

# **CDC's Contraceptive Guidance**

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# Medical Eligibility Criteria for Contraceptive Use (MEC)

# 5

Fifth edition, 2015

## Medical eligibility criteria for contraceptive use

COCs Barrier methods IUDs Fertility awareness-based methods Lactational amenorrhoea Patch Female surgical sterilization Intrauterine devices CICS Coitus interruptus Copper IUD for emergency contraception POCs Patch Male surgical sterilization Ring ECPCs

A WHO family planning cornerstone



Please note: Two updates have been published for this report. To view the updates, please click [here](#) and [here](#).  
Please note: The text of the report printed here has been corrected to include the Disclosure Statement



# MMWR

Morbidity and Mortality Weekly Report

[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

Recommendations and Reports

June 18, 2010 / Vol. 59 / No. RR-4

## U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

Adapted from the World Health Organization  
Medical Eligibility Criteria for Contraceptive Use, 4th edition

Continuing Education Examination available at <http://www.cdc.gov/mmwr/cme/conted.html>

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

## **Medical Eligibility Criteria (MEC)**

- ❑ **Clinical guidance for safe use of contraceptive methods by women with certain characteristics and medical conditions**
- ❑ **> 1800 recommendations for > 60 conditions and characteristics**
- ❑ **WHO MEC: 1996, currently 5<sup>th</sup> edition**
- ❑ **US MEC: 2010**
  - **ADOPTED** majority of WHO guidance
  - **ADAPTED** 6 recommendations
  - **ADDED** 6 new medical conditions
  - **UPDATED** 2 medical conditions (2011 and 2012)

## Process for creating and updating US MEC

- ❑ **Systematic reviews of published evidence**
  - Continuous Identification of Research Evidence (CIRE) system
  - Identify and critically appraise evidence
  - Grade evidence using USPSTF system
- ❑ **Distribute systematic review to experts in ob/gyn, contraception, family medicine, pediatrics, specialists**
  - Obtain input on recommendations from experts
- ❑ **CDC drafts recommendations based on evidence, input from experts, and context of family planning provision in U.S.**

# MEC Categories

<b>1</b>	<b>No restriction</b>
<b>2</b>	<b>Advantages generally outweigh theoretical or proven risks</b>
<b>3</b>	<b>Theoretical or proven risks usually outweigh advantages</b>
<b>4</b>	<b>Unacceptable health risk</b>

## Smoking and Contraceptive Use

Condition	CHCs	POPs	DMPA	Implants	LNG-IUD	Cu-IUD
<b>Smoking</b>						
a. Age <35 yrs	2	1	1	1	1	1
b. Age $\geq$ 35 yrs						
i. <15 cigarettes/day	3	1	1	1	1	1
ii. $\geq$ 15 cigarettes/day	4	1	1	1	1	1

## **US MEC Impact**

- ❑ **Title X Family Planning Program**
- ❑ **Endorsed by the American College of Obstetricians and Gynecologists**
- ❑ **Contraceptive guidance for adolescents, American Academy of Pediatrics**
- ❑ **Reprinted in family planning textbooks**
- ❑ **National Guidelines Clearinghouse ([guidelines.gov](http://guidelines.gov))**
- ❑ **> 102,000 users signed up to receive alerts of guidance updates and new tools/resources**
- ❑ **> 50,000 downloads of U.S. MEC**
- ❑ **> 20,000 downloads for U.S. MEC app**

## **Provider tools and learning aids**

- ❑ Summary tables and clinical algorithms**
- ❑ Electronic tools**
- ❑ Continuing education activities**
- ❑ Speaker-ready slides**



# US MEC summary chart

<http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm>



Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use, 2010



Key:  
 1. No restrictions (method can be used)  
 2. Advantages generally outweigh theoretical or proven risks  
 3. Theoretical or proven risks usually outweigh the advantages  
 4. Unacceptable health risk (method not to be used)

This summary chart only contains a subset of the recommendations from the US MEC. For complete guidance, see: [www.cdc.gov/reproductivehealth/usmec](http://www.cdc.gov/reproductivehealth/usmec)

Most contraceptive methods do not protect against sexually transmitted infections (STIs). Consistent and correct use of the male latex condom reduces the risk of STIs and HIV.

