

APPENDIX A

Contraceptive Effectiveness

Rates of Unintended Pregnancies per 100 Women

Family planning method	First-Year Pregnancy Rates (Trussell ^a)		12-month Pregnancy Rates (Cleland & Ali ^b)	Key
	Consistent and correct use	As commonly used	As commonly used	
Implants	0.05	0.05		0–0.9
Vasectomy	0.1	0.15		Very effective
Levonorgestrel IUD	0.2	0.2		
Female sterilization	0.5	0.5		1–9
Copper-bearing IUD	0.6	0.8	2	Effective
LAM (for 6 months)	0.9 ^c	2 ^c		
Monthly injectables	0.05	3		10–25
Progestin-only injectables	0.3	3	2	Moderately effective
Combined oral contraceptives	0.3	8	7	
Progestin-only oral pills	0.3	8		
Combined patch	0.3	8		26–32
Combined vaginal ring	0.3	8		Less effective
Male condoms	2	15	10	
Ovulation method	3			
TwoDay Method	4			
Standard Days Method	5			
Diaphragms with spermicide	6	16		
Female condoms	5	21		
Other fertility awareness methods		25	24	
Withdrawal	4	27	21	
Spermicides	18	29		
Cervical caps	26 ^d , 9 ^e	32 ^d , 16 ^e		
No method	85	85	85	

^a Rates largely from the United States. Source: Trussell J. Contraceptive efficacy. In: Hatcher R et al., editors. Contraceptive technology. 19th revised ed. 2007 (in press). Rates for monthly injectables and cervical cap are from Trussell J. Contraceptive failure in the United States. *Contraception*. 2004;70(2): 89–96.

^b Rates from developing countries. Source: Cleland J and Ali MM. Reproductive consequences of contraceptive failure in 19 developing countries. *Obstetrics and Gynecology*. 2004;104(2): 314–320.

^c Rate for consistent and correct use of LAM is a weighted average from 4 clinical studies cited in Trussell (2007). Rate for LAM as commonly used is from Kennedy KI et al., Consensus statement: Lactational amenorrhea method for family planning. *International Journal of Gynecology and Obstetrics*. 1996;54(1): 55–57.

^d Pregnancy rate for women who have given birth

^e Pregnancy rate for women who have never given birth

Signs and Symptoms of Serious Health Conditions

The table below lists signs and symptoms of some serious health conditions. These conditions are mentioned under Health Risks or Managing Any Problems in the chapters on contraceptive methods. These conditions occur rarely to extremely rarely among users of the method. They also occur rarely among people of reproductive age generally. Still, it is important to recognize possible signs of these conditions and to take action or refer for care if a client reports them. In some cases, clients who develop one of these conditions may need to choose another contraceptive method.

Condition	Description	Signs and Symptoms
Deep vein thrombosis	A blood clot that develops in the deep veins of the body, generally in the legs	Persistent, severe pain in one leg, sometimes with swelling or red skin.
Ectopic pregnancy	Pregnancy in which the fertilized egg implants in tissue outside the uterus, most commonly in a fallopian tube but sometimes in the cervix or abdominal cavity	In the early stages of ectopic pregnancy, symptoms may be absent or mild, but eventually they become severe. A combination of these signs and symptoms should increase suspicion of ectopic pregnancy: <ul style="list-style-type: none"> ● Unusual abdominal pain or tenderness ● Abnormal vaginal bleeding or no monthly bleeding—especially if a change from her usual bleeding pattern ● Light-headedness or dizziness ● Fainting
Heart attack	Occurs when the blood supply to the heart is blocked, usually due to a build-up of cholesterol and other substances in the coronary arteries	Chest discomfort or uncomfortable pressure; fullness, squeezing, or pain in the center of the chest that lasts longer than a few minutes or that comes and goes; spreading pain or numbness in one or both arms, back, jaw, or stomach; shortness of breath; cold sweats; nausea.

