Unit 4

FAMILY PLANNING CLIENT ASSESSMENT AND WHO MEDICAL ELIGIBILITY CRITERIA

Learning Objectives

By the end of this unit, learners will be able to:

- Describe the purpose of client assessment for family planning
- List the assessment tasks required for specific family planning methods
- Identify the basic information that can be gathered during family planning client assessment
- Determine how to be reasonably sure a client is not pregnant using the pregnancy checklist
- Identify medical conditions that make pregnancy especially risky
- List the signs of gender-based violence (GBV) to look for during the assessment
- Define the World Health Organization (WHO) Medical Eligibility Criteria (MEC)
- State the purpose of the MEC
- Explain the meaning of the four WHO MEC classification categories
- Describe the two-category MEC framework and how it can be used when clinical judgment is limited
- Demonstrate how to use MEC summary tables to find classifications of client conditions/situations and determine eligibility for specific methods.

Teaching Resources in this Unit

Handouts

Learning Activities

Unit Assessment

Unit 4: Family Planning Client Assessment and WHO Medical Eligibility Criteria

Key Points

- **Medical requirements that are not essential to the provision of specific contraceptives act as major barriers to contraceptive choice and access to services.**
- **Only the provision of intrauterine contraceptive devices (IUCDs) and sterilisation require physical exams.**
- **Determining if a client is pregnant can be accomplished through use of the Pregnancy Checklist.**
- **Some medical conditions can make pregnancy riskier.**
- **Family planning providers should be alert to signs of gender-based violence in their clients.**
- **The MEC provide evidence-based criteria for determining if a client can safely use a contraceptive method.**
- **The MEC classification system uses 4 categories that describe whether a contraceptive method can be used in the presence of a given condition.**
- **A two-category MEC system exists for locations where resources for clinical judgment are limited.**
- **MEC Summary Tables provide an easy way to determine client eligibility for each method.**
- **MEC guidelines are regularly updated to reflect the latest medical knowledge and practice.**

4.1 Purpose of Client Assessment for Family Planning

This section of the unit describes client assessment prior to provision of family planning methods. The **primary objectives** of this assessment, or screening, are to determine whether the family planning client:

- Is pregnant
- Has any conditions that affect the client's medical eligibility to start or continue using a particular method
- Has any special problems that require further assessment, treatment, or regular follow-up.

These objectives usually can be accomplished by asking a few key questions. Unless specific problems are identified, the safe provision of contraceptive methods, except IUCDs and voluntary female and male sterilisation, does **not** require **physical or pelvic examinations**.

Where resources are limited, requiring medical evaluation and/or laboratory testing (e.g., blood sugar and haemoglobin) before providing modern contraceptive methods is **not** justifiable. Where demand for family planning services is high, medical requirements that are **not** essential to the provision of specific contraceptives act as major barriers to contraceptive choice and

access to services. To enable clients to obtain the contraceptive method of their choice, **only** those procedures that are essential and mandatory for **all** clients in **all** settings should be required.

(JHPIEGO, no date)

4.2 Assessment Tasks Required for Specific Methods

The table that follows summarizes the client assessment requirements for all contraceptive methods. Depending on answers given to the medical eligibility screening questions for specific methods, physical and pelvic examinations may be needed as indicated.

Table 4.1: Client Assessment Requirements for All Contraceptive Methods

Assessment	**Fertility Awareness Methods (FAM), Lactational Amenorrhoea Method (LAM)**	**Barrier Methods (Male or Female Condoms)**	**Hormonal Methods***	**IUCDs**	**Voluntary Sterilization (Female/Male)**
Reproductive Health Background	No	No	No	No	No
STI History	No	No	No	Yes, to determine if at high personal risk	No
Physical Examination					
Female General (including BP)	No	No	No[a]	No[a]	Yes
Abdominal	No	No	No[a]	Yes	Yes
Pelvic Speculum	No	No	No[a, b]	Yes	Yes
Pelvic Bimanual	No	No	No[b]	Yes	Yes
Male (groin, penis, testes and scrotum)	N/A	No	N/A	N/A	Yes

(Adapted from Jhpiego, no date.)

*Hormonal methods include combined oral contraceptive pills (COCs), progestin-only pills (POPs), contraceptive implants and injectables (DMPA).

[a] If screening checklist responses are all negative (No), examination is not necessary.

[b] This is only necessary if pregnancy is suspected and pregnancy test is not available.

4.3 Information Gathered During Client Assessment

Although taking a medical history is not required for providing contraceptive methods, it is helpful to gather basic information that will help the provider and the client discuss family planning method options, if the client agrees. This information can be gathered in a relaxed and friendly manner that puts the client at ease. Explain that for most family planning methods there will be no need for a physical or pelvic exam.

Information that can be gathered in a client history includes:

- Age of client (female)
- Number of living children
- Sex of living children
- Age of youngest child
- History of complications with pregnancy
- Current pregnancy status/date of last menstrual period
- Desire for more children
- Desired timing for birth of next child
- Breastfeeding status
- Regularity of menstrual cycle
- Number of current sexual partners
- Level of sexual activity (active, occasional, etc.)
- Chronic illnesses (i.e. heart disease, diabetes mellitus, hypertension, liver/jaundice problem, kidney/renal disease, cervical/breast cancer)
- Smoking status.

4.4 How to Be Reasonably Sure a Client is Not Pregnant

It is recommended that family planning providers assess whether a woman seeking contraceptive services might already be pregnant—because women who are currently pregnant do not require contraception. Further, the IUCD should never be inserted in pregnant women because doing so might lead to septic miscarriage. There is no known harm to the woman, the course of her pregnancy, or the foetus if COCs or DMPA are accidentally used during pregnancy.

You can be reasonably sure a client is not pregnant if she has no signs or symptoms of pregnancy (e.g., breast tenderness or nausea) and she answers **"Yes"** to at least one of the questions on the Pregnancy Checklist. This checklist, "How to be reasonably sure a client is not pregnant," is highly effective and has been validated in Kenya, Guatemala, Senegal, Mali, and Egypt. When used correctly, it is more than 99% effective in ruling out pregnancy. (See Pregnancy Checklist in the Handouts section of this unit.)

A pelvic examination is seldom necessary for family planning provision, except to rule out pregnancy of more than 6 weeks, as measured from the last menstrual period (LMP).

Pregnancy testing is unnecessary except in cases where:

- It is difficult to confirm pregnancy (i.e., 6 weeks or less from the last menstrual period)
- The results of the pelvic examination are unclear (e.g., the client is overweight, making sizing the uterus difficult).

In these situations, a sensitive urine pregnancy test (i.e., detects <50 U/ml of human chorionic gonadotrophin hormone, or hCG) may be helpful, if readily available and affordable. If pregnancy testing is **not** available, counsel the client to use a temporary contraceptive method or abstain from intercourse until her menses occurs or pregnancy is confirmed.

Using the Pregnancy Checklist

To use the Pregnancy Checklist, ask the client questions 1–6 on the checklist. As soon as the client answers "yes" to any question, stop and follow the instructions at the bottom of the checklist.

When a woman is **more than 6 months postpartum** you can still be reasonably sure she is not pregnant if she:

- Has kept her **breastfeeding frequency high**
- Has still had **no menstrual bleeding** (is amenorrheic)
- Has **no clinical signs or symptoms of pregnancy**.
- **Note:** The Pregnancy Checklist is also available for download from: http://info.k4health.org/globalhandbook/book/tools/pregchecklist.shtml. Hard copies of the checklist are available by contacting: publications@fhi.org.

