How to use this wheel

The wheel matches up the contraceptive methods, shown on the inner disk, with specific medical conditions or characteristics shown around the outer rim. The numbers shown in the viewing slot tell you whether the woman who has this known condition or characteristic is able to start use of the contraceptive method:

CATEGORY	WITH CLINICAL JUDGEMENT	WITH LIMITED CLINICAL JUDGEMENT
1	Use method in any circumstance	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	

Categories 1 and 4 are clearly defined recommendations. For categories 2 or 3, greater clinical judgement will be needed and careful follow-up may be required. If clinical judgement is limited, categories 1 and 2 both mean the method can be used, and categories 3 and 4 both mean the method should not be used.

No restrictions for some conditions: there are many medical conditions when ALL methods can be used (that is, all the methods are either a category 1 or 2). Some of these conditions are listed on the back of the wheel.

With few exceptions, all women can safely use emergency contraception, barrier and behavioral methods of contraception, including lactational amenorrhea method; for the complete list of recommendations, please see the full document.

Only correct and consistent use of condoms, male or female, protect against STI/HIV. If there is a risk of STI/HIV, condom use is recommended.

WHO Library Cataloguing-in-Publication Data.

WHO medical eligibility criteria wheel for contraceptive use – 2015 update.

1.Contraception – methods. 2.Family Planning Services – methods. 3.Eligibility Determination – standards.
I.World Health Organization.

ISBN 978 92 4 154925 7 (NLM classification: WP 630)

© World Health Organization 2015

All rights reserved. Publications of the World Health Organization are available on the WHO website (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications – whether for sale or for non-commercial distribution – should be addressed to WHO Press through the WHO website (www.who.int/about/licensing/copyright_form/en/index.html). The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in Malaysia.

ISBN 978 92 4 154925 7

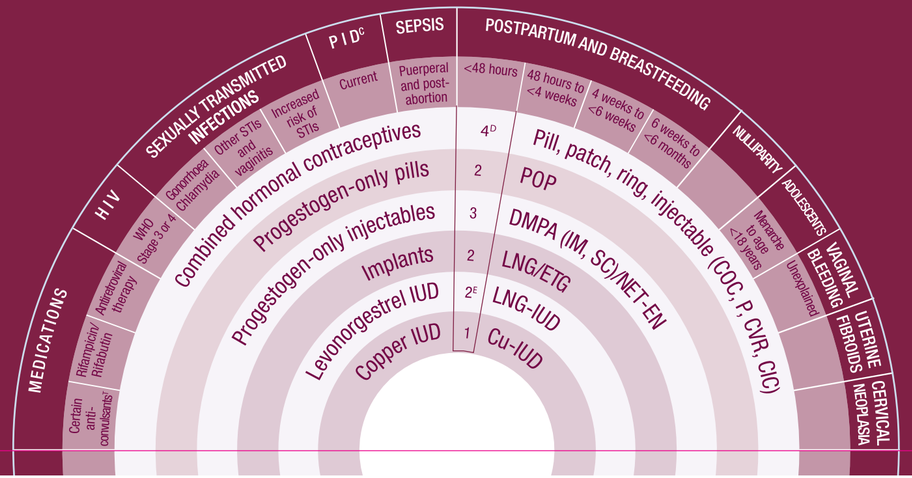
9 789241 549257

World Health Organization

WHO

MEDICAL ELIGIBILITY CRITERIA WHEEL FOR CONTRACEPTIVE USE

2015



About this wheel

This wheel contains the medical eligibility criteria for starting use of contraceptive methods, based on Medical Eligibility Criteria for Contraceptive Use, 5th Edition (2015), one of WHO's evidence-based guidelines. It guides family planning providers in recommending safe and effective contraception methods for women with medical conditions or medically-relevant characteristics.

