

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

Updated July 2017.* This summary sheet only contains a subset of the recommendations from the USMEC. It is color coded in the left column to match the corresponding question of the Connecticut Department of Consumer Protection Self-Screening Risk Assessment Questionnaire.

For complete guidance, see: <http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm>

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 health risk (method not to be used)

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

Corresponding to the Connecticut* Self-Screening Risk Assessment Questionnaire:

Condition	Sub-condition	Combined pill, patch (CHC)		Progestin-only Pill (POP)		DMPA (Inj)		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	Initiating	Continuing	
a. Age		Menarche to <40=1 >40=2		Menarche to <18=1 18-45=1 >45=1		Menarche to <18=2 18-45=1 >45=2		Yes
	b. Smoking	a) Age < 35	2	1	1	1	1	Yes
	b) Age > 35, < 15 cigarettes/day	3	1	1	1	1	1	Yes
c. Pregnancy	c) Age > 35, >15 cigarettes/day	4	1	1	1	1	1	Yes
	(Not Eligible for contraception)	NA*	NA*	NA*	NA*	NA*	NA*	NA*
d. Vaginal Bleeding	Unexplained or worrisome vaginal bleeding	2	2	2	2	3	3	Yes
e. Postpartum (see also Breastfeeding)	a) < 21 days	4	1	1	1	1	1	Yes
	b) 21 days to 42 days:							
	(i) with other risk factors for VTE	3*	1	1	1	1	1	Yes
	(ii) without other risk factors for VTE	2	1	1	1	1	1	Yes
f. Breastfeeding (see also Postpartum)	c) > 42 days	1	1	1	1	1	1	Yes
	a) < 1 month postpartum	3/4*	2*	2*	2*	2*	2*	Yes
	b) 30 days to 42 days:							
	(i) with other risk factors for VTE	3*	2*	2*	2*	2*	2*	Yes
g. Diabetes mellitus (DM)	(ii) without other risk factors for VTE	2*	1*	1*	1*	1*	1*	Yes
	c) > 42 days postpartum	2*	1*	1*	1*	1*	1*	Yes
	a) History of gestational DM only	1	1	1	1	1	1	Yes
	b) Non-vascular disease							
h. Headaches	(i) non-insulin dependent	2	2	2	2	2	2	Yes
	(ii) insulin dependent‡	2	2	2	2	2	2	Yes
	c) Nephropathy/ retinopathy/ neuropathy‡	3/4*	2	2	2	3	3	Yes
	d) Other vascular disease or diabetes of >20 years' duration‡	3/4*	2	2	2	3	3	Yes
i. Inflammatory Bowel Disease	a) Non-migrainous	1*	1	1	1	1	1	Yes
	b) Migraine:							
	i) without aura (includes menstrual migraines)	2*	1	1	1	1	1	Yes
j. Hypertension	iii) with aura	4*	1	1	1	1	1	Yes
	a) Mild; no risk factors	2	2	2	2	2	2	Yes
	b) IBD with increased risk for VTE	3	3	3	3	3	3	Yes
k. History of high blood pressure during pregnancy	a) Adequately controlled hypertension	3*	1*	1*	1*	2*	2*	Yes
	b) Elevated blood pressure levels (properly taken measurements):							
	(i) systolic 140-159 or diastolic 90-99	3*	1*	1*	1*	2*	2*	Yes
	(ii) systolic ≥160 or diastolic ≥100‡	4*	2*	2*	2*	3*	3*	Yes
l. Peripartum cardiomyopathy‡	c) Vascular disease	4*	2*	2*	2*	3*	3*	Yes
	a) Normal or mildly impaired cardiac function:							
	(i) < 6 months	4	1	1	1	1	1	Yes
m. Multiple risk factors for arterial CVD	(ii) > 6 months	3	1	1	1	1	1	Yes
	b) Moderately or severely impaired cardiac function	4	2	2	2	2	2	Yes
n. Ischemic heart disease‡	(such as older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)	3/4*	2*	2*	2*	3*	3*	Yes
o. Valvular heart disease	Current and history of	4	2	3	3	3	3	Yes
	a) Uncomplicated	2	1	1	1	1	1	Yes
p. Stroke‡	b) Complicated‡	4	1	1	1	1	1	Yes
	History of cerebrovascular accident	4	2	3	3	3	3	Yes
q. Known Thrombogenic mutations‡		4*	2*	2*	2*	2*	2*	Yes

I = initiation of contraceptive method; C = continuation of contraceptive method; NA = Not applicable

* Please see the complete guidance for a clarification to this classification: www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm

‡ Condition that exposes a woman to increased risk as a result of unintended pregnancy.