Condition	Description	Signs and Symptoms
Liver disorders	Infection with hepatitis inflames the liver; cirrhosis scars tissue, which blocks blood flow through the liver	Yellow eyes or skin (jaundice) and abdominal swelling, tenderness, or pain, especially in the upper abdomen.
Pelvic inflammatory disease (PID)	An infection of the upper genital tract, caused by various types of bacteria	Lower abdominal pain; pain during sex, pelvic examination, or urination; abnormal vaginal bleeding or discharge; fever; cervix bleeds when touched. In a pelvic examination, signs of PID include tenderness in the ovaries or fallopian tubes, yellowish cervical discharge containing mucus and pus, bleeding easily when the cervix is touched with a swab, or a positive swab test, and tenderness or pain when moving the cervix and uterus during pelvic examination.
Pulmonary embolism	A blood clot that travels through the bloodstream to the lungs	Sudden shortness of breath, that may worsen with a deep breath, cough that may bring up blood, fast heart rate, and a light-headed feeling.
Ruptured ectopic pregnancy	When a fallopian tube breaks due to an ectopic pregnancy	Sudden sharp or stabbing pain in lower abdomen, sometimes on one side. Possible right shoulder pain. Usually, within hours the abdomen becomes rigid and the woman goes into shock.
Severe allergic reaction to latex	When a person's body has a strong reaction to contact with latex	Rash over much of the body, dizziness brought on by a sudden drop in blood pressure, difficult breathing, loss of consciousness (anaphylactic shock).
Stroke	When arteries to the brain become blocked or burst, preventing normal blood flow and leading to the death of brain tissue	Numbness or weakness of the face, arm or leg, especially on one side of the body; confusion or trouble speaking or understanding; trouble seeing in one or both eyes; trouble walking, dizziness, loss of balance or coordination; severe headache with no other known cause. Signs and symptoms develop suddenly.
Toxic shock syndrome	A severe reaction throughout the body to toxins released by bacteria	High fever, body rash, vomiting, diarrhea, dizziness, muscle aches. Signs and symptoms develop suddenly.

Medical Conditions That Make Pregnancy Especially Risky

Some common medical conditions make pregnancy riskier to a woman's health. The effectiveness of her contraceptive method thus has special importance. For a comparison of the effectiveness of family planning methods, see *Contraceptive Effectiveness*, p. 319.

Some methods depend more on their users for effectiveness than do others. Mostly, the methods that require correct use with every act of sex or abstaining during fertile days are the less effective methods, as commonly used:

- Spermicides
- Withdrawal
- Fertility awareness methods
- Cervical caps
- Diaphragms
- Female condoms
- Male condoms

If a woman says that she has any of the common conditions listed below:

- She should be told that pregnancy could be especially risky to her health and in some cases, to the health of her baby.
- During counseling, focus special attention on the effectiveness of methods. Clients who are considering a method that requires correct use with every act of sex should think carefully whether they can use it effectively.

Reproductive Tract Infections and Disorders

- Breast cancer
- Endometrial cancer
- Ovarian cancer
- Some sexually transmitted infections (gonorrhea, chlamydia)
- Some vaginal infections (bacterial vaginosis)

Cardiovascular Disease

- High blood pressure (systolic blood pressure higher than 160 mm Hg or diastolic blood pressure higher than 100 mm Hg)
- Complicated valvular heart disease
- Ischemic heart disease (heart disease due to narrowed arteries)
- Stroke

Other Infections

- HIV/AIDS (see Sexually Transmitted Infections Including HIV, Question 9, p. 287)
- Tuberculosis
- Schistosomiasis with fibrosis of the liver

Endocrine Conditions

- Diabetes if insulin dependent, with damage to arteries, kidneys, eyes, or nervous system (nephropathy, retinopathy, neuropathy), or of more than 20 years' duration

Anemias

- Sickle cell disease

Gastrointestinal Conditions

- Severe (decompensated) cirrhosis of the liver
- Malignant (cancerous) liver tumors (hepatoma)

APPENDIX D

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 1 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
 = Do not use the method
I = Initiation of the method
C = Continuation of the method
 = Condition not listed; does not affect eligibility for method
 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						
			1	2	1	—				
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	*
≥ 21 days	1	1	1	1	1	1	—	b	b	
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	
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*

(Continued)

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

^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 breastfeeding women and women not breastfeeding, IUD insertion at <48 hours is category 2 for copper-bearing IUD and category 3 for the levonorgestrel IUD. For both IUD types, insertion from 48 hours to <4 weeks is category 3; ≥4 weeks, category 1; and puerperal sepsis, category 4.

	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**
<input type="checkbox"/> = Use the method										
<input type="checkbox"/> = Do not use the method										
I = Initiation of the method										
C = Continuation of the method										
<input type="checkbox"/> = Condition not listed; does not affect eligibility for method										
NA = Not applicable										
Condition										
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

^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.

