

Medical Eligibility Criteria for Contraceptive Use

The table on the following pages summarizes the World Health Organization Medical Eligibility Criteria for using contraceptive methods. These criteria are the basis for the Medical Eligibility Criteria checklists in Chapters I through 19.

Categories for Temporary Methods

| Category | With Clinical Judgment | With Limited Clinical Judgment |
|----------|---|--------------------------------|
| 1 | Use method in any circumstances | 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 | |

Note: In the table beginning on the next page, category 3 and 4 conditions are shaded to indicate that the method should not be provided where clinical judgment is limited.

For vasectomy, male and female condoms, spermicides, diaphragms, cervical caps, and lactational amenorrhea method, see p. 333. For fertility awareness methods, see p. 334.

Categories for Female Sterilization

| | |
|--------------------|--|
| Accept (A) | There is no medical reason to deny the method to a person with this condition or in this circumstance. |
| Caution (C) | The method is normally provided in a routine setting, but with extra preparation and precautions. |
| Delay (D) | Use of the method should be delayed until the condition is evaluated and/or corrected. Alternative, temporary methods of contraception should be provided. |
| Special (S) | The procedure should be undertaken in a setting with an experienced surgeon and staff, equipment needed to provide general anesthesia, and other backup medical support. The capacity to decide on the most appropriate procedure and anesthesia support also is needed. Alternative, temporary methods of contraception should be provided if referral is required or there is otherwise any delay. |

- = Use the method
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- I** = Initiation of the method
- C** = Continuation of the method
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- NA = Not applicable

Condition

| | Combined oral contraceptives | Monthly injectables | Combined patch and combined vaginal ring | Progestin-only pills | Progestin-only injectables | Implants | Emergency contraceptive pills* | Copper-bearing intrauterine device | Levonorgestrel intrauterine device | Female sterilization* |
|--|------------------------------|---------------------|--|------------------------|----------------------------|----------------|--------------------------------|------------------------------------|------------------------------------|-----------------------|
| PERSONAL CHARACTERISTICS AND REPRODUCTIVE HISTORY | | | | | | | | | | |
| Pregnant | NA | NA | NA | NA | NA | NA | NA | 4 | 4 | D |
| Age | Menarche to < 40 years | | | Menarche to < 18 years | | | | Menarche to < 20 years | | Young age |
| | 1 | 1 | 1 | 1 | 2 | 1 | — | 2 | 2 | C |
| | ≥ 40 years | | | 18 to 45 years | | | | ≥ 20 years | | |
| | 2 | 2 | 2 | 1 | 1 | 1 | — | 1 | 1 | |
| | | | | > 45 | | | | | | |
| Parity | | | | | | | | | | |
| Nulliparous (has not given birth) | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 | 2 | A |
| Parous (has given birth) | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | A |
| Breastfeeding | | | | | | | | | | |
| < 6 weeks postpartum | 4 | 4 | 4 | 3 ^a | 3 ^a | 3 ^a | 1 | b | b | * |
| ≥ 6 weeks to < 6 months postpartum (primarily breastfeeding) | 3 | 3 | 3 | 1 | 1 | 1 | 1 | b | b | A |
| ≥ 6 months postpartum | 2 | 2 | 2 | 1 | 1 | 1 | 1 | b | b | A |
| Postpartum (not breastfeeding) | | | | | | | | | | |
| < 21 days | 3 | 3 | 3 | 1 | 1 | 1 | — | b | b | * |
| With other added VTE risk factors | 3/4 ^{**} | 3/4 ^{**} | 3/4 ^{**} | | | | | | | |
| 21–42 days | 2 | 2 | 2 | 1 | 1 | 1 | — | b | b | |
| With other added VTE risk factors | 2/3 ^{**} | 2/3 ^{**} | 2/3 ^{**} | | | | | | | |
| >42 days | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | A |
| Postabortion | | | | | | | | | | |
| First trimester | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | * |
| Second trimester | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 | 2 | |
| Immediate post-septic abortion | 1 | 1 | 1 | 1 | 1 | 1 | — | 4 | 4 | |

* For additional conditions relating to emergency contraceptive pills and female sterilization, see p. 332. (Continued)

** Category depends on the number, severity, and combination of risk factors for venous thromboembolism (VTE).

^a In settings where pregnancy morbidity and mortality risks are high and this method is one of few widely available contraceptives, it may be made accessible to breastfeeding women immediately postpartum.