4.5 Medical Conditions that Make Pregnancy Especially Risky

Some common medical conditions make pregnancy riskier to a woman's health. The effectiveness of her contraceptive method thus has special importance.

If a woman says that she has any of the common conditions listed below:

- She should be told that pregnancy could be especially risky to her health and, in some cases, to the health of her baby.
- During counselling, focus special attention on the effectiveness of methods. Clients who are considering a method that requires correct use with every act of sexual intercourse should think carefully about whether they can use the method effectively.

Reproductive tract infections and disorders

- Breast cancer
- Endometrial cancer
- Ovarian cancer
- Some sexually transmitted infections (gonorrhoea, chlamydia)
- Some vaginal infections (bacterial vaginosis)

Cardiovascular disease

- High blood pressure (systolic blood pressure higher than 160 mm Hg or diastolic blood pressure higher than 100 mm Hg)
- Complicated valvular heart disease
- Ischemic heart disease (heart disease due to narrowed arteries)
- Stroke

Other infections

- HIV/AIDS
- Tuberculosis
- Schistosomiasis with fibrosis of the liver

Endocrine conditions

- Diabetes if insulin dependent, with damage to arteries, kidneys, eyes, or nervous system (nephropathy, retinopathy, neuropathy), or of more than 20 years' duration

Anaemias

- Sickle cell disease

Gastrointestinal conditions

- Severe (decompensated) cirrhosis of the liver
- Malignant (cancerous) liver tumours (hepatoma)

(WHO/RHR and CCP, Knowledge for Health Project 2008)

4.6 Signs of Gender-Based Violence

A client's experience with GBV can play a role in her choice of family planning method because it may prevent her from negotiating the timing of sexual activity or the use of condoms. (More information about GBV is provided in Unit 2: Gender-Sensitive Family Planning Services.) The following signs that might be seen in the family planning clinic can indicate GBV and merit follow-up questions by the provider:

- Chronic, vague complaints that have no obvious physical cause
- Injuries that do not match the explanation of how they occur
- A male partner who is overly attentive, controlling, or unwilling to leave the woman's side
- A history of attempted suicide or suicidal thoughts
- Urinary tract infection
- Chronic irritable bowel syndrome
- Chronic pelvic pain
- An STI in a young girl
- Vaginal itching or bleeding
- Painful defecation or painful urination
- Abdominal or pelvic pain
- Sexual problems, lack of pleasure
- Vaginismus (spasms of the muscles around the opening of the vagina)
- Anxiety, depression, self-destructive behaviour
- Sleeping problems
- Having difficulty with or avoiding pelvic exams
- Extreme obesity.

4.7 Defining the WHO Medical Eligibility Criteria

The WHO document, *Medical Eligibility Criteria (MEC) for Contraceptive Use,* contains the WHO's evidence-based guidelines for the safe and effective use of family planning methods.

These guidelines, which are updated regularly, reflect the consensus of experts from the world's leading health organisations and are based on the latest clinical and epidemiological data. The 2009 edition of *MEC for Contraceptive Use* is now available online (see below). This edition includes the latest updates to the guidelines from the 2008 Working Group meeting.

MEC for Contraceptive Use guidelines are intended for use by policy-makers, programme managers and the scientific community in the preparation of national family planning/sexual and reproductive health programmes for delivery of contraceptives. They are not intended as a national guideline for family planning, but rather as a reference. This document may be downloaded at: http://whqlibdoc.who.int/publications/2009/9789241563888_eng.pdf or can be obtained at no charge from: WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (Tel.: +41 22 791 3264; fax: +41 22 791 4857) e-mail: bookorders@who.int

MEC for Contraceptive Use includes a comprehensive list of client characteristics and medical conditions and explains how these conditions and characteristics affect medical eligibility for starting or continuing each family planning method.

WHO has also published MEC Summary Tables, which summarize the guidelines contained in *MEC for Contraceptive Use* in a user-friendly format.

This section of the unit introduces the WHO Medical Eligibility Criteria, explains the MEC categories, and explains how to use the MEC Summary Tables to determine client eligibility for contraceptive methods.

4.8 The Purpose of the MEC

The WHO MEC:

- Provide guidance on whether a person with a specific health condition can safely start to use a specific contraceptive method or, if she or he develops a health condition, can continue to use the method safely
- Ensure that family planning service provision is based on the best available scientific evidence
- Address and correct misconceptions about who can and cannot safely use contraception
- Reduce medical, policy, and practice barriers to family planning services (i.e., those unjustified by the evidence)
- Improve quality, access, and use of family planning services.

4.9 WHO MEC Categories

For most of the contraceptive methods addressed, the WHO Expert Working Group by consensus classified conditions on a scale of 1 to 4. These categories explain whether, in the presence of a given individual characteristic or medical condition, a particular contraceptive method may safely be used. These categories are as follows:

Category 1 Condition for which there is no restriction for use of the contraceptive method

Category 2 Condition where the advantages of using the method generally outweigh the theoretical or proven risks

Category 3 Condition where the theoretical or proven risks usually outweigh the

advantages of using the method

Category 4 Condition that presents an unacceptable health risk if the contraceptive method is used.

According to this system, clients with conditions that are classified as **Category 1** can use the method in question, while those with a condition that is classified as **Category 4** should not use the method. Categories 2 and 3 are a little more complicated. Classification of a condition/characteristic as **Category 2** for a particular method indicates the method can generally be used, but careful follow-up may be required.

However, provision of a method to a client with a condition classified as **Category 3** requires careful clinical judgment and access to clinical services. For such a client, the severity of the condition and the availability, practicality, and acceptability of alternative methods should be taken into account. For a condition/method classified as Category 3, use of that method is not usually recommended unless other more appropriate methods are not available or acceptable. Careful follow-up will be required (WHO/RHR 2009).

Where resources for clinical judgment are limited, the four-category framework can be simplified into **two categories**. In the two-category system, Category 1 and 2 classification indicates that a woman is medically eligible to use the method. A Category 3 or 4 classification indicates that a woman is not medically eligible to use the method. (See Table 4.2.)

Table 4.2 MEC Categories of Temporary Methods

Category	With clinical judgment	With limited clinical judgment
1	Use method in any circumstances	Use the method
2	Generally use: Advantages outweigh risks	Use the method
3	Generally DO NOT use: Risks outweigh advantages	DO NOT use the method
4	DO NOT use the method	DO NOT use the method

(WHO/RHR 2009)

4.10 MEC Categories for Female and Male Sterilisation

The four numbered MEC categories above apply to all contraceptive methods **except** female and male sterilisation. For these methods, the WHO Expert Working Group developed a separate ranking system. Recommendations for surgical sterilization are defined according to the categories in the table below.

Table 4.3: WHO MEC Categories for Male and Female Sterilisation

Category	Definition
Accept	There is no medical reason to deny the method to a person with this condition or in this circumstance.
Caution	Provide the method in a routine setting but with extra preparations and precautions.
Delay	Delay use of the method until the condition is evaluated and/or corrected. Provide alternative, temporary methods of contraception.
Refer	The procedure should be performed in a setting with an experienced surgeon and staff, equipment to provide general anaesthesia, and other backup medical support. This condition also requires the capacity to decide on the most appropriate procedure and anaesthesia support. Provide alternative, temporary methods of contraception if referral is required or if there is otherwise any delay.

