## Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)



Updated in 2024. This summary sheet only contains a subset of the recommendations from the U.S. MEC. For complete guidance, see: <a href="https://www.cdc.gov/contraceptivemethods">https://www.cdc.gov/contraceptivemethods</a> do not protect against STIs. Consistent and correct use of the external (male) latex condom reduces the risk of STIs and HIV. Please see NIH guidelines for up to date recommendations on hormonal contraception and ARVs: <a href="https://clinicalinfo.hiv.gov/en/guidelines/pierpreqnancy-counseling-childbearing-age-overview?view=full#table-3">https://clinicalinfo.hiv.gov/en/guidelines/pierpreqnancy-counseling-childbearing-age-overview?view=full#table-3</a> and <a href="https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/drug-interactions-overview?view=full#table-3</a> and <a href="https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/drug-interactions-overview?view=full#table-3</a> and <a href="https://clinicalinfo.hiv.gov/en/guidelines-hiv.gov/en

## KEY: 1 = No restriction (method can be used) 2 = Advantages generally outweigh theoretical or proven risks 3 = Theoretical or proven risks usually outweigh the advantages 4 = Unacceptable head

4 = Unacceptable health risk (method not to be used)

Condition	Sub-Condition	Cu-IUD	LNG-IUD	Implant	DMPA	POP	СНС	Condition	Sub-Condition	Cu-IUD	LNG-IUD		DMPA	POP	СНС
		I C	I C	I C	I C	I C	I C			I C	I C	I C	I C	I C	I C
Age		Menarche to	Menarche to	Menarche to	Menarche to	Menarche to	Menarche to	Diabetes	a. History of gestational disease	1	1	1	1	1	1
		<20 yrs: <b>2</b>	<20 yrs: <b>2</b>	<18 yrs: <b>1</b>	<18 yrs: <b>2</b>	<18 yrs: <b>1</b>	<40 yrs: <b>1</b>		b. Nonvascular disease		-		_	_	
		<20 yi3.2	<20 yi3.2	< 10 yrs.	< 10 yis.2	< 10 yis.	< to yis.		i. Non-insulin dependent	1	2	2	2	2	2
		≥20 yrs: <b>1</b>	≥20 yrs: <b>1</b>	18-45 yrs: <b>1</b>	18–45 yrs: <b>1</b>	18–45 yrs: <b>1</b>	≥40 yrs: <b>2</b>		ii. Insulin dependent <sup>‡</sup>	1	2	2	2	2	2
				>45 yrs: <b>1</b>	>45 yrs: <b>2</b>				c. Nephropathy, retinopathy, or neuropathy <sup>‡</sup>	1	2	2	3	2	3/4*
				245 yis.∎	≥45 yis: <b>∠</b>	>45 yrs: <b>1</b>			d. Other vascular disease or diabetes of	1	2	2	3	2	3/4*
Anatomical abnormalities	a. Distorted uterine cavity	4	4					- ·	>20 years' duration <sup>‡</sup>	-					
aphormancies	b. Other abnormalities	2	2					Dysmenorrhea	Severe	2	1	1	1	1	1
Anemia, iron-deficiency		2	1	1	1	1	1	Endometrial cancer <sup>‡</sup>		4 2	4 2	1	1	1	1
Benian ovarian tumors			-	-	-	-	-	Endometrial hyperplasia		1	1	1	1	1	1
<b>, , , , , , , , , ,</b>	(including cysts)	1	1	1	1	1	1	Endometriosis		2	1	1	1	1	1
Breast disease	a. Undiagnosed mass	1	2*	2*	2*	2*	2*	Epilepsy <sup>‡</sup>	(see also Drug Interactions)	1	1	1*	1*	1*	1*
	b. Benign breast disease	1	1	1	1	1	1	Gallbladder disease	a. Asymptomatic	1	2	2	2	2	2
	c. Family history of cancer	1	1	1	1	1	1		b. Symptomatic						
	d. Breast cancer <sup>‡</sup>	_		_	_				i. Current	1	2	2	2	2	3
	i. Current	1	4	4	4	4	4		ii. Treated by cholecystectomy	1	2	2	2	2	2
	ii. Past and no evidence of current disease for 5 years	1	3	3	3	3	3		iii. Medically treated	1	2	2	2	2	3