^b Postpartum IUD use: For the copper-bearing IUD, insertion at <48 hours is category I. For the LNG-IUD, insertion at <48 hours is category 3 for breastfeeding women and category I for women not breastfeeding. For all women and both IUD types, insertion from 48 hours to <4 weeks is category 3; ≥4 weeks, category I; and puerperal sepsis, category 4.

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|---|------------------------------|---------------------|--|----------------------|----------------------------|-----------------|--------------------------------|------------------------------------|------------------------------------|------------------------|
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| NA = Not applicable | | | | | | | | | | |
| Condition | | | | | | | | | | |
| Past ectopic pregnancy | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | A |
| History of pelvic surgery | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | C* |
| Smoking | | | | | | | | | | |
| Age < 35 years | 2 | 2 | 2 | 1 | 1 | 1 | — | 1 | 1 | A |
| Age ≥ 35 years | | | | | | | | | | |
| <15 cigarettes/day | 3 | 2 | 3 | 1 | 1 | 1 | — | 1 | 1 | A |
| ≥15 cigarettes/day | 4 | 3 | 4 | 1 | 1 | 1 | — | 1 | 1 | A |
| Obesity | | | | | | | | | | |
| ≥ 30 kg/m ² body mass index | 2 | 2 | 2 | 1 | 1 [†] | 1 | — | 1 | 1 | C |
| Blood pressure measurement unavailable | NA ^c | NA ^c | NA ^c | NA ^c | NA ^c | NA ^c | — | NA | NA | NA |
| CARDIOVASCULAR DISEASE | | | | | | | | | | |
| Multiple risk factors for arterial cardiovascular disease (older age, smoking, diabetes, and hypertension) | 3/4 ^d | 3/4 ^d | 3/4 ^d | 2 | 3 | 2 | — | 1 | 2 | S |
| Hypertension^e | | | | | | | | | | |
| History of hypertension, where blood pressure CANNOT be evaluated (including hypertension in pregnancy) | 3 | 3 | 3 | 2 ^c | 2 ^c | 2 ^c | — | 1 | 2 | NA |
| Adequately controlled hypertension, where blood pressure CAN be evaluated | 3 | 3 | 3 | 1 | 2 | 1 | — | 1 | 1 | C |
| Elevated blood pressure (properly measured) | | | | | | | | | | |
| Systolic 140–159 or diastolic 90–99 | 3 | 3 | 3 | 1 | 2 | 1 | — | 1 | 1 | C ^f |
| Systolic ≥ 160 or diastolic ≥ 100 ^g | 4 | 4 | 4 | 2 | 3 | 2 | — | 1 | 2 | S ^f |
| Vascular disease | 4 | 4 | 4 | 2 | 3 | 2 | — | 1 | 2 | S |

[†] From menarche to age <18 years, ≥30 kg/m² body mass index is category 2 for DMPA, category 1 for NET-EN.

^c In settings where pregnancy morbidity and mortality risks are high and this method is one of few widely available contraceptives, women should not be denied access simply because their blood pressure cannot be measured.

^d When multiple major risk factors exist, any of which alone would substantially increase the risk of cardiovascular disease, use of the method may increase her risk to an unacceptable level. However, a simple addition of categories for multiple risk factors is not intended. For example, a combination of factors assigned a category 2 may not necessarily warrant a higher category.

^e Assuming no other risk factors for cardiovascular disease exist. A single reading of blood pressure is not sufficient to classify a woman as hypertensive.

^f Elevated blood pressure should be controlled before the procedure and monitored during the procedure.

