

Initiating Contraception: Medical Eligibility Criteria

Adapted from the CDC's [U.S. Medical Eligibility Criteria for Contraceptive Use, 2010](#)

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These contraceptive methods do not protect against sexually transmitted infections (STIs).
Condoms should be used to protect against STIs.

Risk Level	
1	Method can be used without restriction
2	Advantages generally outweigh theoretical or proven risks
3	Method not usually recommended unless other, more appropriate methods are not available or not acceptable
4	Method not to be used

Condition	Qualifier for condition	Estrogen/ progestin: pill, patch, ring	Progestin- only: pill	Progestin- only: injection	Progestin- only: implant	Progestin IUD	Copper IUD
Anemia	Thalassemia	1	1	1	1	1	2
	Sickle cell disease	2	1	1	1	1	2
	Iron-deficiency anemia	1	1	1	1	1	2
Bariatric surgery	Stomach restrictive procedures, including lap band	1	1	1	1	1	1
	Malabsorptive procedures, including gastric bypass	Pill: 3 Patch or ring: 1	3	1	1	1	1
Breast cancer	Family history of cancer	1	1	1	1	1	1
	Current	4	4	4	4	4	1
	In past, no evidence of disease for > 5 years	3	3	3	3	3	1
Breast problems, benign	Undiagnosed mass	2	2	2	2	2	1
	Benign breast disease	1	1	1	1	1	1
Cervical cancer and pre-cancerous changes	Cervical intraepithelial neoplasia	2	1	2	2	2	1
	Cancer, Awaiting treatment	2	1	2	2	4	4
Depression		1	1	1	1	1	1
Diabetes mellitus (DM)	History of gestational DM only	1	1	1	1	1	1
	DM without vascular disease	2	2	2	2	2	1
	DM with end-organ damage or > 20 years duration	3	2	3	2	2	1
Drug interactions	NRTI Antiretrovirals	1	1	1	1	If well: 2 If ill: 3	If well: 2 If ill: 3
	NNRTI Antiretrovirals	2	2	1	2	If well: 2 If ill: 3	If well: 2 If ill: 3
	Protease inhibitors	3	3	1	2	If well: 2 If ill: 3	If well: 2 If ill: 3
	Anticonvulsants: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine	3 <i>Must select a pill with ≥ 30 mcg of estrogen to maximize efficacy</i>	3	1	2	1	1
	Lamotrigine alone (Lamotrigine/valproate combo does not interact with hormones)	3 <i>Must select a pill with ≥ 30 mcg of estrogen to maximize efficacy</i>	1	1	1	1	1
	Rifampin/rifabutin	3	3	1	2	1	1
	All other antibiotics & antifungals	1	1	1	1	1	1
	Endometrial cancer		1	1	1	1	4
Endometriosis		1	1	1	1	1	2
Gallbladder disease	Asymptomatic gallstones or s/p cholecystectomy	2	2	2	2	2	1
	Symptomatic gallstones, without cholecystectomy	3	2	2	2	2	1
	Hx of pregnancy-related cholestasis	2	1	1	1	1	1
	Hx of hormone-related cholestasis	3	2	2	2	2	1
Headaches	Non-migranous	1	1	1	1	1	1
Headaches: migraines	Without aura, age < 35	2	1	2	2	2	1
	Without aura, age > 35	3	1	2	2	2	1
	With aura, any age	4	2	2	2	2	1
HIV infection	High risk or HIV+	1	1	1	1	2	2
	AIDS (without drug interactions)	1	1	1	1	3	3