Breastfeeding	a. <21 days postpartum			2*	2*	2*	4*	Gestational trophoblastic	a. Suspected GTD (immediate postevacuation)						
	b. 21 to <30 days postpartum			•*	•*	•*		disease (GTD) <sup>‡</sup>	i. Uterine size first trimester 1*		1*	1*	1*	1*	1*
	i. With other risk factors for VTE			2*	2*	2*	3*		ii. Uterine size second trimester	2*	2*	1*	1*	1*	1*
	ii. Without other risk factors for VTE			2*	2*	2*	3*		b. Confirmed GTD						
	c. 30-42 days postpartum								i. Undectectable or non-pregnant $\beta$ -hCG levels	1* 1*	1* 1*		1*	1*	1*
	i. With other risk factors for VTE			1*	2*	1*	3*		ii. Decreasing ß-hCG levels	2* 1*	2* 1*	1*	1*	1*	1*
	ii. Without other risk factors for VTE			1*	1*	1*	2*		iii. Persistently elevated B-hCG levels					· /	
<u></u>	d. >42 days postpartum			1*	1*	1*	2*		or malignant disease, with no evidence or suspicion	2* 1*	2* 1*	1*	1*	1*	1*
Cervical cancer	Awaiting treatment	4 2	4 2	2	2	1	2		of intrauterine disease						
Cervical ectropion		1	1	1	1	1	1		iv. Persistently elevated  ß-hCG levels or malignant disease, with evidence or suspicion	4* 2*	<b>4</b> * 2 <sup>;</sup>	1*	1*	1*	1*
Cervical intraepithelial neoplasia		1	2	2	2	1	2		of intrauterine disease	4" 2"	4" 2	• "	•"	•"	1.
	a. Current nephrotic syndrome	1 1	2 2	2	3	2/4*	4	Headaches	a. Nonmigraine ( <i>mild</i> or severe)	1	1	1	1	1	1*
Chronic kidney disease <sup>‡</sup>	b. Hemodialysis	1 1	2 2	2	3	2/4*	4	nedudches	b. Migraine	-	-	-	-	-	-
	c. Peritoneal dialysis	2 1	2 2	2	3	2/4*	4		i. Without aura (includes menstrual migraine)	1	1	1	1	1	2*
Cirrhosis	a. Compensated (normal liver function)	1	1	1	1	1	1		ii. With aura	1	1	1	1	1	4*
Cirrilosis	b. Decompensated <sup>‡</sup> ( <i>impaired liver function</i> )	1	2	2	3	2	4	History of bariatric surgery‡	a. Restrictive procedures	1	1	1	1	1	1
Cystic fibrosis <sup>‡</sup>	b. becompensated (impaned inter function)	1*	1*	1*	2*	1*	1*	instory of building surgery	1						COCs: 3
	a Company or history of DVT/DVE receiving	1*	1^	1^	۷^	1^	I.		b. Malabsorptive procedures	1	1	1	1	3	P/R: 1
Deep venous thrombosis (DVT)/Pulmonary embolism	a. Current or history of DVT/PVE, receiving anticoagulant therapy ( <i>therapeutic dose</i> )	2*	2*	2*	2*	2*	3*	History of cholestasis	a. Pregnancy related	1	1	1	1	1	2
(PE) <sup>‡</sup>	b. History of DVT/PE, receiving anticoagulant therapy							instory of choics asis	b. Past COC related	1	2	2	2	2	3
	(prophylactic dose)							History of high blood pressure		-					
	i. Higher risk for recurrent DVT/PE	2*	2*	2*	3*	2*	4*	during pregnancy		1	1	1	1	1	2
	ii. Lower risk for recurrent DVT/PE	- 2*	2*	2*	2*	- 2*	3*	History of pelvic surgery	( les Destrentins fincle dies deliver i)		-	-	1	1	1
	c. History of DVT/PE, not receiving anticoagulant therapy	_					-		(see also Postpartum [including cesarean delivery])	- X X			-	•	-
	i. Higher risk for recurrent DVT/PE	1	2	2	3	2	4	HIV	a. High risk for HIV	1* 1*	1* 1*	1	1	1	1
	ii. Lower risk for recurrent DVT/PE	1	2	2	2	2	3		b. HIV infection			1*	1*	1*	1*
	d. Family history (first-degree relatives)	1	1	1	1	1	2		i. Clinically well receiving ARV therapy	1 1	1 1	lf	on ARV, see also	Drug Interactions	5.