(WHO/RHR 2009)

4.11 Updates to WHO MEC Guidelines

- WHO periodically updates the MEC as new scientific information becomes available. To find the latest version of the Guidelines, see http://www.who.int/reproductivehealth/publications/family_planning/en/index.html

The WHO issued updates to the MEC in 2008, including the following:

- Most women with HIV infection generally can use IUCDs.
- Women generally can take hormonal contraceptives while on antiretroviral (ARV) therapy for HIV infection, although there are interactions between contraceptive hormones and certain ARV drugs. These interactions may alter the safety and effectiveness of both the hormonal contraceptive and the antiretroviral drug. Research in this area is ongoing.
- Women with clinical depression usually can take hormonal contraceptives.

4.12 Using the WHO MEC Summary Tables

The WHO MEC Summary Tables provide an easy way to determine the MEC categories that apply to a particular client. These tables, reprinted in the Handout section of this unit, can be used as follows:

- First, locate the client's medical condition(s) or situation in the left-hand column of the table.
- Then locate the table's columns corresponding to the methods she/he is considering.
- The number (1–4) displayed in each column indicates how the condition is categorised for that method.

Example

A 25-year-old woman with a history of heavy menstrual bleeding has requested a progestin-only injectable. To find the classification of her condition for this injectable:

- First, locate the section of the MEC Summary Tables that contains the title: "Reproductive Tract Infections and Disorders."
- In the left-hand column in this table, locate the row label for "Heavy or prolonged bleeding."
- Then, move across that row to find the column under the heading of "Progestin-only Injectables."
- The box in that column displays the number "2." This means that the client may use the injectable because the advantages generally outweigh the risks in this situation.
- You may provide the method to this client.

Another resource that summarizes the WHO MEC for the most commonly used methods (COCs, DMPA, and IUCDs) is the Quick Reference Chart, also reprinted in the Handout section of this unit.

4.13 Medical Eligibility Screening Questions and Checklists

Medical Eligibility Screening Questions and Screening Checklists based on the WHO MEC are available for most of the most popular family planning methods. These screening tools are provided in the appropriate method unit in this guide. The questions and checklists give health workers an easy, accurate and reliable way to determine medical eligibility for family planning in a format that can be understood by both health care worker and client. Health providers at all levels, including community health workers, may use the Medical Eligibility Screening Questions and Screening Checklists.

Using these screening tools is important, because contraceptive provision in many areas continues to be based on outdated medical information, provider biases, and unproven, theoretical concerns. For instance, studies have found that in some countries, 25%-50% of women seeking contraception are unnecessarily refused services until they are menstruating. When provided with effective training, screening questions and checklists are important tools that enable providers at all levels to apply the latest WHO MEC and guidelines for contraceptive use without such unnecessary barriers (Callahan R. 2006).

How to be Reasonably Sure a Client is Not Pregnant

Ask the client questions 1–6. As soon as the client answers **YES** to ***any question,*** stop, and follow the instructions.

NO	1.	Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	YES
NO	2.	Have you abstained from sexual intercourse since your last menstrual period or delivery?	YES
NO	3.	Have you had a baby in the last 4 weeks?	YES
NO	4.	Did your last menstrual period start within the past 7 days (or within the past 12 days if you are planning to use an IUD)?	YES
NO	5.	Have you had a miscarriage or abortion in the past 7 days (or within the past 12 days if you are planning to use an IUD)?	YES
NO	6.	Have you been using a reliable contraceptive method consistently and correctly?	YES

If the client answered **NO** to ***all of the questions,*** pregnancy cannot be ruled out. The client should await menses or use a pregnancy test.

If the client answered **YES** to ***at least one of the questions*** and she is free of signs or symptoms of pregnancy, provide client with desired method.

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Medical Eligibility Criteria for Contraceptive Use

The tables on these pages summarize the World Health Organization Medical Eligibility Criteria for using contraceptive methods.

(Reprinted with permission of the Center for Communications Programs (CCP), Knowledge for Health Project. Source: WHO/RHR and CCP, Knowledge for Health 2008. http://info.k4health.org/globalhandbook/book/fph_appendix_d/index.shtml)

Categories for Temporary Methods

Category	With Clinical Judgment	With Limited Clinical Judgment
1	Use method in any circumstances	Yes (Use the method)
2	Generally use method	
3	Use of method not usually recommended unless other more appropriate methods are not available or not acceptable	No (Do not use the method)
4	Method not to be used	

Note: In the table beginning with Personal Characteristics and Reproductive History, Category 3 and 4 conditions are shaded to indicate that the method should not be provided where clinical judgment is limited.

See conditions relating to vasectomy, male and female condoms, spermicides, diaphragms, cervical caps, and lactational amenorrhea method. See conditions relating to fertility awareness methods.

Categories for Female Sterilisation

Accept (A)	There is no medical reason to deny the method to a person with this condition or in this circumstance.
Caution (C)	The method is normally provided in a routine setting but with extra preparation and precautions.
Delay (D)	Use of the method should be delayed until the condition is evaluated and/or corrected. Alternative, temporary methods of contraception should be provided.
Special (S)	The procedure should be undertaken in a setting with an experienced surgeon and staff, equipment needed to provide general anaesthesia, and other backup medical support. The capacity to decide on the most appropriate procedure and anaesthesia support also is needed. Alternative, temporary methods of contraception should be provided if referral is required or there is otherwise any delay.

	Combined oral contraceptives	Monthly injectables	Combined patch and combined vaginal ring	Progestin-only pills	Progestin-only injectables	Implants	Emergency contraceptive pills*	Copper-bearing intrauterine device	Levonorgestrel intrauterine device	Female sterilisation*
= Use the method										
= Do not use the method										
I = Initiation of the method										
C = Continuation of the method										
— = Use the method										
NA = Not applicable										
Condition										
PERSONAL CHARACTERISTICS AND REPRODUCTIVE HISTORY										
Pregnant	NA	NA	NA	NA	NA	NA	NA	4	4	D
Age	Menarche to < 40 years			Menarche to < 18 years				Menarche to <20 years		Young age
	1	1	1	1	2	1	—	2	2	C
	≥ 40 years			18 to 45 years				≥ 20 years		
	2	2	2	1	1	1	—	1	1	
				> 45						
				1	2	1	—			
Parity										
Nulliparous (has not given birth)	1	1	1	1	1	1	—	2	2	A
Parous (has given birth)	1	1	1	1	1	1	—	1	1	A
Breastfeeding										
< 6 weeks postpartum	4	4	4	3[a]	3[a]	3[a]	1	b	b	*
≥ 6 weeks to < 6 months postpartum (primarily breastfeeding)	3	3	3	1	1	1	1	b	b	A
≥ 6 months postpartum	2	2	2	1	1	1	1	b	b	A
Postpartum (not breastfeeding)										
< 21 days	3	3	3	1	1	1	—	b	b	*
≥ 21 days	1	1	1	1	1	1	—	b	b	
Postabortion										
First trimester	1	1	1	1	1	1	—	1	1	*
Second trimester	1	1	1	1	1	1	—	2	2	
Immediate post-septic abortion	1	1	1	1	1	1	—	4	4	
Past ectopic pregnancy	1	1	1	2	1	1	1	1	1	A
History of pelvic surgery	1	1	1	1	1	1	—	1	1	C*
Smoking										
Age < 35 years	2	2	2	1	1	1	—	1	1	A
Age ≥ 35 years										
<15 cigarettes/day	3	2	3	1	1	1	—	1	1	A
≥15 cigarettes/day	4	3	4	1	1	1	—	1	1	A