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Hypertension	During prior pregnancy only – now resolved	2	1	1	1	1	1
	Systolic < 140-159 & diastolic < 90-99	3	1	2	1	1	1
	Systolic > 160, diastolic > 100, or with vascular disease	4	2	3	2	2	1
Inflammatory bowel disease	Ulcerative colitis, Crohn's disease	2	2	2	1	1	1
Ischemic heart disease	Past or current	4	2	3	2	2	1
Liver Disease	Viral hepatitis–carrier	1	1	1	1	1	1
	Viral hepatitis–active	4	1	1	1	1	1
	Cirrhosis–mild	1	1	1	1	1	1
	Cirrhosis–severe	4	3	3	3	3	1
	Tumors–focal nodular hyperplasia	2	2	2	2	2	1
	Hepatocellular adenoma	4	3	3	3	3	1
	Tumors–malignant	4	3	3	3	3	1
Obesity	BMI > 30 kg/m ²	2	1	1	1	1	1
Ovarian cancer		1	1	1	1	1	1
Ovarian cysts & benign tumors		1	1	1	1	1	1
Pelvic inflammatory disease	Past, with subsequent pregnancy	1	1	1	1	1	1
	Past, without subsequent pregnancy	1	1	1	1	2	2
	Current	1	1	1	1	4	4
Postpartum & breastfeeding <i>All restrictions are based on risk of blood clots postpartum, independent of breast feeding</i>	< 21 days	4	1	1	1	See Postpartum IUDs	
	21 days to 42 days	3	1	1	1		
	> 42 days	2	1	1	1		
Postpartum, not breastfeeding <i>All restrictions are based on risk of blood clots postpartum, independent of breast feeding</i>	< 21 days	4	1	1	1	See Postpartum IUDs	
	21 to 42 days - VTE Risk Factors	3	1	1	1		
	21 to 42 days - NO VTE Risk Factors	2	1	1	1		
	> 42 days	1	1	1	1		
Postpartum IUDs Breastfeeding or not breastfeeding	< 10 minutes post-placenta delivery	N/A				2	1
	up to 4 weeks	N/A				2	2
	> 4 weeks	N/A				1	1
Post-abortion	First trimester	1	1	1	1	1	1
	Second trimester	1	1	1	1	2	2
	Immediately after septic abortion	1	1	1	1	4	4
Rheumatoid arthritis	On immunosuppressive therapy	2	1	2	1	2	2
	Not on immunosuppressive therapy	2	1	2	1	1	1
Sexually Transmitted Infections	Vaginitis	1	1	1	1	2	2
	Increased risk for STIs <i>*CDC-WHO classify these as 2/3. Current data suggests that IUDs can be inserted in women without clinical STIs and screened during insertion; if positive they can be treated with IUD in place</i>	1	1	1	1	2*	2*
	Current GC/Chlamydia/ Purulent cervicitis	1	1	1	1	4	4
Smoking	Age < 35	2	1	1	1	1	1
	Age > 35, < 15 cigarettes/day	3	1	1	1	1	1
	Age > 35, > 15 cigarettes/day	4	1	1	1	1	1
Seizure disorder	Without drug interactions	1	1	1	1	1	1
Stroke	Past or current	4	2	3	2	2	1
Surgery	Minor	1	1	1	1	1	1
	Major, without prolonged immobilization	2	1	1	1	1	1
	Major, with prolonged immobilization	4	2	2	2	2	1
Systemic lupus erythematosus	Antiphospholipid Ab+ unknown	4	3	3	3	3	1
	Severe thrombocytopenia	2	2	3	2	2	3
	Immunosuppressive tx	2	2	2	2	2	2
	None of the above	2	2	2	2	2	1
Thyroid disorders	Simple goiter, hyperthyroidism, hypothyroidism	1	1	1	1	1	1
Uterine fibroids	IUDs ok unless fibroids block insertion	1	1	1	1	1	1
Valvular heart disease	Uncomplicated	2	1	1	1	1	1
	Complicated	4	1	1	1	1	1
Varicose veins		1	1	1	1	1	1
Venous thrombosis	Family history (1st-degree relatives)	2	1	1	1	1	1
	Superficial thrombophlebitis	2	1	1	1	1	1
	Past DVT	4	2	2	2	2	1
	Current DVT	4	2	2	2	2	2