Depressive disorders	ע. ועווווא וווזנטוא (וווזנ-טכצויכב וכוטטאבא)	1*	1*	1*	1*	1*	1*		ii. Not clinically well or not receiving ARV therapy <sup>‡</sup>	2 1	2 1		on ARV, see also		
הבהובאותה מואחותהוא			•			•			in not children wen of not receiving Any uleiapy			1	UII PILLY, SEE 0150		

**Abbreviations:** ARV = antiretroviral; C = continuation of contraceptive method; LHC = combined hormonal contraceptive (pill, patch, and ring); COC = combined oral contraceptive; DMPA = depot medroxyprogesterone acetate; I = initiation of contraceptive method; LHC = levonorgestrel intrauterine device; NA = not applicable; POP = progestin-only pill; P/R = patch/ring; SSRI = selective serotonin reuptake inhibitor; STI = sexually transmitted infection; VTE = venous thromboembolism. \*Condition associated with increased risk as a result of pregnancy. \*Please see the complete guidance for a clarification to this classification: <u>https://www.cdc.gov/contraception/hcp/usmec/</u>.

## Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)



Condition	Sub-Condition	Cu-IUD	LNG-IUD	Implant	DMPA	POP	CHC	Conditio
		I C	I C	I C	I C	I C	I C	
Hypertension	a. Adequately controlled hypertension	1*	1*	1*	2*	1*	3*	Rheumatoid
	b. Elevated blood pressure levels							arthritis
	(properly taken measurements)							Schistosomiasis
	i. Systolic 140-159 or diastolic 90-99	1*	1*	1*	2*	1*	3*	
	ii. Systolic $\geq 160$ or diastolic $\geq 100^{+1}$	. 1*	2*	2*	3*	2*	4*	Sexually transmitte
	c. Vascular disease		- 2*	- 2*	3*	- 2*	4*	infections (STIs)
Inflammatory bowel disease	(ulcerative colitis or Crohn's disease)	1* 1	1	1	2	2	2/3*	
Ischemic heart disease <sup>‡</sup>	Current and history of	1	2 3	2 3	3	2 3	4	
Liver tumors	a. Benign	•	2 3	2 3	3	2 3	-	Sickle cell disease <sup>‡</sup>
Liver tumors	i. Focal nodular hyperplasia	1	2	2	2	2	2	Smoking
	ii. Hepatocellular adenoma <sup>‡</sup>	1	2	2	3	2	4	
	b. Malignant <sup>†</sup> (hepatocellular carcinoma)	1	3	3	3	3	4	
Malaria		1	1	1	1	1	1	Solid organ
Multiple risk factors for	(e.g., older age, smoking, diabetes, hypertension, low	•	•	•	•	•	•	transplantation‡
atherosclerotic cardiovascular	HDL, high LDL, or high triglyceride levels)	1	2	2*	3*	2* 1	3/4*	Stroke <sup>‡</sup>
disease		•	-	-			5/4	Superficial venous of
Multiple sclerosis	a. Without prolonged immobility	1	1	1	2		1	•
•	b. With prolonged immobility	1	1	1	2	1	3	Surgery
Obesity	a. Body mass index (BMI) $\geq$ 30 kg/m <sup>2</sup>	1	1	1	1	1	2*	
	b. Menarche to <18 years and BMI $\geq$ 30 kg/m <sup>2</sup>	1	1	1	2	1	2*	
Ovarian cancer‡		1	1	1	1	1	1	
