

2016 WHO Medical Eligibility Criteria for Contraceptive Use: Quick Reference Chart for Category 3 and 4

to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD), levonorgestral intrauterine system (LNG-IUS)

| CONDITION | Sub-condition | COC | DMPA | Implants | Cu-IUD | LNG-IUS |
|---|---|--------|--------|----------|--------|---------|
| Pregnancy | | NA | NA | NA | | |
| Breastfeeding | Less than 6 weeks postpartum | | | | | |
| | ≥ 6 weeks to < 6 months postpartum | | | | See i. | See i. |
| | ≥ 6 months postpartum | | | | | |
| Postpartum not breastfeeding VTE = venous thromboembolism | < 21 days | | | | | |
| | < 21 days with other risk factors for VTE* | | | | See i. | See i. |
| | ≥ 21 to 42 days with other risk factors for VTE* | | | | | |
| Postpartum timing of insertion | ≥ 48 hours to less than 4 weeks | | | | | |
| | Puerperal sepsis | See i. | See i. | See i. | | |
| Postabortion (immediate post-septic) | | | | | | |
| Smoking | Age ≥ 35 years, < 15 cigarettes/day | | | | | |
| | Age ≥ 35 years, ≥ 15 cigarettes/day | | | | | |
| Multiple risk factors for cardiovascular disease | | | | | | |
| Hypertension BP = blood pressure | History of (where BP cannot be evaluated) | | | | | |
| | BP is controlled and can be evaluated | | | | | |
| | Elevated BP (systolic 140-159 or diastolic 90-99) | | | | | |
| | Elevated BP (systolic ≥ 160 or diastolic ≥ 100) | | | | | |
| | Vascular disease | | | | | |
| Deep venous thrombosis (DVT) and pulmonary embolism (PE) | History of DVT/PE | | | | | |
| | Acute DVT/PE | | | | | |
| | DVT/PE, established on anticoagulant therapy | | | | | |
| | Major surgery with prolonged immobilization | | | | | |
| Known thrombogenic mutations | | | | | | |
| Ischemic heart disease (current or history of) | | | | I C | | I C |
| Stroke (history of) | | | | I C | | |
| Complicated valvular heart disease | | | | | | |
| Systemic lupus erythematosus | Positive or unknown antiphospholipid antibodies | | | | | |
| | Severe thrombocytopenia | | I C | | I C | |

Adapted from: *Medical Eligibility Criteria for Contraceptive Use, 5th Edition*. Geneva: World Health Organization, 2015. Available: http://www.who.int/reproductivehealth/publications/family_planning/en/index.html

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

| CONDITION | Sub-condition | COC | DMPA | Implants | Cu-IUD | LNG-IUS |
|---|---|---------|---------|----------|--------|---------|
| Headaches | Migraine without aura (age < 35 years) | I C | | | | |
| | Migraine without aura (age ≥ 35 years) | I C | | | | |
| | Migraines with aura (at any age) | | I C | I C | | I C |
| Unexplained vaginal bleeding (prior to evaluation) | | | | | | |
| Gestational trophoblastic disease | Regressing or undetectable β-hCG levels | | | | | |
| | Persistently elevated β-hCG levels or malignant disease | | | | | |
| Cancers | Cervical (awaiting treatment) | | | | I C | I C |
| | Endometrial | | | | I C | I C |
| | Ovarian | | | | I C | I C |
| Breast disease | Current cancer | | | | | |
| | Past w/ no evidence of current disease for 5 yrs | | | | | |
| Uterine distortion (due to fibroids or anatomical abnormalities) | | | | | | |
| STIs/PID | Current purulent cervicitis, chlamydia, gonorrhea | | | | I C | I C |
| | Current pelvic inflammatory disease (PID) | | | | I C | I C |
| | Very high individual risk of exposure to STIs | | | | I C | I C |
| Pelvic tuberculosis | | | | | | |
| Diabetes | Nephropathy/retinopathy/neuropathy | | | | | |
| | Diabetes for > 20 years | | | | | |
| Symptomatic gall bladder disease (current or medically treated) | | | | | | |
| Cholestasis (history of related to oral contraceptives) | | | | | | |
| Hepatitis (acute or flare) | | | | | | |
| Cirrhosis (severe) | | | | | | |
| Liver tumors (hepatocellular adenoma and malignant hepatoma) | | | | | | |
| AIDS | No antiretroviral (ARV) therapy | See ii. | See ii. | See ii. | I C | I C |
| | Not improved on ARV therapy | | | | I C | I C |
| Drug interactions | Rifampicin or rifabutin | | | | | |
| | Anticonvulsant therapy** | | | | | |

This chart shows a complete list of all conditions classified by WHO as Category 3 and 4. Characteristics, conditions, and/or timing that are Category 1 or 2 for all methods are not included in this chart (e.g., menarche to < 18 years, being nulliparous, obesity, high risk of HIV or HIV-infected, < 48 hours and more than 4 weeks postpartum).

- 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. Where I/C is not marked, the category is the same for initiation and continuation.
- NA** Not Applicable: Women who are pregnant do not require contraception. If these methods are accidentally initiated, no harm will result.
- i** The condition, characteristic and/or timing is not applicable for determining eligibility for the method.
- ii** Women who use methods other than IUDs can use them regardless of HIV/AIDS-related illness or use of ART.
- *** Other risk factors for VTE include: previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30 kg/m², postpartum hemorrhage, immediately post-caesarean delivery, pre-eclampsia, and smoking.
- **** Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.