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|---|------------------------------|---------------------|--|----------------------|----------------------------|----------|--------------------------------|------------------------------------|------------------------------------|-----------------------|---|---|
| History of high blood pressure during pregnancy (where current blood pressure is measurable and normal) | 2 | 2 | 2 | 1 | 1 | 1 | — | 1 | 1 | A | | |
| Deep venous thrombosis (DVT)/Pulmonary embolism (PE) | | | | | | | | | | | | |
| History of DVT/PE | 4 | 4 | 4 | 2 | 2 | 2 | * | 1 | 2 | A | | |
| Acute DVT/PE | 4 | 4 | 4 | 3 | 3 | 3 | * | 1 | 3 | D | | |
| DVT/PE and on anticoagulant therapy | 4 | 4 | 4 | 2 | 2 | 2 | * | 1 | 2 | S | | |
| Family history of DVT/PE (first-degree relatives) | 2 | 2 | 2 | 1 | 1 | 1 | * | 1 | 1 | A | | |
| Major surgery | | | | | | | | | | | | |
| With prolonged immobilization | 4 | 4 | 4 | 2 | 2 | 2 | — | 1 | 2 | D | | |
| Without prolonged immobilization | 2 | 2 | 2 | 1 | 1 | 1 | — | 1 | 1 | A | | |
| Minor surgery without prolonged immobilization | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | A | | |
| Known thrombogenic mutations (e.g., Factor V Leiden, Prothrombin mutation; Protein S, Protein C, and Antithrombin deficiencies) [‡] | 4 | 4 | 4 | 2 | 2 | 2 | * | 1 | 2 | A | | |
| Superficial venous thrombosis | | | | | | | | | | | | |
| Varicose veins | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | A | | |
| Superficial thrombophlebitis | 2 | 2 | 2 | 1 | 1 | 1 | — | 1 | 1 | A | | |
| Ischemic heart disease[‡] | | | | | | | | | | | | |
| Current | | | | I | C | | I | C | | I | C | |
| History of | 4 | 4 | 4 | 2 | 3 | 3 | 2 | 3 | * | 1 | 2 | 3 |
| Stroke (history of cerebrovascular accident) [‡] | 4 | 4 | 4 | 2 | 3 | 3 | 2 | 3 | * | 1 | 2 | C |
| Known hyperlipidemias | 2/3 ^h | 2/3 ^h | 2/3 ^h | 2 | 2 | 2 | — | 1 | 2 | A | | |
| Valvular heart disease | | | | | | | | | | | | |
| Uncomplicated | 2 | 2 | 2 | 1 | 1 | 1 | — | 1 | 1 | C ⁱ | | |
| Complicated ^{‡,g} | 4 | 4 | 4 | 1 | 1 | 1 | — | 2 ⁱ | 2 ⁱ | S* | | |

[‡] Pulmonary hypertension, atrial fibrillation, history of subacute bacterial endocarditis.

(Continued)

^g This condition may make pregnancy an unacceptable health risk. Women should be advised that because of relatively higher pregnancy rates, as commonly used, spermicides, withdrawal, fertility awareness methods, cervical caps, diaphragms, or female or male condoms may not be the most appropriate choice.

^h Assess according to the type and severity of hyperlipidemia and the presence of other cardiovascular risk factors.

ⁱ Prophylactic antibiotics are advised before providing the method.