Condition	Risk condition	Condom pill pushing		Prog. intra-uter. pill		Injection		Implant		LARC- IUD		Copper IUD	
		I	C	I	C	I	C	I	C	I	C	I	C
Age		1	1	1	1	1	1	1	1	1	1	1	1
Anatomic abnormalities	a) History of uterine cavity b) Other abnormalities	1	1	1	1	1	1	1	1	1	1	1	1
Arterian	a) Disease b) Stroke (self-diagnosed) c) Use of beta-blockers	1	1	1	1	1	1	1	1	1	1	1	1
Bleeding (vaginal)	(including cervix)	1	1	1	1	1	1	1	1	1	1	1	1
Blood disease	a) Unexplained mass b) Existing blood disease c) Family history of cancer d) Blood cancer	2*	2*	2*	2*	2*	2*	2	2	2	2	1	1
Smoking	a) pack and no evidence of current disease for 2 years b) 1 month postpartum	3*	3*	3*	3*	3*	3*	3	3	3	3	1	1
Cervical cancer	Awaiting treatment	1	1	1	1	1	1	1	1	1	1	1	1
Cervical ectropion		2	1	2	1	2	1	2	1	2	1	1	1
Cervical intraepithelial neoplasia (CIN)		2	1	2	1	2	1	2	1	2	1	1	1
Contraception	a) MEd (contraceptive) b) Levonorgestrel (progestin only)	1	1	1	1	1	1	1	1	1	1	1	1
Deep vein thrombosis (DVT)	a) History of DVT/PE, not on anticoagulation therapy b) Higher risk for recurrent DVT/PE	4	2	2	2	2	2	2	2	2	2	1	1
Diabetes mellitus (DM)	a) Lower risk for recurrent DVT/PE b) At least DVT/PE	3	2	2	2	2	2	2	2	2	2	1	1
Diabetes mellitus (DM)	a) History of gestational DM only	1	1	1	1	1	1	1	1	1	1	1	1

Condition	Risk condition	Condom pill pushing		Prog. intra-uter. pill		Injection		Implant		LARC- IUD		Copper IUD	
		I	C	I	C	I	C	I	C	I	C	I	C
DM (non-)	a) Non-vascular disease b) New insulin dependent c) Insulin dependent d) Other vascular disease or diabetes of >20 years duration	1	1	1	1	1	1	1	1	1	1	1	1
Endometrial cancer		1	1	1	1	1	1	1	1	1	1	1	1
Endometrial hyperplasia		1	1	1	1	1	1	1	1	1	1	1	1
Endometriosis		1	1	1	1	1	1	1	1	1	1	1	1
Enzyme deficiency	a) Drug interactions b) Symptomatic	1	1*	1*	1*	1*	1*	1	1	1	1	1	1
Eye disease	a) Contact lens b) Asymptomatic	2	2	2	2	2	2	2	2	2	2	1	1
Gestational thrombocytopenic disease	a) Decreasing or undetectable platelet counts b) Persistently elevated platelet counts or thrombocytopenia	1	1	1	1	1	1	1	1	3	3	3	3
Hypertension	a) Non-urgent b) Mild c) Without anti-hypertensive therapy d) With anti-hypertensive therapy	1	1	1	1	1	1	1	1	1	1	1	1
History of cardiac surgery	a) Restrictive procedures b) Maladaptive procedures	1	1	1	1	1	1	1	1	1	1	1	1
History of cholelithiasis	a) Pre-pancreatic b) Post-cholecystectomy	2	1	1	1	1	1	1	1	1	1	1	1
History of high blood pressure during pregnancy		2	1	1	1	1	1	1	1	1	1	1	1
History of pelvic surgery		1	1	1	1	1	1	1	1	1	1	1	1
HIV	High risk or HIV risk (self-diagnosed) AIDS (see drug interactions) [1]	1	1	1	1	1	1	1	1	2	2	2	2
Hypertension	a) Adequately controlled b) Not adequately controlled	2*	2*	2*	2*	2*	2*	2*	2*	2	2	2	2
Hyperlipidemia	a) Adequately controlled b) Not adequately controlled	2*	2*	2*	2*	2*	2*	2*	2*	2	2	2	2
Thrombotic thrombocytopenic syndrome (TTP)		3	1	2	1	1	1	1	1	1	1	1	1

