

11. Appendices

Appendix 1: Medical eligibility for intrauterine devices, hormonal methods, and sterilization

These summary tables provide up-to-date guidance on the safety of various contraceptive methods for use in the context of specific health conditions and characteristics. Most of the recommendations presented in the following tables are drawn from the World Health Organization's *Medical Eligibility Criteria for Contraceptive Use* (MEC), published in 2015 [1]. In some cases, the recommendations included here are based on data published since the WHO MEC was last updated and the sources for these recommendations have been noted.

For each medical condition or medically relevant characteristic, contraceptive methods are placed into one of four numbered categories, guiding providers in counselling, initiating, and continuing contraception safely (see *Box 1: MEC categories for contraceptive eligibility*). The goal of these recommendations is to remove unnecessary barriers for individuals accessing and using contraception.

BOX 1: MEC categories for contraceptive eligibility

Categories for intrauterine devices and hormonal methods

- 1 A condition for which there is no restriction for the use of the contraceptive method
- 2 A condition where the advantages of using the method outweigh the theoretical or proven risks
- 3 A condition where the theoretical or proven risks usually outweigh the advantages of using the method
- 4 A condition which represents an unacceptable health risk if the method is used

Categories for sterilization

- A Accept: Procedure can be normally conducted in routine setting
- C Caution: Procedure can be normally conducted in routine setting but with extra preparation and precautions
- D Delay: Procedure should be delayed until condition is evaluated and/or corrected
- S Special: Procedure should be undertaken in a setting with an experienced surgeon and staff, equipment required for general anaesthesia, and back-up medical support.

Reference

- [1] World Health Organization. *Medical Eligibility Criteria for Contraceptive Use*. Geneva: WHO; 2015.

SUMMARY table: MEC for intrauterine devices, hormonal methods, and female sterilization						
	Copper-IUD	LNG-IUD	CHCs	POIs	Implant POPs	Female sterilization
Age	<20: 2 ≥20: 1	<20: 2 ≥20: 1	<40: 1 ≥40: 2	<18: 2 18–45: 1 >45: 2	Any age: 1	Young age: C
Parity						
Nulliparous	2	2	1	1	1	A
Parous	1	1	1	1	1	A
Breastfeeding						
<6 weeks post-partum	<4 weeks: 2* 4–6 weeks: 1	<4 weeks: 2* 4–6 weeks: 1	4	2*/3+	2	<7 days: A 7–42 days: D
≥6 weeks to <6 months	1	1	3	1	1	A
≥6 months	1	1	2	1	1	A
Post-partum, not breastfeeding						
<21 days post-partum	2	2	4 ^{1/3}	1	1	<7 days: A 7–21 days: D
≥21 days to 6 weeks	<4 weeks: 2 4–6 weeks: 1	<4 weeks: 2* 4–6 weeks: 1	3 ^{1/2}	1	1	D
>6 weeks	1	1	1	1	1	A
Post-partum/puerperal sepsis	4	4	--	--	--	D ²
Post-abortion						
First trimester	1	1	1	1	1	A
Second trimester	2	2	1	1	1	A
Immediately post-septic abortion	4	4	1	1	1	D ³
Past ectopic pregnancy	1	1	1	1	Implant: 1 POP: 2	A
History of pelvic surgery	1	1	1	1	1	--

1 Higher number classification is for those with risk factors for venous thromboembolism (VTE) (age ≥35, previous VTE, thrombophilia, immobility, transfusion at delivery, peripartum cardiomyopathy, BMI ≥30 kg/m², postpartum haemorrhage, post caesarean delivery, pre-eclampsia, smoking).

2 For clients experiencing severe perinatal outcomes (severe pre-eclampsia, prolonged rupture of membranes (≥24 hours), severe ante- or post-partum haemorrhage, severe genital tract trauma): D. For clients experiencing uterine rupture or perforation: S.

3 For clients experiencing severe peri-abortion outcomes (severe post-abortion haemorrhage, severe trauma to genital tract, acute haematometra): D. For clients experiencing uterine perforation: S.