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| Condition | | | | | | | | | | | | | | | | | |
| Systemic lupus erythematosus | | | | | I C | | | I C | | | | | | | | | |
| Positive (or unknown) antiphospholipid antibodies | 4 | 4 | 4 | 3 | 3 | 3 | 3 | — | 1 | 1 | 3 | S | | | | | |
| Severe thrombocytopenia | 2 | 2 | 2 | 2 | 3 | 2 | 2 | — | 3 | 2 | 2 | S | | | | | |
| Immunosuppressive treatment | 2 | 2 | 2 | 2 | 2 | 2 | 2 | — | 2 | 1 | 2 | S | | | | | |
| None of the above | 2 | 2 | 2 | 2 | 2 | 2 | 2 | — | 1 | 1 | 2 | C | | | | | |
| NEUROLOGICAL CONDITIONS | | | | | | | | | | | | | | | | | |
| Headaches^l | I C | I C | I C | I C | I C | I C | I C | I C | I C | I C | | | | | | | |
| Nonmigrainous (mild or severe) | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | 1 | A |
| Migraine | | | | | | | | 2 | | | | | | | | | |
| Without aura | I C | I C | I C | I C | I C | I C | I C | I C | I C | I C | I C | | | | | | |
| Age < 35 | 2 | 3 | 2 | 3 | 2 | 3 | 1 | 2 | 2 | 2 | 2 | 2 | — | 1 | 2 | 2 | A |
| Age ≥ 35 | 3 | 4 | 3 | 4 | 3 | 4 | 1 | 2 | 2 | 2 | 2 | 2 | — | 1 | 2 | 2 | A |
| With aura, at any age | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 3 | 2 | 3 | 2 | 3 | — | 1 | 2 | 3 | A |
| Epilepsy | 1 ^k | 1 ^k | 1 ^k | 1 ^k | 1 ^k | 1 ^k | 1 ^k | — | 1 | 1 | 1 | C | | | | | |
| DEPRESSIVE DISORDERS | | | | | | | | | | | | | | | | | |
| Depressive disorders | 1 ^l | 1 ^l | 1 ^l | 1 ^l | 1 ^l | 1 ^l | 1 ^l | — | 1 | 1 ^l | C | | | | | | |
| REPRODUCTIVE TRACT INFECTIONS AND DISORDERS | | | | | | | | | | | | | | | | | |
| Vaginal bleeding patterns | | | | | | | | | | I C | | | | | | | |
| Irregular pattern without heavy bleeding | 1 | 1 | 1 | 2 | 2 | 2 | — | 1 | 1 | 1 | A | | | | | | |
| Heavy or prolonged bleeding (including regular and irregular patterns) | 1 | 1 | 1 | 2 | 2 | 2 | — | 2 | 1 | 2 | A | | | | | | |
| Unexplained vaginal bleeding (suspicious for serious condition), before evaluation | 2 | 2 | 2 | 2 | 3 | 3 | — | I C | I C | I C | D | | | | | | |
| Endometriosis | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 | 1 | S | | | | | | | |
| Benign ovarian tumors (including cysts) | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | A | | | | | | | |
| Severe dysmenorrhea | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 | 1 | A | | | | | | | |
| Trophoblast disease | | | | | | | | | | | | | | | | | |
| β-hCG regression | 1 | 1 | 1 | 1 | 1 | 1 | — | 3 | 3 | A | | | | | | | |
| β-hCG elevation ^g | 1 | 1 | 1 | 1 | 1 | 1 | — | 4 | 4 | D | | | | | | | |
| Cervical ectropion | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | A | | | | | | | |

^l Category is for women without any other risk factors for stroke.
^k If taking anticonvulsants, refer to section on drug interactions, p. 332.
^l Certain medications may interact with the method, making it less effective.