# US MEC wheel

<http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm>



# US MEC app

<http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm>

iPhone/ iPad App

**New Mobile Tool Available for CDC's  
U.S. Medical Eligibility Criteria for  
Contraceptive Use, 2010**



**Download the U.S. MEC application for  
iPhone/iPad from the iTunes App Store.**

CDC has a new app which provides guidance for healthcare providers on the safety of contraceptive methods for people with certain medical conditions. The app is developed from the *U.S. Medical Eligibility Criteria for Contraceptive Use, 2010* that includes more than 60 characteristics and medical conditions that may affect people seeking family planning services.

- ❑ **Go to US MEC webpage and scroll down for link to itunes**
  
- ❑ **OR**
  
- ❑ **Go to itunes and search "CDC contraception"**

## **US MEC recommendations for women using certain medications**

- ❑ Antiretroviral therapy**
- ❑ Anticonvulsant therapy**
- ❑ Antimicrobial therapy**
- ❑ NEW Psychotropic medications and St. John's wort**

# US MEC 2010

Antiretroviral therapy	CHCs	POPs	DMPA	Implant	LNG-IUD		Cu-IUD	
					I	C	I	C
Nucleoside reverse transcriptase inhibitors (NRTIs)	1*	1	1	1	2/3*	2*	2/3*	2*
Non-nucleoside reverse transcriptase inhibitors (NNRTIs)	2*	2*	1	2*	2/3*	2*	2/3*	2*
Ritonavir-boosted protease inhibitors	3*	3*	1	2*	2/3*	2*	2/3*	2*

**\* Consult US MEC for clarification.**

# WHO MEC 5<sup>th</sup> Edition, 2015

Antiretroviral therapy	CHCs	POPs	DMPA	NET-EN	Implants	LNG-IUD		Cu-IUD	
<b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)</b>						<b>I</b>	<b>C</b>	<b>I</b>	<b>C</b>
ABC, TDF, AZT, 3TC, DDI, FTC, D4T	1	1	1	1	1	2/3*	2*	2/3*	2*
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)</b>									
EFAVIRENZ (EFV) AND NEVIRAPINE (NVP)	2*	2*	1	2*	2*	2/3*	2*	2/3*	2*
ETRAVIRINE (ETR) AND RILPIVIRINE (RPV)	1	1	1	1	1	2/3*	2*	2/3*	2*
<b>PROTEASE INHIBITORS (PIs)</b>									
ATV/r, LPV/r, DRV/r, RTV	2*	2*	1	2*	2*	2/3*	2*	2/3*	2*
<b>INTEGRASE INHIBITORS</b>									
RALTEGRAVIR (RAL)	1	1	1	1	1	2/3	2	2/3*	2*

# US MEC 2010

Anticonvulsant therapy	CHCs	POPs	DMPA	Implant	LNG-IUD	Cu-IUD
Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*	3*	1	2*	1	1
Lamotrigine	3*	1	1	1	1	1

**\* Consult US MEC for clarification.**

# US MEC 2010

Antimicrobial therapy	CHCs	POPs	DMPA	Implant	LNG-IUD	Cu-IUD
Broad-spectrum antibiotics	1	1	1	1	1	1
Antifungals	1	1	1	1	1	1
Antiparasitics	1	1	1	1	1	1
Rifampicin or rifabutin therapy	3*	3*	1	2*	1	1