^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.

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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*			
Vascular disease	4	4	4	2	3	2	—	1	2	S			
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			
Current DVT/PE	4	4	4	3	3	3	*	1	3	D			
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[§]				I C				I C			I C		
Current	4	4	4	2	3	3	2	3	*	1	2	3	D
History of	4	4	4	2	3	3	2	3	*	1	2	3	C
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		

(Continued)

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

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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*	
Valvular heart disease											
Uncomplicated	2	2	2	1	1	1	—	1	1	C ⁱ	
Complicated (pulmonary hypertension, atrial fibrillation, history of subacute bacterial endocarditis) ^g	4	4	4	1	1	1	—	2 ⁱ	2 ⁱ	S*	
NEUROLOGICAL CONDITIONS											
Headaches^h	I	C	I	C	I	C	I	C	I	C	
Nonmigrainous (mild or severe)	1	2	1	2	1	2	1	1	1	1	A
Migraine							2				
Without aura	I	C	I	C	I	C	I	C	I	C	
Age < 35	2	3	2	3	2	3	1	2	2	2	A
Age ≥ 35	3	4	3	4	3	4	1	2	2	2	A
With aura, at any age	4	4	4	4	4	4	2	3	2	3	A
Epilepsy	1 ^k	1 ^k	1 ^k	1 ^k	1 ^k	1 ^k	—	1	1	C	
DEPRESSIVE DISORDERS											
Depressive disorders	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
								4	2	4	2
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											
Benign	1	1	1	1	1	1	—	3	3	A	

ⁱ Prophylactic antibiotics are advised before providing the method.

^j 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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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*	
Malignant^g	1	1	1	1	1	1	—	4	4	D	
Cervical ectropion	1	1	1	1	1	1	—	1	1	A	
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 ^g	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^g	1	1	1	1	1	1	—	I C 4 2	I C 4 2	D	
Ovarian cancer^g	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	A

(Continued)

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

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 NA = Not applicable

Condition

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*		
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)[§]								I	C	I	C	
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
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	—	2/3 ⁿ	2	2/3 ⁿ	2	A
HIV/AIDS[§]												
								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
On antiretroviral therapy	2	2	2	2	2	2	—	2/3 ^p	2	2/3 ^p	2	S ^o
OTHER INFECTIONS												
Schistosomiasis												
Uncomplicated	1	1	1	1	1	1	—	1	1	1	1	A
Fibrosis of liver (if severe, see cirrhosis, next page) [§]	1	1	1	1	1	1	—	1	1	1	1	C
Tuberculosis[§]								I	C	I	C	
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

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.

	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*
<input type="checkbox"/> = Use the method										
<input type="checkbox"/> = Do not use the method										
I = Initiation of the method										
C = Continuation of the method										
<input type="checkbox"/> = Condition not listed; does not affect eligibility for method										
NA = Not applicable										
Condition										
Non-vascular diabetes										
Non-insulin dependent	2	2	2	2	2	2	—	1	2	C ^{i,q}
Insulin dependent [§]	2	2	2	2	2	2	—	1	2	C ^{i,q}
Diabetes (continued)										
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										
Active	4	3/4 ^{r,§}	4 [§]	3	3	3	2	1	3	D
Carrier	1	1	1	1	1	1	—	1	1	A
Cirrhosis										
Mild (compensated)	3	2	3	2	2	2	—	1	2	C ^t
Severe (decompensated) [§]	4	3	4	3	3	3	—	1	3	S

(Continued)

^r Assess according to severity of condition.[§] In women with symptomatic viral hepatitis, withhold this method until liver function returns to normal or 3 months after she becomes asymptomatic, whichever is earlier.[§] Liver function should be evaluated.

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 = Do not use the method
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*
Liver tumors										
Benign (adenoma)	4	3	4	3	3	3	—	1	3	C ^t
Malignant (hepatoma) [§]	4	3/4	4	3	3	3	—	1	3	C ^t
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										
Drugs that affect liver enzymes										
Rifampicin	3 ^l	2	3 ^l	3 ^l	2	3 ^l	—	1	1	—
Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3 ^l	2	3 ^l	3 ^l	2	3 ^l	—	1	1	—
Antibiotics (excluding rifampicin)										
Griseofulvin	2	1	2	2	1	2	—	1	1	—
Other antibiotics	1	1	1	1	1	1	—	1	1	—

^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