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| Cervical intraepithelial neoplasia (CIN) | 2 | 2 | 2 | 1 | 2 | 2 | — | 1 | 2 | A |
| Cervical cancer (awaiting treatment) | 2 | 2 | 2 | 1 | 2 | 2 | — | I C 4 2 | I C 4 2 | D |
| Breast disease | | | | | | | | | | |
| Undiagnosed mass | 2 | 2 | 2 | 2 | 2 | 2 | — | 1 | 2 | A |
| Benign breast disease | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | A |
| Family history of cancer | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | A |
| Breast cancer | | | | | | | | | | |
| Current [§] | 4 | 4 | 4 | 4 | 4 | 4 | — | 1 | 4 | C |
| Past, no evidence of disease for at least 5 years | 3 | 3 | 3 | 3 | 3 | 3 | — | 1 | 3 | A |
| Endometrial cancer[§] | 1 | 1 | 1 | 1 | 1 | 1 | — | I C 4 2 | I C 4 2 | D |
| Ovarian cancer[§] | 1 | 1 | 1 | 1 | 1 | 1 | — | 3 2 | 3 2 | D |
| Uterine fibroids | | | | | | | | | | |
| Without distortion of the uterine cavity | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | C |
| With distortion of the uterine cavity | 1 | 1 | 1 | 1 | 1 | 1 | — | 4 | 4 | C |
| Anatomical abnormalities | | | | | | | | | | |
| Distorted uterine cavity | — | — | — | — | — | — | — | 4 | 4 | — |
| Other abnormalities not distorting the uterine cavity or interfering with IUD insertion (including cervical stenosis or lacerations) | — | — | — | — | — | — | — | 2 | 2 | — |
| Pelvic inflammatory disease (PID) | | | | | | | | | | |
| Past PID (assuming no current risk factors for STIs) | | | | | | | | I C 1 1 | I C 1 1 | |
| With subsequent pregnancy | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 1 | 1 1 | A |
| Without subsequent pregnancy | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 2 | 2 2 | C |
| Current PID | 1 | 1 | 1 | 1 | 1 | 1 | — | 4 2 ^m | 4 2 ^m | D |
| Sexually transmitted infections (STIs)[§] | | | | | | | | | | |
| Current purulent cervicitis, chlamydia, or gonorrhea | 1 | 1 | 1 | 1 | 1 | 1 | — | 4 2 | 4 2 | D |
| Other STIs (excluding HIV and hepatitis) | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 2 | 2 2 | A |

^mTreat PID using appropriate antibiotics. There is usually no need to remove the IUD if the client wishes to continue use.

(Continued)

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| | | | | | | | | 1 | 2 | 1 | 2 | |
| Vaginitis (including trichomonas vaginalis and bacterial vaginosis) | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 | 2 | 2 | 2 | A |
| Increased risk of STIs | 1 | 1 | 1 | 1 | 1 | 1 | — | $\frac{2}{3}^n$ | 2 | $\frac{2}{3}^n$ | 2 | A |
| HIV/AIDS^g | | | | | | | | | | | | |
| | | | | | | | | I | C | I | C | |
| High risk of HIV | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 | 2 | 2 | 2 | A |
| HIV-infected | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 | 2 | 2 | 2 | A |
| AIDS | 1 | 1 | 1 | 1 | 1 | 1 | — | 3 | 2 | 3 | 2 | S ^o |
| Treated with NRTIs | 1 | 1 | 1 | 1 | 1 | 1 | — | $\frac{2}{3}^p$ | 2 | $\frac{2}{3}^p$ | 2 | — |
| Treated with NNRTIs | 2 | 2 | 2 | 2 | DMPA 1 NET-EN 2 | 2 | — | $\frac{2}{3}^p$ | 2 | $\frac{2}{3}^p$ | 2 | — |
| Treated with ritonavir-boosted protease inhibitors | 3 | 3 | 3 | 3 | DMPA 1 NET-EN 2 | 2 | — | $\frac{2}{3}^p$ | 2 | $\frac{2}{3}^p$ | 2 | — |
| OTHER INFECTIONS | | | | | | | | | | | | |
| Schistosomiasis | | | | | | | | | | | | |
| Uncomplicated | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | 1 | 1 | A |
| Fibrosis of liver (if severe, see cirrhosis, next page) ^g | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | 1 | 1 | C |
| Tuberculosis^g | | | | | | | | | | | | |
| Non-pelvic | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | 1 | 1 | A |
| Known pelvic | 1 | 1 | 1 | 1 | 1 | 1 | — | 4 | 3 | 4 | 3 | S |
| Malaria | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | 1 | 1 | A |
| ENDOCRINE CONDITIONS | | | | | | | | | | | | |
| Diabetes | | | | | | | | | | | | |
| History of gestational diabetes | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | 1 | 1 | A ^q |
| Non-vascular diabetes | | | | | | | | | | | | |
| Non-insulin dependent | 2 | 2 | 2 | 2 | 2 | 2 | — | 1 | 2 | 1 | 2 | C ^{i,q} |
| Insulin dependent ^g | 2 | 2 | 2 | 2 | 2 | 2 | — | 1 | 2 | 1 | 2 | C ^{i,q} |

ⁿ The condition is category 3 if a woman has a very high individual likelihood of exposure to gonorrhea or chlamydia.