The wheel includes recommendations on initiating use of nine common types of contraceptive methods:

1. Combined pills, COC (low dose combined oral contraceptives, with ≤35µg ethinyl estradiol)
2. Combined contraceptive patch, P
3. Combined contraceptive vaginal ring, CVR
4. Combined injectable contraceptives, CIC
5. Progestogen-only pills, POP
6. Progestogen-only injectables, DMPA (IM,SC)/NET-EN (depot medroxyprogesterone acetate intramuscular or subcutaneous or norethisterone enantate intramuscular)
7. Progestogen-only implants, LNG/ETG (levonorgestrel or etonogestrel)
8. Levonorgestrel-releasing intrauterine device, LNG-IUD
9. Copper-bearing intrauterine device, Cu-IUD

Antiretroviral Medications and Abbreviations on the MEC Wheel

Nucleoside reverse transcriptase inhibitors (NRTIs)

ABC	Abacavir
TDF	Tenofovir
AZT	Zidovudine
3TC	Lamivudine
DDI	Didanosine
FTC	Emtricitabine
D4T	Stavudine

Non-nucleoside reverse transcriptase inhibitors (NNRTIs)

EFV	Efavirenz
ETR	Etravirine
NVP	Nevirapine
RPV	Rilpirivine

Protease inhibitors (PIs)

ATV/r	Ritonavir-boosted atazanavir
LPV/r	Ritonavir-boosted lopinavir
DRV/r	Ritonavir-boosted darunavir
RTV	Ritonavir

Integrase inhibitors

RAL	Raltegravir

Emergency contraceptive pills

CONDITION	COC	LNG	UPA
Pregnancy	NA	NA	NA
Breastfeeding	1	1	2
Past ectopic pregnancy	1	1	1
Obesity† (BMI ≥30kg/m²)	1	1	1
History of severe cardiovascular disease (ischaemic heart disease, cerebrovascular attack, or other thromboembolic conditions)	2	2	2
Migraine	2	2	2
Severe liver disease (including jaundice)	2	2	2
CYP3A4 inducers (e.g. rifampicin, phenytoin, phenobarbital, carbamazepine, efavirenz, fosphenytoin, nevirapine, oxcarbazepine, primidone, rifabutin, St John's wort/ hypericum perforatum)	1	1	1
Repeated emergency contraceptive pill use	1	1	1
Rape	1	1	1

COC = combined oral contraceptives; LNG = levonorgestrel; UPA = ulipristal acetate; NA = not applicable

† Emergency contraceptive pills may be less effective among women with BMI ≥30kg/m² than among women with BMI <25kg/m². Despite this, there are no safety concerns.

Copper IUD for Emergency Contraception (Cu-IUD)

This method is highly effective for preventing pregnancy. It can be used within 5 days of unprotected intercourse as an emergency contraceptive. However, when the time of ovulation can be estimated, the Cu-IUD can be inserted beyond 5 days after intercourse, if necessary, as long as the insertion does not occur more than 5 days after ovulation.

The eligibility criteria for general Cu-IUD insertion also apply for the insertion of Cu-IUDs as emergency contraception.

CONDITION	Cu-IUD
Pregnancy	4
Rape	
a) High risk of STI	3
b) Low risk of STI	1

Acknowledgements

The Medical Eligibility Criteria for Contraceptive Use and this version of the Medical Eligibility Criteria Wheel were developed by the Word Health Organization's Department of Reproductive Health and Research. This wheel is based upon similar medical eligibility criteria wheels developed independently in Ghana and Jordan. In particular, we would like to thank the University of Ghana Medical School's Department of Obstetrics and Gynaecology; the Communication Partnership for Family Health in Jordan; and the Johns Hopkins Bloomberg School of Public Health/ Center for Communications Programs for their innovative work.