	Copper-IUD	LNG-IUD	CHCs	POIs	Implant POPs	Female sterilization
Smoking						
Age <35 years	1	1	2	1	1	A
Age ≥35 years, <15 cigarettes/d	1	1	3 (CIC: 2)	1	1	A
Age ≥35 years, ≥15 cigarettes/d	1	1	4 (CIC: 3)	1	1	A
Obesity (BMI ≥30 kg/m²)	1	1	2	2 ⁴ /1	1	C
Multiple cardiovascular disease risk factors⁵	1	2	3/4	3	2	S
Hypertension						
History of hypertension; unable to measure blood pressure	1	2	3	2	2	--
Adequately controlled hypertension	1	1	3	2	1	C
Systolic 140–159 or diastolic 90–99 mm Hg	1	1	3	2	1	C
Systolic ≥160 or diastolic ≥100 mm Hg	1	2	4	3	2	S
Vascular disease	1	2	4	3	2	S
History of high blood pressure during pregnancy; current blood pressure normal	1	1	2	1	1	A
Deep vein thrombosis (DVT)/pulmonary embolism (PE)						
History of DVT/PE	1	2	4	2	2	A
Acute DVT/PE	1+/2*	2*	4	2*/3+	2*/3+	D
DVT/PE and established on anticoagulant therapy	1	2	4	2	2	S
Family history of DVT/PE	1	1	2	1	1	A
Major surgery with prolonged immobilization	1	2	4	2	2	D

4 Higher number classification is for clients younger than 18 years.

5 Cardiovascular disease risk factors: older age, smoking, diabetes, hypertension, known dyslipidaemia.

	Copper-IUD	LNG-IUD	CHCs	POIs	Implant POPs	Female sterilization
Major surgery, no prolonged immobilization	1	1	2	1	1	A
Minor surgery, no immobilization	1	1	1	1	1	A
Known thrombogenic mutations⁶	1	2	4	2	2	A
Varicose veins	1	1	1	1	1	A
Superficial venous thrombosis	1	1	2	1	1	A
Current and history of ischaemic heart disease	1	Start: 2 Continue: 3	4	3	Start: 2 Continue: 3	Current: D History: C
Stroke	1	2	4	3	Start: 2 Continue: 3	C
Known dyslipidaemia	1	2	2	2	2	A
Valvular heart disease, uncomplicated	1	1	2	1	1	C
Valvular heart disease, complicated⁷	2	2	4	1	1	S
Systemic lupus erythematosus						
Positive/unknown antiphospholipid antibodies	1	3	4	3	3	S
Severe thrombocytopenia	Start: 3 Continue: 2	2	2	Start: 3 Continue: 2	2	S
On immunosuppressive treatment	Start: 2 Continue: 1	2	2	2	2	S
None of the above	1	2	2	2	2	C

⁶ Thrombogenic mutations: Factor V Leiden or prothrombin mutations; protein C, protein S, or antithrombin deficiencies.

⁷ Complicated valvular heart disease: with accompanying pulmonary hypertension, risk of atrial fibrillation, history of subacute bacterial endocarditis.

	Copper-IUD	LNG-IUD	CHCs	POIs	Implant POPs	Female sterilization
Headaches						
Non-migraine (mild or severe)	1	1	Start: 1 Continue: 2	1	1	A
Migraine without aura, menstrual migraine	1	Start: 2 Continue: 2	Start: 2 Continue: 3 >35 yo: Start: 3 Continue: 4	2	2	A
Migraine with aura	1	Start: 2 Continue: 3	4	Start: 2 Continue: 3	Start: 2 Continue: 3	A
Epilepsy	1	1	1	1	1	C
Using phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine	1	1	3 (CIC: 2) ⁸	DMPA: 1 NET-EN: 2 ⁸	Implant: 2 ⁸ POP: 3 ⁸	--
Using lamotrigine	1	1	3 ⁸	1	1	--
Depressive disorders	1	1	1	1	1	C
Using selective serotonin reuptake inhibitors	1*	1*	1*	1*	1*	--
Irregular vaginal bleeding	1	1	1	2	2	A
Heavy or prolonged vaginal bleeding	2	Start: 1 Continue: 2	1	2	2	A
Suspicious, unexplained vaginal bleeding	Start: 4 Continue: 2	Start: 4 Continue: 2	2	3	Implant: 3 POP: 2	D
Endometriosis	2	1	1	1	1	S
Benign ovarian tumours and cysts	1	1	1	1	1	A
Severe dysmenorrhoea	2	1	1	1	1	A
Gestational trophoblastic disease	3/4 ⁹	3/4 ⁹	1	1	1	A/D ⁹
Cervical ectropion	1	1	1	1	1	A

⁸ Although the interaction of certain anticonvulsants with CHCs, POPs, NET-EN, and implants is not harmful to clients, it is likely to reduce the effectiveness of these methods.