^o Presence of an AIDS-related illness may require a delay in the procedure.

^p AIDS is category 2 for insertion for those clinically well on antiretroviral therapy; otherwise, category 3 for insertion.

^q If blood glucose is not well controlled, referral to a higher-level facility is recommended.

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| With kidney, eye, or nerve damage [§] | 3/4 ^r | 3/4 ^r | 3/4 ^r | 2 | 3 | 2 | — | 1 | 2 | S | | |
| Other vascular disease or diabetes of >20 years' duration [§] | 3/4 ^r | 3/4 ^r | 3/4 ^r | 2 | 3 | 2 | — | 1 | 2 | S | | |
| Thyroid disorders | | | | | | | | | | | | |
| Simple goiter | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | A | | |
| Hyperthyroid | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | S | | |
| Hypothyroid | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | C | | |
| GASTROINTESTINAL CONDITIONS | | | | | | | | | | | | |
| Gall bladder disease | | | | | | | | | | | | |
| Symptomatic | | | | | | | | | | | | |
| Treated by cholecystectomy | 2 | 2 | 2 | 2 | 2 | 2 | — | 1 | 2 | A | | |
| Medically treated | 3 | 2 | 3 | 2 | 2 | 2 | — | 1 | 2 | A | | |
| Current | 3 | 2 | 3 | 2 | 2 | 2 | — | 1 | 2 | D | | |
| Asymptomatic | 2 | 2 | 2 | 2 | 2 | 2 | — | 1 | 2 | A | | |
| History of cholestasis | | | | | | | | | | | | |
| Pregnancy-related | 2 | 2 | 2 | 1 | 1 | 1 | — | 1 | 1 | A | | |
| Past combined oral contraceptives-related | 3 | 2 | 3 | 2 | 2 | 2 | — | 1 | 2 | A | | |
| Viral hepatitis | | | | | | | | | | | | |
| | I | C | I | C | I | C | | | | | | |
| Acute or flare | $\frac{3}{4^r}$ | 2 | 3 | 2 | $\frac{3}{4^r}$ | 2 | 1 | 1 | 1 | 2 | 1 | D |
| Carrier | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | 1 | A | |
| Chronic | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | 1 | A | |
| Cirrhosis | | | | | | | | | | | | |
| Mild (compensated) | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | A | | |
| Severe (decompensated) [§] | 4 | 3 | 4 | 3 | 3 | 3 | — | 1 | 3 | S ^t | | |
| Liver tumors | | | | | | | | | | | | |
| Focal nodular hyperplasia | 2 | 2 | 2 | 2 | 2 | 2 | — | 1 | 2 | A | | |
| Hepatocellular adenoma | 4 | 3 | 4 | 3 | 3 | 3 | — | 1 | 3 | C ^t | | |
| Malignant (hepatoma) [§] | 4 | 3/4 | 4 | 3 | 3 | 3 | — | 1 | 3 | C ^t | | |

^r Assess according to severity of condition.

(Continued)

[§] In women with symptomatic viral hepatitis, withhold these methods until liver function returns to normal or 3 months after she becomes asymptomatic, whichever is earlier.

^t Liver function should be evaluated.