* See additional conditions relating to emergency contraceptive pills and female sterilisation.

a In settings where pregnancy morbidity and mortality risks are high and this method is one of few widely available contraceptives, it may be made accessible to breastfeeding women immediately postpartum.

b Postpartum IUD use: For the copper-bearing IUD, insertion at <48 hours is Category 1. For the LNG-IUD, insertion at <48 hours is Category 3 for breastfeeding women and Category 1 for women not breastfeeding. For all women and both IUD types, insertion from 48 hours to <4 weeks is Category 3; ≥4 weeks, Category 1; and puerperal sepsis, Category 4.

Condition	Combined oral contraceptives	Monthly injectables	Combined patch and combined vaginal ring	Progestin-only pills	Progestin-only injectables	Implants	Emergency contraceptive pills*	Copper-bearing intrauterine device	Levonorgestrel intrauterine device	Female sterilisation*
Obesity										
>30 kg/m2 body mass index	2	2	2	1	1**	1	—	1	1	C
Blood pressure measurement unavailable	NA[C]	NA[C]	NA[C]	NA[C]	NA[C]	NA[C]	—	NA	NA	NA
CARDIOVASCULAR DISEASE										
Multiple risk factors for arterial cardiovascular disease (older age, smoking, diabetes, and hypertension)	3/4[d]	3/4[d]	3/4[d]	2	3	2	—	1	2	S
Hypertension[e]										
History of hypertension, where blood pressure CANNOT be evaluated (including hypertension in pregnancy)	3	3	3	2[c]	2[c]	2[c]	—	1	2	NA
Adequately controlled hypertension, where blood pressure CAN be evaluated	3	3	3	1	2	1	—	1	1	C
Elevated blood pressure (properly measured)										
Systolic 140–159 or diastolic 90–99	3	3	3	1	2	1	—	1	1	C[f]
Systolic ≥ 160 or diastolic ≥ 100[g]	4	4	4	2	3	2	—	1	2	S[f]
Vascular disease	4	4	4	2	3	2	—	1	2	S
History of high blood pressure during pregnancy (where current blood pressure is measurable and normal)	2	2	2	1	1	1	—	1	1	A
Deep venous thrombosis (DVT)/Pulmonary embolism (PE)										
History of DVT/PE	4	4	4	2	2	2	*	1	2	A
Acute DVT/PE	4	4	4	3	3	3	*	1	3	D
Family history of DVT/PE (first-degree relatives)	2	2	2	1	1	1	*	1	1	A
DVT/PE and on anticoagulant therapy	4	4	4	2	2	2	*	1	2	S

= Use the method
= Do not use the method
I = Initiation of the method
C = Continuation of the method
— = Use the method
NA = Not applicable

** From menarche to age <18 years, ≥30 kg/m2 body mass index is Category 2 for DMPA, Category 1 for NET-EN.

c In settings where pregnancy morbidity and mortality risks are high and this method is one of few widely available contraceptives, women should not be denied access simply because their blood pressure cannot be measured.

d When multiple major risk factors exist, any of which alone would substantially increase the risk of cardiovascular disease, use of the method may increase her risk to an unacceptable level. However, a simple addition of categories for multiple risk factors is not intended. For example, a combination of factors assigned a Category 2 may not necessarily warrant a higher category.

e Assuming no other risk factors for cardiovascular disease exist. A single reading of blood pressure is not sufficient to classify a woman as hypertensive.

f Elevated blood pressure should be controlled before the procedure and monitored during the procedure.

g This condition may make pregnancy an unacceptable health risk. Women should be advised that because of relatively higher pregnancy rates, as commonly used, spermicides, withdrawal, fertility awareness methods, cervical caps, diaphragms, or female or male condoms may not be the most appropriate choice.

Condition	Combined oral contraceptives	Monthly injectables	Combined patch and combined vaginal ring	Progestin-only pills	Progestin-only injectables	Implants	Emergency contraceptive pills*	Copper-bearing intrauterine device	Levonorgestrel intrauterine device	Female sterilisation*
= Use the method										
= Do not use the method										
I = Initiation of the method										
C = Continuation of the method										
— = Use the method										
NA = Not applicable										
Major surgery										
With prolonged immobilization	4	4	4	2	2	2	—	1	2	D
Without prolonged immobilization	2	2	2	1	1	1	—	1	1	A
Minor surgery without prolonged immobilization	1	1	1	1	1	1	—	1	1	A
Known thrombogenic mutations (e.g., Factor V Leiden, Prothrombin mutation; Protein S, Protein C, and Antithrombin deficiencies)[g]	4	4	4	2	2	2	*	1	2	A
Superficial venous thrombosis										
Varicose veins	1	1	1	1	1	1	—	1	1	A
Superficial thrombophlebitis	2	2	2	1	1	1	—	1	1	A
Ischemic heart disease[g]				I C		I C			I C	
Current	4	4	4	2 3	3	2 3	*	1	2 3	D
History of										C
Stroke (history of cerebrovascular accident)[g]	4	4	4	2 3	3	2 3	*	1	2	C
Known hyperlipidemias	2/3[h]	2/3[h]	2/3[h]	2	2	2	—	1	2	A
Valvular heart disease										
Uncomplicated	2	2	2	1	1	1	—	1	1	C[i]
Complicated [g †]	4	4	4	1	1	1	—	2[i]	2[i]	S*
SYSTEMIC LUPUS ERYTHEMATOSIS					I C			I C		
Positive (or unknown) antiphospholipid antibodies	4	4	4	3	3 3	3	—	1 1	3	S
Severe thrombocytopenia	2	2	2	2	3 2	2	—	3 2	2	S
Immunosuppresive treatment	2	2	2	2	2 2	2	2	2 1	2	S
None of the above	2	2	2	2	2 2	2	—	1 1	2	C
NEUROLOGICAL CONDITIONS										
Headaches[j]	I C	I C	I C	I C	I C	I C			I C	
Nonmigrainous (mild or severe)	1 2	1 2	1 2	1 1	1 1	1 1	—	1	1 1	A
Migraine										
Without aura	I C	I C	I C	I C	I C	I C			I C	
Age < 35	2 3	2 3	2 3	1 2	2 2	2 2	—	1	2 2	A
Age ≥ 35	3 4	3 4	3 4	1 2	2 2	2 2	—	1	2 2	A
With aura, at any age	4 4	4 4	4 4	2 3	2 3	2 3	—	1	2 3	A
Epilepsy	1[k]	1[k]	1[k]	1[k]	1[k]	1[k]	—	1	1	C

h Assess according to the type and severity of hyperlipidemia and the presence of other cardiovascular risk factors.

I Prophylactic antibiotics are advised before providing the method.

j Category is for women without any other risk factors for stroke.

k If taking anticonvulsants, refer to section on drug interactions.