*Adapted from document prepared by the Oregon Board of Pharmacy

Condition	Sub-condition	Combined pill, patch (CHC)		Progestin-only pill (POP)		DMPA (Inj)		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	Initiating	Continuing	
r. Deep venous thrombosis (DVT) & Pulmonary embolism (PE)	a) History of DVT/PE, not on anticoag therapy							
	i) higher risk for recurrent DVT/PE	4		2		2		Yes
	ii) lower risk for recurrent DVT/PE	3		2		2		Yes
	b) Acute DVT/PE	4		2		2		Yes
	c) DVT/PE and established on anticoagulant therapy for at least 3 months							
	i) higher risk for recurrent DVT/PE	4*		2		2		Yes
	ii) lower risk for recurrent DVT/PE	3*		2		2		Yes
	d) Family history (first-degree relatives)	2		1		1		Yes
	e) Major surgery							
	(i) with prolonged immobilization	4		2		2		Yes
(ii) without prolonged immobilization	2		1		1		Yes	
f) Minor surgery without immobilization	1		1		1		Yes	
s. Superficial venous disorders	a) Varicose veins	1		1		1		
b) Superficial venous thrombosis (acute or history)	3*		1		1			
t. Multiple Sclerosis	a) With prolonged immobility	3		1		2		Yes
b) Without prolonged immobility	1		1		2		Yes	
u. History of bariatric surgery‡	a) Restrictive procedures	1		1		1		Yes
b) Malabsorptive procedures	COCs: 3	P/R: 1	3		1		Yes	
v. Breast Disease & Breast Cancer	a) Undiagnosed mass	2*		2*		2*		Yes
	b) Benign breast disease	1		1		1		Yes
	c) Family history of cancer	1		1		1		Yes
	d) Breast cancer:‡							
	i) current	4		4		4		Yes
ii) past/no evidence current disease x 5yr	3		3		3		Yes	
w. Solid Organ Transplant	a) Complicated – graft failure, rejection, etc.	4		2		2		Yes
b) Uncomplicated	2*		2		2		Yes	
x. Viral hepatitis	a) Acute or flare	3/4*	2	1		1		Yes
	b) Carrier/Chronic	1	1	1		1		Yes
y. Cirrhosis	a) Mild (compensated)	1		1		1		Yes
	b) Severe‡ (decompensated)	4		3		3		Yes
z. Liver tumors	a) Benign:							
	i) Focal nodular hyperplasia	2		2		2		Yes
	ii) Hepatocellular adenoma‡	4		3		3		Yes
b) Malignant‡ (hepatoma)	4		3		3		Yes	
aa. Gallbladder disease	a) Symptomatic:							
	(i) treated by cholecystectomy	2		2		2		Yes
	(ii) medically treated	3		2		2		Yes
	(iii) current	3		2		2		Yes
b) Asymptomatic	2		2		2		Yes	
bb. History of Cholestasis	a) Pregnancy-related	2		1		1		Yes
	b) Past COC-related	3		2		2		Yes
cc. Systemic lupus erythematosus‡	a) Positive (or unknown) antiphospholipid antibodies	4*		3*		3*	3*	Yes
	b) Severe thrombocytopenia	2*		2*		3*	2*	Yes
	c) Immunosuppressive treatment	2*		2*		2*	2*	Yes
	d) None of the above	2*		2*		2*	2*	Yes
dd. Rheumatoid arthritis	a) On immunosuppressive therapy	2		1		2*		Yes
	(i) Long-term corticosteroid therapy					3		Yes
b) Not on immunosuppressive therapy	2		1		2		Yes	
ee. Blood Conditions & Anemias	a) Thalassemia	1		1		1		Yes
	b) Sickle Cell Disease‡	2		1		1		Yes
	c) Iron-deficiency anemia	1		1		1		Yes
ff. Epilepsy‡	(see also Drug Interactions)	1*		1*		1*		Yes
gg. Tuberculosis‡ (see also Drug Interactions)	a) Non-pelvic	1*		1*		1*		Yes
	b) Pelvic	1*		1*		1*		Yes
hh. HIV	a) High risk for HIV	1		1		1*		Yes
	b) HIV infection	1*		1*		1*		Yes
	(i) On ARV therapy							Yes
ii. Antiretroviral therapy (All other ARVs are a 1 or 2)	a) Fosamprenavir (FPV)	3		2		2		Yes
	(i) Fosamprenavir + Ritonavir (FPV/r)	2		2		1		Yes
jj. Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*		3*		1*		Yes
	b) Lamotrigine	3*		1		1		Yes
kk. Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		1		Yes
	b) Antifungals	1		1		1		Yes
	c) Antiparasitics	1		1		1		Yes
	d) Rifampicin or rifabutin therapy	3*		3*		1*		Yes
ll. Supplements	a) St. John's Wort	2		2		1		Yes

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