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| Condition | | | | | | | | | | |
| ANEMIAS | | | | | | | | | | |
| Thalassemia | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 | 1 | C |
| Sickle cell disease [§] | 2 | 2 | 2 | 1 | 1 | 1 | — | 2 | 1 | C |
| Iron-deficiency anemia | 1 | 1 | 1 | 1 | 1 | 1 | — | 2 | 1 | D/C ^u |
| DRUG INTERACTIONS (for antiretroviral drugs, see HIV/AIDS) | | | | | | | | | | |
| Anticonvulsant therapy | | | | | | | | | | |
| Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) | 3 ^l | 2 | 3 ^l | 3 ^l | DMPA 1 NET-EN 2 | 2 ^l | — | 1 | 1 | — |
| Lamotrigine | 3 [§] | 3 [§] | 3 [§] | 1 | 1 | 1 | — | 1 | 1 | — |
| Antimicrobial therapy | | | | | | | | | | |
| Broad-spectrum antibiotics | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | — |
| Antifungals and antiparasitics | 1 | 1 | 1 | 1 | 1 | 1 | — | 1 | 1 | — |
| Rifampicin or rifabutin therapy | 3 ^l | 2 | 3 ^l | 3 ^l | DMPA 1 NET-EN 2 | 2 | — | 1 | 1 | — |

[§] Combined hormonal contraceptives may reduce the effectiveness of lamotrigine.

^u For hemoglobin < 7 g/dl, delay. For hemoglobin ≥ 7 to < 10 g/dl, caution.

*Additional conditions relating to emergency contraceptive pills:

Category 1: Repeated use; rape.

Category 2: History of severe cardiovascular complications (ischemic heart disease, cerebrovascular attack, or other thromboembolic conditions, and angina pectoralis).

*Additional conditions relating to female sterilization:

Caution: Diaphragmatic hernia; kidney disease; severe nutritional deficiencies; previous abdominal or pelvic surgery; concurrent with elective surgery.

Delay: Abdominal skin infection; acute respiratory disease (bronchitis, pneumonia); systemic infection or gastroenteritis; emergency surgery (without previous counseling); surgery for an infectious condition; certain postpartum conditions (7 to 41 days after childbirth); severe pre-eclampsia/eclampsia; prolonged rupture of membranes (24 hours or more); fever during or immediately after delivery; sepsis after delivery; severe hemorrhage; severe trauma to the genital tract; cervical or vaginal tear at time of delivery); certain postabortion conditions (sepsis, fever, or severe hemorrhage; severe trauma to the genital tract; cervical or vaginal tear at time of abortion; acute hematometra); subacute bacterial endocarditis; unmanaged atrial fibrillation.

Special arrangements: Coagulation disorders; chronic asthma, bronchitis, emphysema, or lung infection; fixed uterus due to previous surgery or infection; abdominal wall or umbilical hernia; postpartum uterine rupture or perforation; postabortion uterine perforation.

Conditions relating to vasectomy:

No special considerations: High risk of HIV, HIV-infected, sickle cell disease.

Caution: Young age; depressive disorders; diabetes; previous scrotal injury; large varicocele or hydrocele; cryptorchidism (may require referral); lupus with positive (or unknown) antiphospholipid antibodies; lupus and on immunosuppressive treatment.

Delay: Active STIs (excluding HIV and hepatitis); scrotal skin infection; balanitis; epididymitis or orchitis; systemic infection or gastroenteritis; filariasis; elephantiasis; intrascrotal mass.

Special arrangements: AIDS (AIDS-related illness may require delay); coagulation disorders; inguinal hernia; lupus with severe thrombocytopenia.

Conditions relating to male and female condoms, spermicides, diaphragms, cervical caps, and the lactational amenorrhea method:

All other conditions listed on the previous pages that do not appear here are a category 1 or NA for male and female condoms, spermicides, diaphragms, and cervical caps and not listed in the Medical Eligibility Criteria for the Lactational Amenorrhea Method.