† Pulmonary hypertension, atrial fibrillation, history of subacute bacterial endocarditis

	= Use the method = Do not use the method I = Initiation of the method C = Continuation of the method — = Use the method NA = Not applicable **Condition**	Combined oral contraceptives	Monthly injectables	Combined patch and combined vaginal ring	Progestin-only pills	Progestin-only injectables	Implants	Emergency contraceptive pills*	Copper-bearing intrauterine device	Levonorgestrel intrauterine device	Female sterilisation*
DEPRESSIVE DISORDERS											
Depressive disorders		1[I]	1[I]	1[I]	1[I]	1[I]	1[I]	—	1	1[I]	C
REPRODUCTIVE TRACT INFECTIONS AND DISORDERS											
Vaginal bleeding patterns										I C	
Irregular pattern without heavy bleeding		1	1	1	2	2	2	—	1	1 1	A
Heavy or prolonged bleeding (including regular and irregular patterns)		1	1	1	2	2	2	—	2	1 2	A
Unexplained vaginal bleeding (suspicious for serious condition), before evaluation		2	2	2	2	3	3	—	I C 4 2	I C 4 2	D
Endometriosis		1	1	1	1	1	1	—	2	1	S
Benign ovarian tumors (including cysts)		1	1	1	1	1	1	—	1	1	A
Severe dysmenorrhea		1	1	1	1	1	1	—	2	1	A
Trophoblast disease											
ß-hCG regression		1	1	1	1	1	1	—	3	3	A
ß-hCG elevation[g]		1	1	1	1	1	1	—	4	4	D
Cervical ectropion		1	1	1	1	1	1	—	1	1	A
Cervical intraepithelial neoplasia (CIN)		2	2	2	1	2	2	—	1	2	A
Cervical cancer **(awaiting treatment)**		2	2	2	1	2	2	—	I C 4 2	I C 4 2	D
Breast disease											
Undiagnosed mass		2	2	2	2	2	2	—	1	2	A
Benign breast disease		1	1	1	1	1	1	—	1	1	A
Family history of cancer		1	1	1	1	1	1	—	1	1	A
Breast cancer											
Current[g]		4	4	4	4	4	4	—	1	4	C
Past, no evidence of disease for at least 5 years		3	3	3	3	3	3	—	1	3	A
Endometrial cancer[g]		1	1	1	1	1	1	—	I C 4 2	I C 4 2	D
Ovarian cancer[g]		1	1	1	1	1	1	—	3 2	3 2	D
Uterine fibroids											
Without distortion of the uterine cavity		1	1	1	1	1	1	—	1	1	C
With distortion of the uterine cavity		1	1	1	1	1	1	—	4	4	C

I Certain medications may interact with the method, making it less effective.

= Use the method = Do not use the method I = Initiation of the method C = Continuation of the method — = Use the method NA = Not applicable **Condition**	Combined oral contraceptives	Monthly injectables	Combined patch and combined vaginal ring	Progestin-only pills	Progestin-only injectables	Implants	Emergency contraceptive pills*	Copper-bearing intrauterine device		Levonorgestrel intrauterine device		Female sterilisation*
Anatomical abnormalities												
Distorted uterine cavity	—	—	—	—	—	—	—	4		4		—
Other abnormalities not distorting the uterine cavity or interfering with IUD insertion (including cervical stenosis or lacerations)	—	—	—	—	—	—	—	2		2		—
Pelvic inflammatory disease (PID)												
Past PID (assuming no current risk factors for STIs)								I	C	I	C	
With subsequent pregnancy	1	1	1	1	1	1	—	1	1	1	1	A
Without subsequent pregnancy	1	1	1	1	1	1	—	2	2	2	2	C
Current PID	1	1	1	1	1	1	—	4	2[m]	4	2[m]	D
Sexually transmitted infections (STIs)[g]								I	C	I	C	
Current purulent cervicitis, chlamydia, or gonorrhea	1	1	1	1	1	1	—	4	2	4	2	D
Other STIs (excluding HIV and hepatitis)	1	1	1	1	1	1	—	2	2	2	2	A
Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	1	1	1	1	1	1	—	2	2	2	2	A
Increased risk of STIs	1	1	1	1	1	1	—	2/3[n]	2	2/3[n]	2	A
HIV/AIDS[g]												
								I	C	I	C	
High risk of HIV	1	1	1	1	1	1	—	2	2	2	2	A
HIV-infected	1	1	1	1	1	1	—	2	2	2	2	A
AIDS	1	1	1	1	1	1	—	3	2	3	2	S[o]
Treated with NRTIs	1	1	1	1	1	1	—	2/3[p]	2	2/3[p]	2	—
Treated with NNRTIs	2	2	2	2	DMPA 1 NET-EN 2	2	—	2/3[p]	2	2/3[p]	2	—
Treated with ritonavir-boosted protease inhibitors	3	3	3	3	DMPA 1 NET-EN 2	2	—	2/3[p]	2	2/3[p]	2	—

Note: NRTIs = nucleoside reverse transcriptase inhibitors; NNRTIs = non-nucleoside reverse transcriptase inhibitors

m Treat PID using appropriate antibiotics. There is usually no need to remove the IUD if the client wishes to continue use.

n The condition is Category 3 if a woman has a very high individual likelihood of exposure to gonorrhea or chlamydia.

o Presence of an AIDS-related illness may require a delay in the procedure.

p AIDS is Category 2 for insertion for those clinically well on antiretroviral therapy; otherwise, Category 3 for insertion.

Condition	Combined oral contraceptives	Monthly injectables	Combined patch and combined vaginal ring	Progestin-only pills	Progestin-only injectables	Implants	Emergency contraceptive pills*	Copper-bearing intrauterine device	Levonorgestrel intrauterine device	Female sterilisation*
	= Use the method									
	= Do not use the method									
I	= Initiation of the method									
C	= Continuation of the method									
—	= Use the method									
NA	= Not applicable									
OTHER INFECTIONS										
Schistosomiasis										
Uncomplicated	1	1	1	1	1	1	—	1	1	A
Fibrosis of liver (if severe, see cirrhosis, next page)[g]	1	1	1	1	1	1	—	1	1	C
Tuberculosis[g]								I C	I C	
Non-pelvic	1	1	1	1	1	1	—	1 1	1 1	A
Known pelvic	1	1	1	1	1	1	—	4 3	4 3	S
Malaria	1	1	1	1	1	1	—	1	1	A
ENDOCRINE CONDITIONS										
Diabetes										
History of gestational diabetes	1	1	1	1	1	1	—	1	1	A[q]
Non-vascular diabetes										
Non-insulin dependent	2	2	2	2	2	2	—	1	2	C[i,q]
Insulin dependent[g]	2	2	2	2	2	2	—	1	2	C[i,q]
With kidney, eye, or nerve damage[g]	3/4[r]	3/4[r]	3/4[r]	2	3	2	—	1	2	S
Other vascular disease or diabetes of >20 years' duration[g]	3/4[r]	3/4[r]	3/4[r]	2	3	2	—	1	2	S
Thyroid disorders										
Simple goiter	1	1	1	1	1	1	—	1	1	A
Hyperthyroid	1	1	1	1	1	1	—	1	1	S
Hypothyroid	1	1	1	1	1	1	—	1	1	C
GASTROINTESTINAL CONDITIONS										
Gall bladder disease										
Symptomatic										
Treated by cholecystectomy	2	2	2	2	2	2	—	1	2	A
Medically treated	3	2	3	2	2	2	—	1	2	A
Current	3	2	3	2	2	2	—	1	2	D
Asymptomatic	2	2	2	2	2	2	—	1	2	A
History of cholestasis										
Pregnancy-related	2	2	2	1	1	1	—	1	1	A
Past combined oral contraceptives-related	3	2	3	2	2	2	—	1	2	A
Viral hepatitis	I C	I C	I C							
Acute or flare	3/4[r]	2	3	2	3/4[rs]	2	1	1	1	2
Carrier	1	1	1	1	1	1	—	1	1	A
Chronic	1	1	1	1	1	1	—	1	1	A

q If blood glucose is not well controlled, referral to a higher-level facility is recommended.
r Assess according to severity of condition.
s In women with symptomatic viral hepatitis, withhold these methods until liver function returns to normal or three months after she becomes asymptomatic, whichever is earlier.