Parity	a. Nulliparous	2	2	1	1	1	1	Systemic lupus eryt
	b. Parous	1	1	1	1	1	1	
Past ectopic pregnancy		1	1	1	1	2	1	
Pelvic inflammatory	a. Current	4 2*	4 2*	1	1	1	1	
disease	b. Past							Thalassemia
	i. With subsequent pregnancy	1 1	1 1	1	1	1	1	Thrombophilia <sup>‡</sup>
	ii. Without subsequent pregnancy	22	22	1	1	1	1	Thyroid disorders
Peripartum cardiomyopathy <sup>‡</sup>	a. Normal or mildly impaired cardiac function		-		_			Tuberculosis <sup>‡</sup>
	i. <6 months	2	2	1	2	1	4	(see also Drug Interac
	ii. ≥6 months	2	2	1	2	1	3	Unexplained vagina
Dental anti-	b. Moderately or severely impaired cardiac function	2	2	2	3	2	4	Uterine fibroids
Postabortion	a. First trimester abortion	<b>a</b> ¥	<b>a</b> ×	<b>4</b> ¥	<b>a x</b>	<b>a</b> ¥	<b>4</b> ¥	Valvular heart disea
(spontaneous or induced)	i. Procedural (surgical) ii. Medication	<u>1*</u> 1*	1* 1*	1* 1*	1* 1/2*	1* 1*	1* 1*	
	ii. Spontaneous abortion with no intervention	1*	1* 1*	1*	1/2"	1*	1*	Vaginal bleeding pa
	b. Second trimester abortion		•	•	•		•	
	i. Procedural (surgical)	2*	2*	1*	1*	1*	1*	Viral hepatitis
	ii. Medication	2*	2*	- 1*	1*	1*	1*	
	iii. Spontaneous abortion with no intervention	2*	2*	1*	1*	1*	1*	Drug Interactio
	c. Immediate postseptic abortion	4	4	1*	1*	1*	1*	Antiretrovirals (ARV
Postpartum	a. <21 days	-	-	1	2	1	4	used for prevention treatment of HIV <sup>‡</sup>
(nonbreastfeeding)	b. 21 days to 42 days							Anticonvulsant ther
, , , , , , , , , , , , , , , , , , ,	i. With other risk factors for VTE			1	2	1	3*	
	ii. Without other risk factors for VTE			1	1	1	2	
	c. >42 days			1	1	1	1	Antimicrobial thera
Postpartum	a. <10 minutes after delivery of the placenta	2*	2*					
(including cesarean	b. 10 minutes after delivery of the placenta to <4 weeks	2*	2*					
delivery, breastfeeding, or	c. ≥4 weeks	1*	1*					
nonbreastfeeding)	d. Postpartum sepsis	4	4					SSRIs
Pregnancy		4*	4*	NA*	NA*	NA*	NA*	St. John's wort

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant	DMPA	POP	СНС	
			C		C	I C	I C	I C	I C	
Rheumatoid	a. Not on immunosuppressive therapy		1		1	1	2	1	2	
arthritis	b. On immunosuppressive therapy	2	1	2	1	1	2/3*	1	2	
Schistosomiasis	a. Uncomplicated		1		1	1	1	1	1	
	b. Fibrosis of the liver <sup>‡</sup> (if severe, see also Cirrhosis)		1		1	1	1	1	1	
Sexually transmitted	a. Current purulent cervicitis or chlamydial infection or	_	- 0	_		_		_		
infections (STIs)	gonococcal infection	4	2*	4	2*	1	1	1	1	
	b. Vaginitis (including Trichomonas vaginalis and	-				_	_			
	bacterial vaginosis)	2	2	2	2	1	1	1	1	
	c. Other factors related to STIs	2*	2	2*	2	1	1	1	1	
Sickle cell disease‡		2	2		1	1	2/3*	1	4	