⁹ For clients with decreasing or undetectable beta-HCG levels: 3 (A); for clients with persistently elevated beta-HCG/malignant disease: 4 (D).



	Copper-IUD	LNG-IUD	CHCs	POIs	Implant POPs	Female sterilization
Cervical intraepithelial neoplasia (CIN)	1	2	2	2	Implant: 2 POP: 1	A
Cervical cancer (awaiting treatment)	Start: 4 Continue: 2	Start: 4 Continue: 2	2	2	Implant: 2 POP: 1	D
Breast disease						
Undiagnosed mass	1	2	2	2	2	A
Benign breast disease	1	1	1	1	1	A
Family history of breast cancer	1	1	1	1	1	A
Current breast cancer	1	4	4	4	4	C
Past breast cancer, no evidence of disease for 5 years	1	3	3	3	3	A
Endometrial cancer	Start: 4 Continue: 2	Start: 4 Continue: 2	1	1	1	D
Ovarian cancer	Start: 3 Continue: 2	Start: 3 Continue: 2	1	1	1	D
Uterine fibroids, no uterine cavity distortion	1	1	1	1	1	C
Uterine fibroids with uterine cavity distortion	4	4	1	1	1	C
Pelvic inflammatory disease (PID)						
Past PID with subsequent pregnancy	1	1	1	1	1	A
Past PID without subsequent pregnancy	2	2	1	1	1	C
Current PID	Start: 4 Continue: 2	Start: 4 Continue: 2	1	1	1	D

	Copper-IUD	LNG-IUD	CHCs	POIs	Implant POPs	Female sterilization
Sexually transmitted infections						
Current purulent cervicitis, chlamydia or gonorrhoea infection	Start: 4 Continue: 2	Start: 4 Continue: 2	1	1	1	D
Other STIs (excluding HIV and hepatitis)	2	2	1	1	1	A
Vaginitis	2	2	1	1	1	A
Increased risk for STIs	2*	2*	1	1	1	A
High risk of HIV	1	1	1	1	1	A
Asymptomatic or mild HIV clinical disease	2	2	1	1	1	A
Severe or advanced HIV clinical disease	Start: 3 Continue: 2	Start: 3 Continue: 2	1	1	1	A
Antiretroviral therapy						
Nucleoside reverse transcriptase inhibitors (NRTIs): abacavir (ABC), tenofovir (TDF), zidovudine (AZT), lamivudine (3TC), didanosine (DDI), emtricitabine (FTC), stavudine (D4T)	Start: 2/3 Continue: 2	Start: 2/3 Continue: 2	1	1	1	--
Non-nucleoside reverse transcriptase inhibitors (NNRTIs): efavirenz (EFV), nevirapine (NVP)	Start: 2/3 Continue: 2	Start: 2/3 Continue: 2	2 ¹⁰	DMPA: 1 NET-EN: 2 ¹⁰	2 ¹⁰	--
NNRTIs: etravirine (ETR), rilpivirine (RPV)	Start: 2/3 Continue: 2	Start: 2/3 Continue: 2	1	1	1	--
Protease inhibitors (PIs): ritonavir-boosted atazanavir (ATV/r), ritonavir-boosted lopinavir (LPV/r), ritonavir-boosted darunavir (DRV/r), ritonavir (RTV)	Start: 2/3 Continue: 2	Start: 2/3 Continue: 2	2 ¹⁰	DMPA: 1 NET-EN: 2 ¹⁰	2 ¹⁰	--

¹⁰ Antiretroviral medications have the potential to affect the levels of steroid hormones in clients using hormonal contraceptives; this may reduce the effectiveness of hormonal contraceptives.