| Condition | Male and female condoms | Spermicides | Diaphragms | Cervical caps | Lactational amenorrhea method ^{##} |
|---|-------------------------|-------------|-----------------|-----------------|---|
| REPRODUCTIVE HISTORY | | | | | |
| Parity | | | | | |
| Nulliparous (has not given birth) | 1 | 1 | 1 | 1 | — |
| Parous (has given birth) | 1 | 1 | 2 | 2 | — |
| < 6 weeks postpartum | 1 | 1 | NA ^v | NA ^v | — |
| CARDIOVASCULAR DISEASE | | | | | |
| Complicated valvular heart disease (pulmonary hypertension, risk of atrial fibrillation, history of subacute bacterial endocarditis) [§] | 1 | 1 | 2 | 2 | — |
| REPRODUCTIVE TRACT INFECTIONS AND DISORDERS | | | | | |
| Cervical intraepithelial neoplasia | 1 | 1 | 1 | 4 | — |
| Cervical cancer | 1 | 2 | 1 | 4 | — |
| Anatomical abnormalities | 1 | 1 | NA ^w | NA ^x | — |
| HIV/AIDS[§] | | | | | |
| High risk of HIV | 1 | 4 | 4 | 4 | — |
| HIV-infected | 1 | 3 | 3 | 3 | C ^y |
| AIDS | 1 | 3 | 3 | 3 | C ^y |

^v Wait to fit/use until uterine involution is complete.

(Continued)

^w Diaphragm cannot be used in certain cases of uterine prolapse.

^x Cap use is not appropriate for a client with severely distorted cervical anatomy.

^y Caution: women with HIV or AIDS should receive appropriate ARV therapy and exclusively breastfeed for the first 6 months of a baby's life, introduce appropriate complementary foods at 6 months, and continue breastfeeding through 12 months.

| | | | | | | |
|-------------------------------------|--|---------------------------------------|-------------|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> | = Use the method | | | | | |
| <input checked="" type="checkbox"/> | = Do not use the method | | | | | |
| <input type="checkbox"/> | = Condition not listed; does not affect eligibility for method | | | | | |
| Condition | | Male and female condoms | Spermicides | Diaphragms | Cervical caps | Lactational amenorrhea method ^z |
| OTHERS | | | | | | |
| History of toxic shock syndrome | | 1 | 1 | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> 3 | — |
| Urinary tract infection | | 1 | 1 | 2 | 2 | — |
| Allergy to latex ^z | | <input checked="" type="checkbox"/> 3 | 1 | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> 3 | — |

^z Does not apply to plastic condoms, diaphragms, and cervical caps.

#Additional conditions relating to lactational amenorrhea method:

Medication used during breastfeeding: To protect infant health, breastfeeding is not recommended for women using such drugs as anti-metabolites, bromocriptine, certain anticoagulants, corticosteroids (high doses), cyclosporine, ergotamine, lithium, mood-altering drugs, radioactive drugs, and reserpine.

Conditions affecting the newborn that may make breastfeeding difficult: Congenital deformities of the mouth, jaw, or palate; newborns who are small-for-date or premature and needing intensive neonatal care; and certain metabolic disorders.

Conditions relating to fertility awareness methods:

| | | | | |
|---|--------------------------------------|------------------------------------|------------------------|------------------------|
| <input type="checkbox"/> A = Accept | <input type="checkbox"/> C = Caution | <input type="checkbox"/> D = Delay | | |
| Condition | | | Symptoms-based methods | Calendar-based methods |
| Age: post menarche or perimenopause | | | C | C |
| Breastfeeding < 6 weeks postpartum | | | D | D ^{aa} |
| Breastfeeding ≥ 6 weeks postpartum | | | C ^{bb} | D ^{bb} |
| Postpartum, not breastfeeding | | | D ^{cc} | D ^{aa} |
| Postabortion | | | C | D ^{dd} |
| Irregular vaginal bleeding | | | D | D |
| Vaginal discharge | | | D | A |
| Taking drugs that affect cycle regularity, hormones, and/or fertility signs | | | D/C ^{ee} | D/C ^{ee} |
| Diseases that elevate body temperature | | | | |
| Acute | | | D | A |
| Chronic | | | C | A |

^{aa} Delay until she has had 3 regular menstrual cycles.

^{bb} Use caution after monthly bleeding or normal secretions return (usually at least 6 weeks after childbirth).

^{cc} Delay until monthly bleeding or normal secretions return (usually < 4 weeks postpartum).

^{dd} Delay until she has had one regular menstrual cycle.

^{ee} Delay until the drug's effect has been determined, then use caution.