Smoking	a. Age <35		1		1	1	1	1	2	
-	b. Age $\geq$ 35, <15 cigarettes/day		1		1	1	1	1	3	
	c. Age ≥35, ≥15 cigarettes/day		1		1	1	1	1	4	
Solid organ	a. No graft failure	1	1	1	1	2	2/3*	2	2*	
transplantation <sup>‡</sup>	b. Graft failure	2	1	2	1	2	2/3*	2	4	
Stroke <sup>‡</sup>	History of cerebrovascular accident		1		2	2 3	3	2 3	4	
Superficial venous disorders	a. Varicose veins		1		1	1	1	1	1	
•	b. Superficial venous thrombosis (acute or history)		1		1	1	2	1	3*	
Surgery	a. Minor surgery without immobilization		1		1	1	1	1	1	
	b. Major surgery									
	i. Without prolonged immobilization		1		1	1	1	1	2	
	ii. With prolonged immobilization		1		1	1	2	1	4	
Systemic lupus erythematosus‡	a. Positive (or unknown) antiphospholipid antibodies	1*	1*		2*	2*	3* 3*	2*	4*	
systemic rupus erythematosus	b. Severe thrombocytopenia	3*	2*		2*	2*	3* 2*	2*	2*	
	c. Immunosuppressive therapy	2*	1*		2*	2*	2* 2*	2*	2*	
	d. None of the above	1*	1*		2*	2*	2* 2*	2*	2*	
Thalassemia			2		1	1	1	1	1	
Thrombophilia <sup>‡</sup>			1*		• 2*	2*	3*	2*	4*	
Thyroid disorders	Simple goiter, hyperthyroid, or hypothyroid		1		1	1	1	1	1	
Tuberculosis <sup>‡</sup>	a. Nonpelvic	1	1	1		1*	1*	1*	1*	
(see also Drug Interactions)	b. Pelvic	4	3	4	3	1*	1*	1*	1*	
Unexplained vaginal bleeding	(suspicious for serious condition) before evaluation	4*	2*	4*	2*	3*	3*	2*	2*	
Uterine fibroids	(suspicious for serious condition) before evaluation	-	2		2	1	1	1	1	
Valvular heart disease	a. Uncomplicated		1		1	1	1	1	2	
valvular heart uisease	b. Complicated <sup>‡</sup>		<u>.</u> 1		1	1	2	1	4	
<u> </u>	a. Irregular pattern without heavy bleeding		<u>'</u> 1	1	1	2	2	2	4	
Vaginal bleeding patterns	b. Heavy or prolonged bleeding		י 2*	1*	2*	2*	2 2*	2 2*	1*	
NP 11										
Viral hepatitis	a. Acute or flare		1		1	1	1	1	3/4* 2	
	b. Chronic		1		1	1	1	1	1 1	
Drug Interactions					1	1				
Antiretrovirals (ARVs)	Fosamprenavir (FPV)			-						
used for prevention (PrEP) or	All other ADVs are 1 or 2 for all methods	1/2*	1*	1/2*	1*	2*	2*	2*	3*	
treatment of HIV <sup>‡</sup>	All other ARVs are 1 or 2 for all methods									
Anticonvulsant therapy	<ul> <li>a. Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)</li> </ul>		1		1	2*	1*	3*	3*	
	b. Lamotrigine		1		1	1	1	1	3*	
Antimizzahial thanan	a. Broad-spectrum antibiotics		<u> </u> 1		<u> </u> 1	1	1	1	<u> </u>	
Antimicrobial therapy	b. Antifungals		<u>'</u> 1		י 1	1	1	1	1	
	c. Antiparasitics		<u> </u> 1			1	1	1		
	d. Rifampin or rifabutin therapy		<u> </u> 1	1		2*	1*	1 3*	1 3*	
								3"	3.	
CCDI-								-	-	
SSRIs St. John's wort			1		1	1	1	1	1	