## Medical Eligibility for Initiating Contraception: Absolute and Relative Contraindications

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

These contraceptive methods do not protect against sexually transmitted infections (STIs). Condoms should be used to protect against STIs. For more information, see

https://www.who.int/publications/i/item/9789241549158

 $https://www.cdc.gov/reproductive health/contraception/contraception\_guidance.htm \\ https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2019/02/use-of-hormonal-contraception-in-women-with-coexisting-medical-conditions$ 

Condition	Qualifier for condition	Estrogen/ progestin: pill, patch, ring	Progestin- only: pill	Progestin- only: injection	Progestin- only: implant	Hormonal IUD	Copper IUD
Age	< 18	1	1	2	1	1	1
	18-40	1	1	1	1	1	1
	40-45	2	1	1	1	1	1
	> 45	2	1	2	1	1	1
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,	Undiagnosed mass	2	2	2	2	2	1
benign	Benign breast disease	1	1	1	1	1	1
Cervical cancer and pre-cancerous	Cervical intraepithelial neoplasia	2	1	2	2	2	1
changes	Cancer, awaiting treatment	2	1	2	2	4	4
Depression	C IBM:	1	1	1	1	1	1
Diabetes mellitus (DM)	Gestational DM in past	1	1	1	1	1	1
,	DM with and argan damage or	2	2	2	2	2	1
	DM with end-organ damage or > 20 years duration	3	2	3	2	2	1
Drug interactions			medications (ex	cept fosamprenav	rir) are either 1 or	2 for every contra	ceptive method.
	Anticonvulsants: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine	3 Must select a pill with ≥ 30 mcg of estrogen to maximize efficacy	3	1	2	1	1
	Lamotrigine alone (Lamotrigine/valproate combo does not interact with hormones)	3	1	1	1	1	1
	Rifampin/rifabutin	3	3	1	2	1	1
	ALL OTHER antibiotics, antiparasitics, & antifungals	1	1	1	1	1	1
Endometrial cancer		1	1	1	1	4	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
	Pregnancy-related cholestasis in past	2	1	1	1	1	1
	Hormone-related cholestasis in past	3	2	2	2	2	1
Headaches	Non-migranous	1	1	1	1	1	1
Headaches: migraines	Without aura	2	1	1	1	1	1
HIV infection	With aura	4	1	1	1	1	1
	High risk for HIV infection	1	1	1	1	2	2
	HIV infection (without drug interactions)	1	1	1	1	1 if well/2 if ill	1 if well/2 if ill
Hypertension	During prior pregnancy only – now resolved	2	1	1	1	1	1
	Systolic < 159 & diastolic < 99	3	1	2	1	1	1
	Systolic ≥ 160, diastolic ≥ 100, and/or with vascular disease	4	2	3	2	2	1



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Inflammatory bowel disease	Ulcerative colitis, Crohn's disease	2	2	2	1	1	1
Ischemic heart	Past or current	4	2	3	2	2	1
disease	Multiple risk factors (such as smoking, diabetes, hypertension, hyperlipidemia, or older age)	4	2	3	2	1	1
Liver Disease	Viral hepatitis-carrier	1	1	1	1	1	1
	Viral hepatitis-active	4	1	1	1	1	1
Ì	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 Tumors-malignant	4	3	3	3	3	1
Obesity Ovarian cancer	BMI > 30 kg/meter squared	2	1	1	1	1	1
Ovarian cysts	& benign tumors	1	1	1	1	1	1
Pelvic	Past, with subsequent pregnancy	1	1	1	1	1	1
inflammatory disease	Past, without subsequent pregnancy	1	1	1	1	2	2
	Current	1	1	1	1	4	4
Postpartum, not breastfeeding	< 3 weeks postpartum	4	1	1	1	Can David	artum IIIDa
	3-6 weeks, increased risk DVT  3-6 weeks, normal risk DVT	2	1	1	1	See Postp	artum IUDs
	> 6 weeks postpartum	1	1	1	1	1	1
Postpartum, &	< 3 weeks postpartum	4	2	2	2		
breastfeeding	3-4 weeks postpartum	3	2	2	2	Car Dareto	t IIID -
	4-6 weeks, increased risk DVT	3	1	1	1	See Postp	artum IUDs
	4-6 weeks, normal risk DVT	2	1	1	1		
	> 6 weeks postpartum	2	1	1	1	1	1
Postpartum IUDs	< 10 minutes post-placenta delivery- Breastfeeding < 10 minutes post-placenta delivery-					2	1
	not breastfeeding  10 minutes post-placenta delivery	2 2					
	to 4 weeks						
Doot observious	> 4 weeks	_				1	1
Post-abortion	First trimester Second trimester	1	1	1	1	2	2
	Immediately after septic abortion	1	1	1	1	4	4
Rheumatoid	On immunosuppressive therapy	2	1	2	1	2	2
arthritis	Not on immunosuppressive therapy	2	1	2	1	1	1
Sexually	Vaginitis / Increased risk of STI	1	1	1	1	2	2
Transmitted Infections (STI)	High risk of STI	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
Seizure disorder	Age > 35, > 15 cigarettes/day  Without drug interactions	1	1	1	1	1	1
Stroke	Past or current	4	2	3	2	2	1
Surgery	Minor Major, without prolonged	1 2	1	1	1	1	1
	immobilization  Major, with prolonged immobilization	4	2	2	2	2	1
Systemic lupus	Antiphospholipid Ab +	4	3	3	3	3	1
erythematosis	Severe thrombocytopenia	2	2	3	2	2	3
	Immunosuppressive treatment	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	2	2
Valvular heart disease	Uncomplicated Complicated	2	1	1	1	1	1
Varicose veins	complicated	1	1	1	1	1	1
Venous	Family history (first-degree relatives)	2	1	1	1	1	1
thrombosis	Superficial thrombophlebitis	3	1	1	1	1	1
	Past DVT, high risk of DVT, or known thrombophilia	4	2	2	2	2	1
	Current DVT	4	2	2	2	2	2

