

FHI's QUICK REFERENCE CHART

for the WHO Medical Eligibility Criteria for Contraceptive Use

to initiate or continue the use of
 Combined Oral Contraceptive (COC), Noristerat (NET-EN), Depo-Provera (DMPA), Copper Intrauterine Device (Cu-IUD)

		COC	NET-EN/ DMPA	Cu-IUD			COC	NET-EN/ DMPA	Cu-IUD
Age	Menarche to 39 years				Known hyperlipidemias				
	40 years or more				Cancers	Cervical			I C
	Menarche to 17 years					Endometrial			I C
	18 years to 45 years					Ovarian			I C
	More than 45 years				Breast Disease	Undiagnosed mass			
Less than 20 years				Family history of cancer					
20 years or more				Current cancer					
Nulliparous					Uterine fibroids				
Breastfeeding	Less than 6 weeks postpartum			*	Endometriosis				
	6 weeks to 6 months postpartum				Trophoblast disease				
	6 months postpartum or more				Vaginal bleeding patterns	Irregular without heavy bleeding			
Smoking	Age < 35 years					Heavy or prolonged, regular and irregular			
	Age ≥ 35 years, < 15 cigarettes/day					Unexplained bleeding			I C
	Age ≥ 35 years, ≥ 15 cigarettes/day				Cirrhosis	Mild			
Hypertension	History of hypertension where blood pressure CANNOT be evaluated					Severe			
	Controlled and CAN be evaluated				Current symptomatic gall bladder disease				
	Systolic 140 - 159 or Diastolic 90 - 99				Cholestasis	Related to the pregnancy			
	Systolic ≥ 160 or Diastolic ≥ 100				Related to oral contraceptives				
Headaches	Non-migrainous (mild or severe)	I C			Hepatitis	Active			
	Migraine without aura (age < 35 years)	I C	I C		Client is a carrier				
	Migraine without aura (age ≥ 35 years)	I C	I C		Liver tumors				
	Migraines with aura		I C		STI/PID	Current purulent cervicitis, chlamydia, gonorrhea			I C
	History of deep venous thrombosis					Vaginitis			
Superficial thrombophlebitis				Pelvic inflammatory disease (PID)					I C
Complicated valvular heart disease				Other STIs (excluding HIV/hepatitis)					
Ischemic heart disease /stroke				Increased risk of STIs					
Diabetes	Non-vascular disease				Increased individual risk of STIs				I C
	Vascular disease or diabetes of > 20 years				HIV	High risk of HIV or HIV-infected			
Malaria					AIDS	No antiretroviral therapy (ARV), or not doing well on ARV therapy			I C
Non-pelvic tuberculosis				Clinically well on ARV therapy					
Thyroid disease					Use of:	Griseofulvin			
Iron deficiency anemia						Rifampicin			
						Other antibiotics			

Category 1 ■ There are <u>no</u> restrictions for use.	Category 3 □ Usually <u>not</u> recommended; clinical judgment and continuing access to clinical services are required for use.
Category 2 □ Generally use; <u>some follow-up may be needed</u> .	Category 4 □ The method <u>should not be used</u> .

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.

*Postpartum IUD use by breastfeeding and non-breastfeeding women is Category 2 up to 48 hours postpartum, Category 3 from 48 hours to four weeks, and Category 1 four weeks and after.

Source: Adapted from *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*. Geneva: World Health Organization. Third edition, 2004.

Available: http://www.who.int/reproductive-health/publications/RHR_00_2_medical_eligibility_criteria_3rd/index.htm.

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