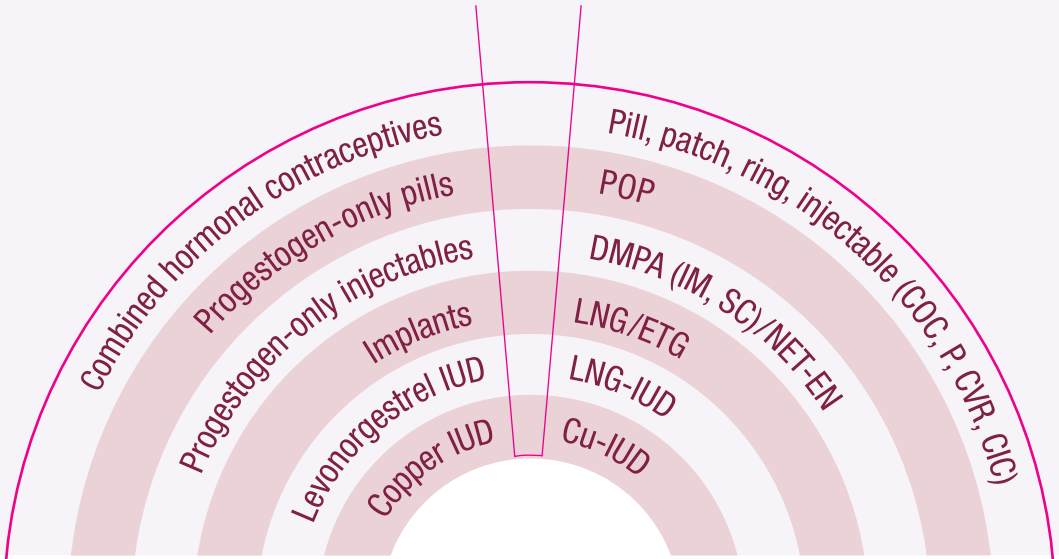
Dr Anna Altshuler was responsible for this 2015 edition, in collaboration with Dr Erin Berry-Bibee, Dr Kathryn Curtis, Dr Monica Dragoman, Dr Mary Lyn Gaffield, Dr Tara Jatlaoui and Ms Halley Riley.

Layout and design: Ms Cath Hamill.

Ordering copies and further information

Detailed information on the medical eligibility criteria, including guidance on other contraceptive methods, appears in the Medical Eligibility Criteria for Contraceptive Use, 5th edition (2015). This can be accessed at http://www.who.int/reproductivehealth/en/. Bulk orders (20 wheels/package) to supply programmes or single orders can be ordered from: WHO Press, World Health Organization, 1211 Geneva 27, Switzerland, email: bookorders@who.int. Order online: http://apps.who.int/bookorders/

SEPSIS
Puerperal and post-abortion
P I D[C]
Current
SEXUALLY TRANSMITTED INFECTIONS
Increased risk of STIs
Other STIs and vaginitis
Gonorrhoea Chlamydia
HIV
WHO Stage 3 or 4
MEDICATIONS
Antiretroviral therapy
Rifampicin/ Rifabutin
Certain anti-convulsants[T]
HEADACHE
Migraine with aura[S]
Non-migranous
SMOKING
Age ≥35
Age <35
Current
DIABETES[Q]
OBESITY
BMI ≥30kg/m²
HYPERTENSION[O]
≥160/≥100
140-159/90-99 or adequately controlled
CARDIOVASCULAR DISEASE
Multiple risk factors[M]
Ischaemic heart disease
Stroke
VENOUS THROMBOEMBOLISM
Major surgery with prolonged immobilization
Acute
LIVER DISEASES
History
Hepatitis acute/flare
Liver tumour[J]
BREAST CANCER
Current
CERVICAL CANCER
Pre-treatment
CERVICAL NEOPLASIA
UTERINE FIBROIDS
VAGINAL BLEEDING
Unexplained
ADOLESCENTS
Menarche to age <18 years
NULLIPARITY
POSTPARTUM AND BREASTFEEDING
<48 hours
48 hours to <4 weeks
4 weeks to <6 weeks
6 weeks to <6 months



1 Use the method in any circumstance

2 Generally use the method

3 Use of the method not usually recommended unless other, more appropriate methods are not available or acceptable

4 Method NOT to be used

WHO Medical Eligibility Criteria Wheel for contraceptive use, 2015

These methods do not protect against STI/HIV. If there is a risk of STI/HIV, the correct and consistent use of condoms, male or female, is recommended.

World Health Organization

A	If condition develops while using method, can continue using it during treatment.
B	If very high likelihood of exposure to gonorrhoea or chlamydia = 3.
C	If past pelvic inflammatory disease (PID) all methods = 1, including IUDs.
D	If <3 wks, not breastfeeding & no other VTE risk factors = 3.
E	If not breastfeeding = 1.
F	If 3 to <6 wks, not breastfeeding & no other VTE risk factors = 2, with other VTE risk factors = 3.