= Use the method = Do not use the method I = Initiation of the method C = Continuation of the method — = Use the method NA = Not applicable **Condition**	**Combined oral contraceptives**	**Monthly injectables**	**Combined patch and combined vaginal ring**	**Progestin-only pills**	**Progestin-only injectables**	**Implants**	**Emergency contraceptive pills***	**Copper-bearing intrauterine device**	**Levonorgestrel intrauterine device**	**Female sterilisation***
Cirrhosis										
Mild (compensated)	1	1	1	1	1	1	—	1	1	A
Severe (decompensated)[g]	4	3	4	3	3	3	—	1	3	S
Liver tumors										
Focal nodular hyperplasia	2	2	2	2	2	2	—	1	2	A
Hepatocelluar adenoma	4	3	4	3	3	3	—		3	C[t]
Malignant (hepatoma)[g]	4	¾	4	3	3	3	—	1	3	C[t]
ANEMIAS										
Thalassemia	1	1	1	1	1	1	—	2	1	C
Sickle cell disease[g]	2	2	2	1	1	1	—	2	1	C
Iron-deficiency anemia	1	1	1	1	1	1	—	2	1	D/C[u]
DRUG INTERACTIONS (for antiretroviral drugs, see HIV/AIDS)										
Anticonvulsant therapy										
Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3[I]	2	3[I]	3[I]	DMPA 1 NET-EN 2	2[I]	—	1	1	—
Lamotrigine	3[††]	3[††]	3[††]	1	1	1	—	1	1	—
Antimicrobial therapy										
Other antibiotics	1	1	1	1	1	1	—	1	1	—
Antifungals and antiparasitics	1	1	1	1	1	1	—	1	1	—
Rifampicin or rifabutin therapy	3[I]	2	3[I]	3[I]	DMPA 1 NET-EN 2	2	—	1	1	—

t Liver function should be evaluated.
u For hemoglobin < 7 g/dl, delay. For hemoglobin ≥ 7 to < 10 g/dl, caution.
†† Combined hormonal contraceptives may reduce the effectiveness of lamotrigine.

Additional conditions relating to emergency contraceptive pills:

Category 1: Repeated use; rape.

Category 2: History of severe cardiovascular complications (ischemic heart disease, cerebrovascular attack, or other thromboembolic conditions, and angina pectoralis).

Additional conditions relating to female sterilization:

Caution: Diaphragmatic hernia; kidney disease; severe nutritional deficiencies; previous abdominal or pelvic surgery; concurrent with elective surgery.

Delay: Abdominal skin infection; acute respiratory disease (bronchitis, pneumonia); systemic infection or gastroenteritis; emergency surgery (without previous counselling); surgery for an

infectious condition; certain postpartum conditions (7 to 41 days after childbirth); severe pre-eclampsia/eclampsia; prolonged rupture of membranes (24 hours or more); fever during or immediately after delivery; sepsis after delivery; severe hemorrhage; severe trauma to the genital tract; cervical or vaginal tear at time of delivery; certain postabortion conditions (sepsis, fever, or severe hemorrhage; severe trauma to the genital tract; cervical or vaginal tear at time of abortion; acute hematometra); subacute bacterial endocarditis; unmanaged atrial fibrillation.

Special arrangements: Coagulation disorders; chronic asthma, bronchitis, emphysema, or lung infection; fixed uterus due to previous surgery or infection; abdominal wall or umbilical hernia; postpartum uterine rupture or perforation; postabortion uterine perforation.

Conditions relating to vasectomy:

No special considerations: High risk of HIV, HIV-infected, sickle cell disease.

Caution: Young age; depressive disorders; diabetes; previous scrotal injury; large varicocele or hydrocele; cryptorchidism (may require referral); lupus with positive (or unknown) antiphospholipid antibodies; lupus and on immunosuppressive treatment.

Delay: Active STIs (excluding HIV and hepatitis); scrotal skin infection; balanitis; epididymitis or orchitis; systemic infection or gastroenteritis; filariasis; elephantiasis; intrascrotal mass.

Special arrangements: AIDS (AIDS-related illness may require delay); coagulation disorders; inguinal hernia; lupus with severe thrombocytopenia.

Conditions relating to male and female condoms, spermicides, diaphragms, cervical caps, and the lactational amenorrhea method: All other conditions listed on the previous pages that do not appear here are a Category 1 or NA for male and female condoms, spermicides, diaphragms, and cervical caps.

= Use the method = Do not use the method — = Condition not listed; does not affect eligibility for method NA = Not applicable **Condition**	**Male and female condoms**	**Spermicidesl**	**Diaphragms**	**Cervical cps**	**Lactational amenorrhea method[w]**
REPRODUCTIVE HISTORY					
Parity					
Nulliparous (has not given birth)	1	1	1	1	—
Parous (has given birth)	1	1	2	2	—
< 6 weeks postpartum	1	1	NA[v]	NA[v]	—
CARDIOVASCULAR DISEASE					
Complicated valvular heart disease (pulmonary hypertension, risk of atrial fibrillation, history of subacute bacterial endocarditis)[g]	1	1	2	2	—
REPRODUCTIVE TRACT INFECTIONS AND DISORDERS					
Cervical intraepithelial neoplasia	1	1	1	4	—
Cervical cancer	1	2	1	4	—
Anatomical abnormalities	1	1	NA[w]	NA[x]	—
HIV/AIDS[g]					
High risk of HIV	1	4	4	4	—
HIV-infected	1	3	3	3	C[y]
AIDS	1	3	3	3	C[y]
OTHERS					
History of toxic shock syndrome	1	1	3	3	—
Urinary tract infection	1	1	2	2	—
Allergy to latex[z]	3	1	3	3	—

v Wait to fit/use until uterine involution is complete.

w Diaphragm cannot be used in certain cases of uterine prolapse.
x Cap use is not appropriate for a client with severely distorted cervical anatomy.
y Women with HIV or AIDS should avoid breastfeeding if replacement feeding is affordable, feasible, acceptable, sustainable, and safe. Otherwise, exclusive breastfeeding is recommended during the first 6 months of a baby's life and should then be discontinued over a period of 2 days to 3 weeks.
z Does not apply to plastic condoms, diaphragms, and cervical caps.

