for all women receiving an IUCD. All clients who choose an IUCD should be counseled on the symptoms of PID (fever, lower abdominal pain), and

What are the WHO Medical Eligibility Criteria?

The Medical Eligibility Criteria provide guidance on whether a contraceptive method is recommended for a client based on individual characteristics or a pre-existing medical condition.

Category	
1	There is no restriction for the use of the contraceptive method.
2	The advantages of using the method generally outweigh the theoretical or proven risks. The method may generally be used, but careful follow-up may be required.
3	The theoretical or proven risk usually outweighs the advantages of using the method. Use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable; it requires clinical judgment and access to clinical services for follow-up.
4	The method should not be used.

encouraged to return in one month, or if symptoms occur. A follow-up visit is the best protection against unplanned pregnancies due to IUCD expulsion. It also ensures timely treatment in rare cases when a woman develops PID after IUCD insertion.

Safe for women with HIV/AIDS

WHO now recommends that women at high risk of HIV and women infected with HIV can initiate and continue use of the IUCD (Category 2). Women who have developed AIDS generally should not initiate IUCD use unless another method is unavailable or unacceptable (Category 3). However, if an HIV-infected woman chooses to have an IUCD inserted and later develops AIDS, the IUCD need not be removed (Category 2). Women with AIDS who are taking antiretroviral therapy and seem to be doing clinically well on these drugs may initiate and continue IUCD use (Category 2).

IUCD MEC 2003 changes

	2 nd Edition (2000)	March 2004	
	Initiation/Continuation	Initiation	Continuation
STIs			
Current purulent cervicitis or chlamydial infection or gonorrhea	4	4	2
Other STIs (excluding HIV and Hepatitis)	Category did not exist	2	2
Vaginitis	2	2	2
Increased risk of STIs	3	2/3* *if at high individual risk.	2
HIV/AIDS			
High risk of HIV	3	2	2
HIV-infected	3	2	2
AIDS	3	3	2
Doing clinically well on anti-retroviral therapy	Category did not exist	2	2

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