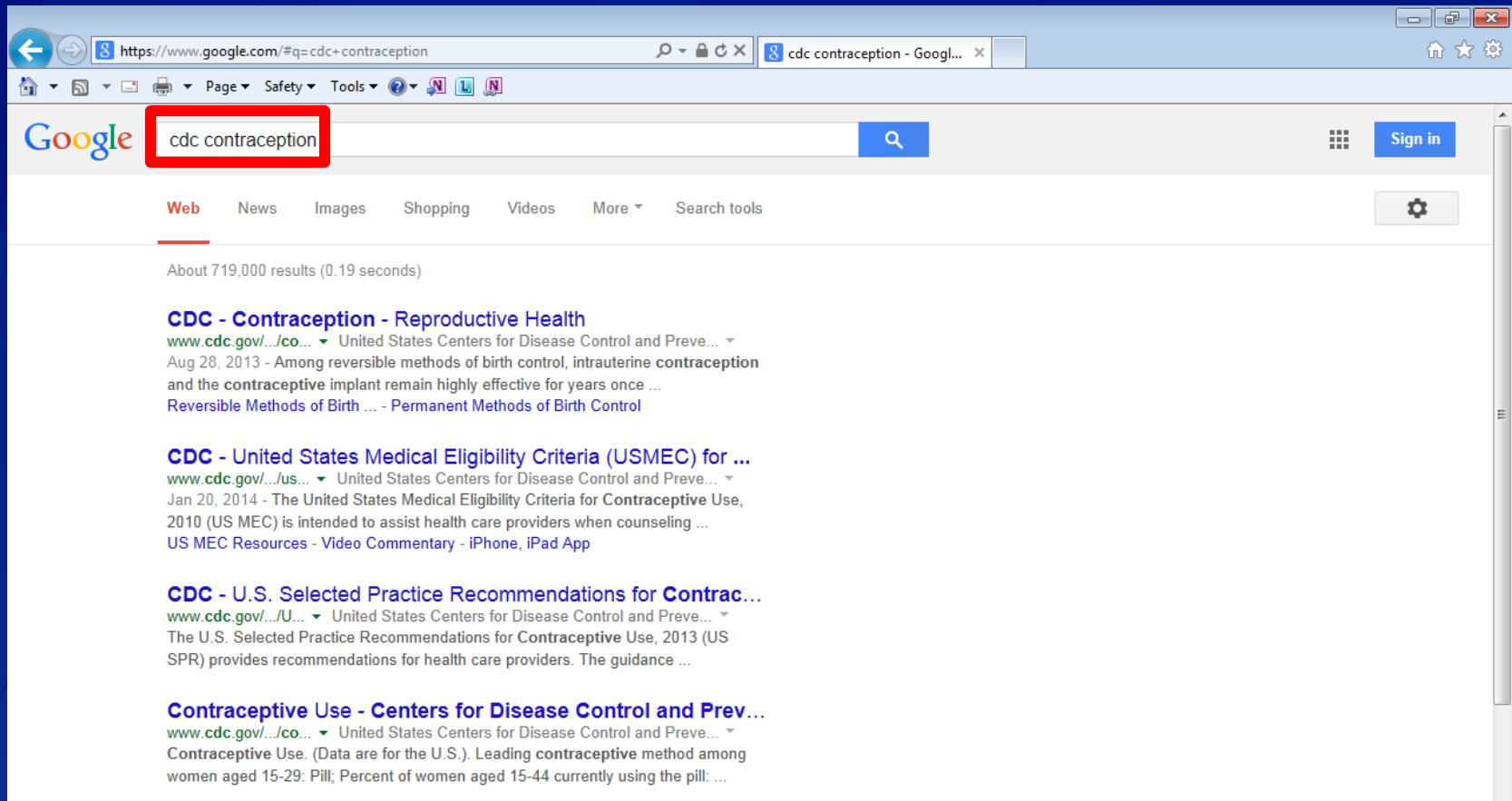
**\* Consult US MEC for clarification.**



# US MEC update- new drug interactions

	CHCs	POPs	DMPA	Implant	LNG-IUD	Cu-IUD
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>						
<b>St. John's wort</b>						

# Where to find CDC's Contraceptive Guidance



The image shows a screenshot of a Google search page. The search bar contains the text "cdc contraception" and is highlighted with a red box. The search results are displayed below the search bar, showing several links to CDC resources. The first result is "CDC - Contraception - Reproductive Health" with a date of August 28, 2013. The second result is "CDC - United States Medical Eligibility Criteria (USMEC) for ..." with a date of January 20, 2014. The third result is "CDC - U.S. Selected Practice Recommendations for Contraceptive Use, 2013 (US SPR)". The fourth result is "Contraceptive Use - Centers for Disease Control and Prevention".

https://www.google.com/#q=cdc+contraception

cdc contraception

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About 719,000 results (0.19 seconds)