****Additional conditions relating to lactational amenorrhea method:**

Medication used during breastfeeding: To protect infant health, breastfeeding is not recommended for women using such drugs as anti-metabolites, bromocriptine, certain anticoagulants, corticosteroids (high doses), cyclosporine, ergotamine, lithium, mood-altering drugs, radioactive drugs, and reserpine.

Conditions affecting the newborn that may make breastfeeding difficult: Congenital deformities of the mouth, jaw, or palate; newborns who are small-for-date or premature and needing intensive neonatal care; and certain metabolic disorders.

Conditions relating to fertility awareness methods:

A = Accept C = Caution D = Delay **Condition**	Symptoms-based methods	Calendar-based methods
Age: post menarche or perimenopause	C	C
Breastfeeding < 6 weeks postpartum	D	D[aa]
Breastfeeding ≥ 6 weeks postpartum	C	D[bb]
Postpartum, not breastfeeding	D[cc]	D[aa]
Postabortion	C	D[dd]
Irregular vaginal bleeding	D	D
Vaginal discharge	D	A
Taking drugs that affect cycle regularity, hormones, and/or fertility signs	D/C[ee]	D/C[ee]
Diseases that elevate body temperature		
Acute	D	A
Chronic	C	A

aa Delay until she has had 3 regular menstrual cycles.
bb Use caution after monthly bleeding or normal secretions return (usually at least 6 weeks after childbirth).
cc Delay until monthly bleeding or normal secretions return (usually < 4 weeks postpartum).
dd Delay until she has had one regular menstrual cycle.
ee Delay until the drug's effect has been determined, then use caution.

Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use –

to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), norethisterone enantate (NET-EN), copper intrauterine device (Cu-IUD)

CONDITION		COC	DMPA/ NET-EN	CU-IUD
Age	Menarche to 39 years	1		
	40 years or more	2		
	Menarche to 17 years		2	
	18 years to 45 years		1	
	More than 45 years		2	
	Menarche to 19 years			2
	20 years or more			1
Nulliparous		1	1	2
Breastfeeding	Less than 6 weeks postpartum	4	3	*
	6 weeks to 6 months postpartum	3	1	
	6 months postpartum or more	2	1	
Smoking	Age < 35 years	2	1	1
	Age ≥ 35 years, < 15 cigarettes/day	3	1	1
	Age ≥ 35 years, ≥ 15 cigarettes/day	4	1	1
Hypertension	History of hypertension where blood pressure:			
	CANNOT be evaluated	3	2	1
	Is controlled and CAN be evaluated	3	2	1
	Systolic 140 - 159 or diastolic 90 - 99	3	2	1
	Systolic ≥ 160 or diastolic ≥ 100	4	3	1
Headaches	Non-migrainous (mild or severe)	I 2 / C 3	1	1
	Migraine without aura (age < 35 years)	I 2 / C 3	I 1 / C 2	1
	Migraine without aura (age ≥ 35 years)	I 3 / C 4	I 1 / C 2	1
	Migraines with aura	4	I 1 / C 2	1
History of deep venous thrombosis		4	2	1
Superficial thrombophlebitis		2	1	1
Complicated valvular heart disease		4	1	2
Ischemic heart disease/stroke		4	3	1
Diabetes	Non-vascular disease	2	2	1
	Vascular disease or diabetes of > 20 years	4	3	1
Malaria		1	1	1
Non-pelvic tuberculosis		1	1	1
Thyroid disease		1	1	1
Iron deficiency anemia		1	1	2
Sickle cell anemia		2	1	2

CONDITION		COC	DMPA/ NET-EN	CU-IUD
Known hyperlipidemias		3	2	1
Cancers	Cervical	2	2	I 4 / C 3
	Endometrial	1	1	I 4 / C 3
	Ovarian	1	1	I 3 / C 2
Cervical ectropion		1	1	1
Breast disease	Undiagnosed mass	**	**	1
	Family history of cancer	1	1	1
	Current cancer	4	4	1
Uterine fibroids without cavity distortion		1	1	1
Endometriosis		1	1	2
Trophoblast disease (malignant gestational)		1	1	4
Vaginal bleeding patterns	Irregular without heavy bleeding	1	2	1
	Heavy or prolonged, regular and irregular	1	2	2
	Unexplained bleeding	2	3	I 4 / C 3
Cirrhosis	Mild	3	2	1
	Severe	4	3	1
Current symptomatic gall bladder disease		3	2	1
Cholestasis	Related to the pregnancy	2	1	1
	Related to oral contraceptives	3	2	1
Hepatitis	Active	4	3	1
	Client is a carrier	1	1	1
Liver tumors		4	3	1
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhea	1	1	I 4 / C 3
	Vaginitis	1	1	2
	Current pelvic inflammatory disease (PID)	1	1	I 4 / C 3
	Other STIs (excluding HIV/hepatitis)	1	1	2
	Increased risk of STIs	1	1	2
	Very high individual risk of exposure to STIs	1	1	I 3 / C 2
HIV	High risk of HIV or HIV-infected	1	1	2
AIDS	No antiretroviral therapy (ARV)	1	1	I 3 / C 2
	Not clinically well on ARV therapy	2	2	I 3 / C 2
	Clinically well on ARV therapy	2	2	2
Use of:	Griseofulvin	2	1	1
	Rifampicin	3	2	1
	Other antibiotics	1	1	1

Source: Adapted from *Medical Eligibility Criteria for Contraceptive Use*. Geneva: World Health Organization. Third edition, 2004. Available: http://www.who.int/reproductive-health/publications/MEC/

Category 1 There are no restrictions for use.

Category 2 Generally use; some follow-up may be needed.

Category 3 Usually not recommended; clinical judgment and continuing access to clinical services are required for use.

Category 4 The method should not be used.

I/C (Initiation/Continuation): A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. For example, a client with current PID who wants to initiate IUD use would be considered as Category 4, and should not have an IUD inserted. However, if she develops PID while using the IUD, she would be considered as Category 2. This means she could generally continue using the IUD and be treated for PID with the IUD in place. Where I/C is not marked, a woman with that condition falls in the category indicated – whether or not she is initiating or continuing use of the method.

* Breastfeeding does not affect initiation and use of the IUD. Regardless of breastfeeding status, postpartum insertion of the IUD is Category 2 up to 48 hours postpartum, Category 3 from 48 hours to four weeks, and Category 1 four weeks and after.

** Evaluation should be pursued as soon as possible.

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Family Planning Client Assessment and WHO MEC Case Studies

Instructions for students

- Divide into small groups as directed by your teacher
- Select a recorder and reporter for your small group
- Read these directions and the attached case studies
- Discuss the case studies, recording your answers. Be prepared to share these answers with the larger group.

Case Study 1

Mrs. N wants to start using an injectable contraceptive. Her last menses started 5 days ago. She has a negative health and obstetrical history. Can she start DMPA today? Why or why not?

Case Study 2

Mrs. A is breastfeeding her 5-week-old baby. Can she start a hormonal method of family planning today? Why or why not?

Case Study 3

Mrs. M is 8 months pregnant and is HIV-positive. She does not want any more children for at least 6 or 7 years, maybe no more, but she is uncertain. She is very concerned about her own health and her ability to take care of her children. She wants a very effective method. What methods would be appropriate?