	Copper-IUD	LNG-IUD	CHCs	POIs	Implant POPs	Female sterilization
Integrase inhibitor: raltegravir (RAL)	Start: 2/3 Continue: 2	Start: 2/3 Continue: 2	1	1	1	--
Schistosomiasis	1	1	1	1	1	A/C ¹¹
Tuberculosis, non-pelvic	1	1	1	1	1	A
Tuberculosis, pelvic	Start: 4 Continue: 3	Start: 4 Continue: 3	1	1	1	S
Malaria	1	1	1	1	1	A
Diabetes						
History of gestational diabetes	1	1	1	1	1	A
Non-vascular disease, insulin dependent and non-insulin dependent	1	2	2	2	2	C
Nephropathy/retinopathy/neuropathy	1	2	3/4	3	2	S
Vascular disease or diabetes for >20 years	1	2	3/4	3	2	S
Thyroid disorder (goitre, hyper- or hypothyroid)	1	1	1	1	1	A/S/C ¹²
Gallbladder disease						
Asymptomatic or treated with cholecystectomy	1	2	2	2	2	A
Current or medically treated	1	2	3 (CIC: 2)	2	2	D/A ¹³
History of pregnancy-related cholelithiasis	1	1	2	1	1	A
Past COC-related cholelithiasis	1	2	3 (CIC: 2)	2	2	A
Viral hepatitis						
Acute or flare	1	1	Start: 3/4 Continue: 2	1	1	D
Carrier or chronic	1	1	1	1	1	A
Mild cirrhosis	1	1	1	1	1	A

11 Uncomplicated schistosomiasis: A; with liver fibrosis: C.

12 Simple goitre: A; hyperthyroid: S; hypothyroid: C.

13 Current gallbladder disease: D; medically treated: A.

	Copper-IUD	LNG-IUD	CHCs	POIs	Implant POPs	Female sterilization
Severe cirrhosis	1	3	4 (CIC: 3)	3	3	S
Liver tumours						
Focal nodular hyperplasia	1	2	2	2	2	A
Hepatocellular adenoma	1	3	4 (CIC: 3)	3	3	C
Malignant hepatoma	1	3	4 (CIC: 3/4)	3	3	C
Thalassaemia	2	1	1	1	1	C
Sickle cell disease	2	1	2	1	1	C
Iron deficiency anaemia	2	1	1	1	1	D/C ¹⁴
Antimicrobial therapy						
Broad-spectrum antibiotics	1	1	1	1	1	--
Antifungals	1	1	1	1	1	--
Antiparasitics	1	1	1	1	1	--
Rifampicin or rifabutin	1	1	3 (CIC: 2) ¹⁵	DMPA: 1 NET-EN: 2 ¹⁵	Implant: 2 ¹⁵ POP: 3 ¹⁵	--

*Adapted from Curtis KM, Tepper NK, Jatlaoui et al. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. *MMWR Recomm Rep*. 2016;65(3):1–103.

*World Health Organization. Medical Eligibility Criteria for Contraceptive Use. Geneva: WHO; 2015 (updates in 2018).

¹⁴ Hb <7 g/dl: D; 7≤Hb<10 g/dl: C.

¹⁵ Although the interaction of rifampicin or rifabutin with CHCs, POPs, NET-EN, and implants is not harmful to clients, it is likely to reduce the contraceptive effectiveness of these methods.

ADDITIONAL considerations for male and female sterilization		
	Female sterilization	Male sterilization
Young age	C	C
Depressive disorders	C	C
High risk of HIV	A	A
Asymptomatic or mild HIV clinical disease	A	A
Severe or advanced HIV clinical disease	S	S
Diabetes	See above	C
Sickle cell disease	C	A
Local infection	D	D ¹⁶
Coagulation disorders	S	S
Systemic infection or gastroenteritis	D	D
Chronic asthma, bronchitis, emphysema, or lung infection	S	--
Fixed uterus due to previous surgery or infection	S	--
Abdominal wall or umbilical hernia	S	--
Diaphragmatic hernia	C	--
Kidney disease	C	--
Previous abdominal or pelvic surgery	C	--
Sterilization concurrent with abdominal surgery		
Elective	C	--
Emergency without previous counselling	D	--
Infectious condition	D	--
Sterilization concurrent with caesarean delivery		
Previous scrotal injury	--	C
Large varicocele or hydrocele	--	C
Filariasis, elephantiasis	--	D
Intrascrotal mass	--	D
Cryptorchidism	--	S
Inguinal hernia	--	S

16 Includes: scrotal skin infection, active STI, balanitis, epididymitis, and orchitis.

Source: Reproduced/translated with permission from Medical Eligibility Criteria for Contraceptive Use. Geneva: WHO; 2015.