G	If ≥6 wks & not breastfeeding = 1.
H	If uterine cavity distorted preventing insertion = 4.
I	Refers to hepatocellular adenoma (benign) or carcinoma/ hepatoma (malignant).
J	If adenoma CIC = 3, if carcinoma/hepatoma CIC = 3/4.
K	CIC = 3.
L	If established on anticoagulation therapy = 2.
M	If condition developed while on this method, consider switching to non-hormonal method.
N	Risk factors: older age, smoking, diabetes, hypertension, obesity & known dyslipidaemias.
O	If cannot measure blood pressure & no known history of hypertension, can use all methods. Either systolic or diastolic blood pressure may be elevated.
P	If age <18 yrs & obese DMPA/NET-EN = 2.
Q	For insulin-dependent & non-insulin-dependent. If complicated or >20 yrs duration, COC/P/CVR, CIC = 3/4; DMPA, NET-EN = 3.

R	If <15 cigarettes/day CIC = 2. If ≥15 cigarettes/day COC/P/CVR = 4.
S	Aura is focal neurological symptoms, such as flickering lights. If no aura & age <35 COC/P/CVR, CIC = 2, POP = 1. If no aura & age ≥35 COC/P/CVR, CIC = 3, POP = 1.
T	Barbituates, carbamazepine, oxcarbazepine, phenytoin, primidone, topiramate & lamotrigine.
U	If barbituates, carbamazepine, oxcarbazepine, phenytoin, primidone or topiramate CIC = 2.
V	If lamotrigine = 1.
W	DMPA = 1, NET-EN = 2.
X	CICs = 2.
Y	If antiretroviral therapy with EFV, NVP, ATV/r, LPV/r, DRV/r, RTV: COC/P/CVR, CIC, POP, NET-ET, Implants = 2; DMPA = 1. For all NRTIs, ETR, RPV, RAL each method = 1. See jacket for full names of medications.
Z	If WHO Stage 3 or 4 (severe or advanced HIV clinical disease) IUD = 3.

Conditions that are category 1 and 2 for all methods (method can be used)

Reproductive Conditions: Benign breast disease or undiagnosed mass • Benign ovarian tumours, including cysts • Dysmenorrhoea • Endometriosis • History of gestational diabetes • History of high blood pressure during pregnancy • History of pelvic surgery, including caesarean delivery • Irregular, heavy or prolonged menstrual bleeding (explained) • Past ectopic pregnancy • Past pelvic inflammatory disease • Post-abortion (no sepsis) • Postpartum ≥6 months

Medical Conditions: Depression • Epilepsy • HIV asymptomatic or mild clinical disease (WHO Stage 1 or 2) • Iron-deficiency anaemia, sickle-cell disease and thalassaemia • Malaria • Mild cirrhosis • Schistosomiasis (bilharzia) • Superficial venous disorders, including varicose veins • Thyroid disorders • Tuberculosis (non-pelvic) • Uncomplicated valvular heart disease • Viral hepatitis (carrier or chronic)

Other: Adolescents • Breast cancer family history • Venous thromboembolism (VTE) family history • High risk for HIV • Surgery without prolonged immobilization • Taking antibiotics (excluding rifampicin/rifabutin)

With few exceptions, all women can safely use emergency contraception, barrier and behavioural methods of contraception, including lactational amenorrhoea method; for the complete list of recommendations, please see the full document.

"Combined" is a combination of ethinyl estradiol & a progestogen.

CIC: combined injectable contraceptive **COC**: combined oral contraceptive pill
Cu-IUD: copper intrauterine device **CVR**: combined contraceptive vaginal ring
DMPA (IM, SC): depot medroxyprogesterone acetate, intramuscular or subcutaneous
ETG: etonogestrel **LNG**: levonorgestrel **LNG-IUD**: levonorgestrel intrauterine device
NET-EN: norethisterone enanthate **P**: combined contraceptive patch
POP: progestogen-only pill