**CDC - Contraception - Reproductive Health**  
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Aug 28, 2013 - Among reversible methods of birth control, intrauterine **contraception** and the **contraceptive** implant remain highly effective for years once ...  
Reversible Methods of Birth ... - Permanent Methods of Birth Control

**CDC - United States Medical Eligibility Criteria (USMEC) for ...**  
[www.cdc.gov/.../us...](#) United States Centers for Disease Control and Preve...  
Jan 20, 2014 - The United States Medical Eligibility Criteria for **Contraceptive** Use, 2010 (US MEC) is intended to assist health care providers when counseling ...  
US MEC Resources - Video Commentary - iPhone, iPad App

**CDC - U.S. Selected Practice Recommendations for Contraceptive Use, 2013 (US SPR)**  
[www.cdc.gov/.../U...](#) United States Centers for Disease Control and Preve...  
The U.S. Selected Practice Recommendations for **Contraceptive** Use, 2013 (US SPR) provides recommendations for health care providers. The guidance ...

**Contraceptive Use - Centers for Disease Control and Prevention**  
[www.cdc.gov/.../co...](#) United States Centers for Disease Control and Preve...  
**Contraceptive** Use. (Data are for the U.S.). Leading **contraceptive** method among women aged 15-29: Pill; Percent of women aged 15-44 currently using the pill: ...

# [http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception\\_Guidance.htm](http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception_Guidance.htm)

CDC Home  
 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

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### CDC Contraceptive Guidance for Health Care Providers

Unintended pregnancy rates remain high in the United States. About 50% of all pregnancies are unintended, with higher proportions among adolescent and young women, women who are racial/ethnic minorities, and women with lower levels of education and income.<sup>1</sup> Unintended pregnancies increase the risk for poor maternal and infant outcomes<sup>2</sup> and in 2002, resulted in \$5 billion in direct medical costs in the United States.<sup>3</sup>

About half of unintended pregnancies are among women who were not using [contraception](#) (birth control) at the time they became pregnant. The other half are among women who became pregnant despite reported use of contraception.<sup>4</sup> Strategies to prevent [unintended pregnancy](#) include removing unnecessary medical barriers to contraceptive use, and helping women and men at risk for unintended pregnancy choose appropriate contraceptive methods and use them correctly and consistently to prevent pregnancy.

In 2010, CDC adapted global guidance from the World Health Organization (WHO) to help health care providers counsel women, men, and couples about contraceptive method choice. The [U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 \(US MEC\)](#), focuses on who can safely use specific methods of contraception, and provides recommendations for the safety of contraceptive methods for women with various medical conditions (such as hypertension and diabetes) and characteristics (such as age, parity, and smoking status).

The [U.S. Selected Practice Recommendations for Contraceptive Use, 2013 \(US SPR\)](#) provides guidance on how contraceptive methods can be used and how to remove unnecessary barriers for patients in accessing and successfully using contraceptive methods. The *US SPR* includes recommendations on when women can start contraceptive methods, what exams and tests are needed before starting a method, what follow-up is appropriate, and how to address side effects and other problems with contraceptive method use.

#### How to Use the *US MEC* and *US SPR*

Health care providers can use these documents when counseling patients about contraceptive choice, how to use contraceptive methods, and how to manage problems with contraceptive use. CDC has developed [several provider tools](#), including summary charts, a *US MEC* wheel, and mobile tools for easy access to this guidance.

CDC is committed to keeping this clinical guidance up to date and based on the best available scientific evidence. CDC will continue to work with WHO to identify and assess all new relevant evidence and determine whether changes in the recommendations are warranted. Updates to the guidance will be posted on this Web site or can be received by signing up for E-mail Updates.

[Email page link](#)  
[Print page](#)

[Sign up to receive US MEC and US SPR E-mail Updates.](#)

United States Medical Eligibility Criteria for Contraceptive Use  
  
[www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm](http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm)  
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United States Selected Practice Recommendations for Contraceptive Use  
  
[www.cdc.gov/reproductivehealth/UnintendedPregnancy/USPR.htm](http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USPR.htm)  
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# CDC contraceptive guidance for healthcare providers:

[http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception\\_Guidance.htm](http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception_Guidance.htm)

**For more information please contact Centers for Disease Control and Prevention**

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.