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:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>WITH CLINICAL JUDGEMENT</th>
<th>WITH LIMITED CLINICAL JUDGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Use method in any circumstance</td>
<td>YES (Use the method)</td>
</tr>
<tr>
<td>2</td>
<td>Generally use method</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Use of method not usually recommended unless other more appropriate methods are not available or not acceptable</td>
<td>NO (Do not use the method)</td>
</tr>
<tr>
<td>4</td>
<td>Method not to be used</td>
<td></td>
</tr>
</tbody>
</table>

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 judgment 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 behavioural methods of contraception, including lactational amenorrhea method, for the complete list of recommendations, please see the full document.

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

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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.
### 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)

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"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
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 ≤ 35 μg 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/ET or levonorgestrel or etonogestrel
8. Intrauterine systems releasing estrogen, Mirena
9. Copper-bearing intrauterine device, Cu-IUD

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Emergency contraceptive pills

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>COC</th>
<th>LNG</th>
<th>UPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Oral contraceptive</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Obesity</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>History of severe cardiovascular disease</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>History of severe liver disease (including jaundice)</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>COP2A4 inducers b)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Repeated emergency contraceptive pill use c)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rape a)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Copper IUD for Emergency Contraception

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-IUths as emergency contraception.

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>Cu-IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>4</td>
</tr>
<tr>
<td>Rape a)</td>
<td>4</td>
</tr>
<tr>
<td>High risk of STI</td>
<td>3</td>
</tr>
<tr>
<td>Low risk of STI</td>
<td>1</td>
</tr>
</tbody>
</table>

Abnormalities:
- COC: = combined oral contraceptives;
- Cu-IUD: = Copper intrauterine device;
- ECP: = emergency contraceptive pill;
- LNG: = levonorgestrel; UPA: = ulipristal acetate

Antiretroviral Medications and Abbreviations on the MEC Wheel

Nucleoside reverse transcriptase inhibitors (NRTIs)

- ABC Abacavir
- TDF Tenofovir
- AZT Zidovudine
- FTC Emtricitabine
- D4T Stavudine

Non-nucleoside reverse transcriptase inhibitors (NNRTIs)

- EFV Efavirenz
- NVP Nevirapine
- RPV Rilpivirine
- RAL Raltegravir

Protease inhibitors (PIs)

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

<table>
<thead>
<tr>
<th>Abbreviations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA: not applicable; COC: combined oral contraceptives; Cu-IUD: Copper intrauterine device; ECP: emergency contraceptive pill; LNG: levonorgestrel; UPA: ulipristal acetate</td>
</tr>
</tbody>
</table>