Case Study 4

Mrs. Z. has a sister who uses an IUCD and likes it very much. Mrs. Z admits to you that she has lower pelvic pain, painful intercourse, a bad smelling yellow vaginal discharge, and painful urination. She says one of her co-wives also has the same symptoms. She wants the IUCD to prevent another pregnancy. Is she eligible? Why or why not? What other methods could she use?

Case Study 5

Mrs. T has a 6-month-old baby and has been using LAM. She has not had a menses since she delivered. She reports a normal medical and obstetrical history. Her BP is 110/76. She wants to start COCs. She took them before her last baby and had no problems. Can she start COCs today? Why or why not?

Case Study 6

Mrs. C is 17 and has a 16-month-old child. During her pregnancy she had pre-eclampsia but received treatment so did not develop eclampsia. The hospital doctor told her she should wait at least 2 years to have another baby. She reports that she gets really bad headaches. She does not have any visual changes before or during them. She doesn't want the shot because she heard that it causes infertility. She thinks that she wants to start COCs. Her BP today is 110/72 and on physical exam, you notice that she has some superficial varicosities. Can she use COCs? Why or why not? What would you discuss with her?

Family Planning Client Assessment and WHO MEC Case Studies Answer Key

Note: It may be desirable to permit students to use the MEC Summary Tables as a reference to answer these questions.

Case Study 1

Mrs. N wants to start using an injectable contraceptive. Her last menses started 5 days ago. She has a negative health and obstetrical history. Can she start DMPA today? Why or why not?

Yes. There are no reasons for her to not use or to delay starting this method.

Case Study 2

Mrs. A is breastfeeding her 5-week-old baby. Can she start a hormonal method of family planning today? Why or why not?

- **No, she cannot start a method today.**
- **Progestin-only methods can be started by nursing mothers after 6 weeks.**
- **COCs can be started after 6 months.**
- **Need to ask more about her breastfeeding. If she is using LAM, no other method is needed until she no longer is practicing LAM (exclusively or mostly breastfeeding, amenorrheic and baby is 6 months old or less).**
-

Case Study 3

Mrs. M is 8 months pregnant and is HIV- positive. She does not want any more children for at least 6 or 7 years, maybe no more, but she is uncertain. She is very concerned about her own health and her ability to take care of her children. She wants a very effective method. What methods would be appropriate?

- **Dual methods: condoms plus another method**
- **IUCD (A long-term method. Appropriate if she does not have AIDS or has AIDS but is well on antiretroviral therapy)**
- **Contraceptive implant (long-term method)**
- **Injectable**
- **COCs**
- **Tubal ligation is not appropriate since she has voiced uncertainty about wanting more children**

Case Study 4

Mrs. Z. has a sister who uses an IUCD and likes it very much. Mrs. Z admits to you that she has lower pelvic pain, painful intercourse, a bad smelling yellow vaginal discharge, and painful urination. She says one of her co-wives also has the same symptoms. She wants the IUCD to prevent another pregnancy. Is she eligible? Why or why not? What other methods could she use?

- **Mrs. Z has the symptoms of an STI, probably chlamydia, maybe PID. She needs an evaluation, medication, and advice that her husband and co-wives need to evaluated.**

- **An IUCD is not a good choice for her until the infection is resolved.**
- **She could use COCs or an injectable or implant.**
- **She could use male or female condoms until she is eligible for the IUCD.**
- **She should use male or female condoms to prevent a re-exposure (dual method).**

Case Study 5

Mrs. T has a 6-month-old baby and has been using LAM. She has not had a menses since she delivered. She reports a normal medical and obstetrical history. Her BP is 110/76. She wants to start COCs. She took them before her last baby and had no problems. Can she start COCs today? Why or why not?

- **Yes, she can use a hormonal method since her baby is at least 6 months old.**

Case Study 6

Mrs. C is 17 and has a 16-month-old child. During her pregnancy she had pre-eclampsia but received treatment so did not develop eclampsia. The hospital doctor told her she should wait at least 2 years to have another baby. She reports that she gets really bad headaches. She does not have any visual changes before or during them. She doesn't want the shot because she heard that it causes infertility. She thinks that she wants to start COCs. Her BP today is 110/72 and on physical exam, you notice that she has some superficial varicosities. Can she use COCs? Why or why not? What would you discuss with her?

- **Yes, her headaches are not migraines with aura.**
- **Discuss with her that injectables do not cause infertility. They may cause a delay in return to fertility sometimes up to 1 year, but usually fertility returns 3-6 months after the next injection is due.**

Family Planning Client Assessment and WHO MEC Quiz Questions

1. A 36-year-old woman with three children comes to the health centre requesting oral contraceptives. She tells you she smokes 10 cigarettes per day.

   a. Are oral contraceptives medically appropriate?

   b. Does she have any other highly effective temporary contraceptive options?

2. A 25-year-old woman has just given birth and plans to breastfeed. She would like an injection for contraception prior to returning home. Which of the following options is medically appropriate? (Tick the correct answer.)

   a. A progestin-only injectable contraceptive provided immediately
   b. A progestin-only injectable provided at 6 weeks postpartum
   c. A progestin-only injectable provided at 6 months postpartum
   d. A progestin-only injectable is never appropriate for postpartum women

3. A pelvic exam is required before the following contraceptive method(s) can be provided (tick the best answer):

   a. COCs
   b. IUCDs
   c. Progestin-only injectables
   d. “b” and “c” above
   e. All of the above

Questions 4–7: Indicate whether the following statements are **true** or **false by writing a “T” for true or an “F” for false in the space provided before each statement.**

___4 A women and her foetus may be harmed if COCs or DMPA are accidentally used during pregnancy.

___5. If a woman comes to the clinic with chronic vague complaints that have no obvious physical cause, the provider should consider the possibility that she is experiencing GBV.

___6. WHO MEC Category 3 means that use of the method is not recommended because its risks generally outweigh its advantages.

___7. One of the purposes of client assessment prior to provision of a family planning method is to discover if she has any conditions that affect her medical eligibility to start or continue using a particular method.

Family Planning Client Assessment and WHO MEC Quiz Questions Answer Key

Note: It may be desirable to permit students to use the MEC Summary Tables as a reference to answer these questions.

1. A 36-year-old woman with three children comes to the health centre requesting oral contraceptives. She tells you she smokes 10 cigarettes per day.

   a. Are oral contraceptives medically appropriate?

   No. Oral contraceptives are usually not appropriate for women over 35 who smoke. (Women over 35 who smoke <15 cigarettes/day = Category 3)

   b. Does she have any other highly effective temporary contraceptive options?

   This client is medically eligible to use progestin-only pills, progestin-only injectables, implants and IUCDs (Category 1).

2. A 25-year-old woman has just given birth and plans to breastfeed. She would like an injection for contraception prior to returning home. Which of the following options is medically appropriate?

   b. A progestin-only injectable provided at 6 weeks postpartum

3. A pelvic exam is required before the following contraceptive method(s) can be provided:

   d. "b" and "c" above

F___4.A women and her foetus may be harmed if COCs or DMPA are accidentally used during pregnancy.

T___5. If a woman comes to the clinic with chronic vague complaints that have no obvious physical cause, the provider should consider the possibility that she is experiencing GBV.

T___6. WHO MEC Category 3 means that use of the method is not recommended because its risks generally outweigh its advantages.

T___7. One of the purposes of client assessment prior to provision of a family planning method is to discover if she has any conditions that affect her medical eligibility to start or continue using a particular method.

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