

Summary Table of the 1996 WHO Medical Eligibility Criteria for Initiating Contraceptive Use

NOTE: This table does **not** include the eligibility criteria for all methods covered in this document.

WHO Categories for Temporary Methods

- WHO 1** Can use the method. **No restriction on use.**
- WHO 2** Can use the method. **Advantages generally outweigh theoretical or proven risks.** If a doctor or nurse is available to make a clinical judgement, category 2 conditions could be considered in choosing a method. If the client chooses the method, more than usual follow-up may be needed.
- WHO 3** **Should not use** the method unless a doctor or nurse makes a clinical judgement that the client can safely use it. **Theoretical or proven risks usually outweigh the advantages** of the method. Method of last choice, for which regular monitoring may be needed.
- WHO 4** **Should not use** the method. Condition represents **an unacceptable health risk** if method is used.

Simplified 2-Category System

Where a doctor or nurse is not available to make clinical judgements, the WHO 4-category classification system can be simplified into a 2-category system as shown in this table:

WHO Category	With Clinical Judgement	With Limited Clinical Judgement
1	Use the method in any circumstances	Use the method
2	Generally use the method	Use the method
3	Use of the method not usually recommended unless other, more appropriate methods are not available or acceptable	Do not use the method
4	Method not to be used	Do not use the method

NOTE: In the table below, Category 3 and 4 conditions are shaded to indicate the method should not be provided where clinical judgement is limited.

WHO Categories for Female Sterilization and Vasectomy

- Accept** No medical reason prevents performing the procedure in a routine setting.
- Caution** The procedure can be performed in a routine setting but with **extra preparation and precautions.**
- Delay** **Delay the procedure.** Condition must be treated and resolved before the procedure can be performed. Provide temporary methods.
- Refer** **Refer client** to a center where an experienced surgeon and staff can perform the procedure. Setting should be equipped for general anesthesia and other medical support. Provide temporary methods. (WHO calls this category "Special.")

NOTE: In the table below, "Delay" and "Refer" conditions are shaded.

- Sources:**
- 1) Hatcher RA, Rinehart W, Blackburn R, Geller JS. The essentials of contraceptive technology. Baltimore, MD: Johns Hopkins School of Public Health, Population Information Program, 1997.
 - 2) World Health Organization. Improving access to quality of care in family planning: medical eligibility criteria for contraceptive use. Geneva: WHO, 1996.

WHO Medical Eligibility Criteria for Starting Contraceptive Methods

CONDITION	Combined OCs	Progestin-Only OCs	DMPA/NET EN	Norplant Implants	Female Sterilization*	Vasectomy*	Condoms	TCu-380A IUD*	Spermicides	Diaphragm, Cervical Cap	Fertility Awareness-Based Methods	Lactational Amenorrhea Method (LAM) ^{††}
Pregnant	4	4	4	4	Delay	—	1	4	1	1	—	—
Age												
Less than 16	1	2	2	2	Accept ^a	— ^a	1	2	1	1	1 ^{b,c}	1
16 to 19	1	1	1	1	Accept ^a	— ^a	1	2	1	1	1	1
20 to 39	1	1	1	1	Accept ^a	— ^a	1	1	1	1	1	1
40 and over	2	1	1	1	Accept ^a	— ^a	1	1	1	1	1 ^{b,c}	1
Smoking												
Less than age 35	2	1	1	1	Accept ^a	— ^a	1	1	1	1	1	1
Age 35 and over												
& Light smoker (20 or fewer cigarettes per day)	3	1	1	1	Accept ^a	— ^a	1	1	1	1	1	1
& Heavy smoker (over 20 cigarettes per day)	4	1	1	1	Accept ^a	— ^a	1	1	1	1	1	1
High blood pressure (hypertension)												
Mild (140/90 to 159/99)	2/3 ^d	1	2	1	Caution	—	1	1	1	1	1	1
Moderate (160/100 to 179/109)	3/4 ^e	1	2	1	Refer	—	1 ^f	1	1 ^f	1 ^f	1 ^f	1
Severe (greater than 180/110) ^g	4	2	3	2	Refer	—	1 ^f	1	1 ^f	1 ^f	1 ^f	1 ^h
Past hypertension where blood pressure cannot be evaluated	3	2	2	2	Caution	—	1	1	1	1	1	1
Diabetes												
Past elevated blood sugar levels during pregnancy	1	1	1	1	Accept	—	1	1	1	1	1	1

- a Sterilization is appropriate for women and men of any age, but only if they are sure they will not want children in the future.
- b This condition may affect ovarian function and/or change fertility signs and symptoms and/or make methods difficult to learn and use.
- c Shortly after menarche (age at first menstrual bleeding) and as menopause approaches, menstrual cycles may be irregular.
- d Category 2 where blood pressure can be monitored periodically. Otherwise, category 3.
- e Category 3 where blood pressure can be monitored periodically. Otherwise, category 4.
- f Higher typical failure rates of this method may expose the user to an unacceptable risk of dangerous unintended pregnancy.
- g With or without vascular disease.
- h Breastfeeding may not be recommended with drugs used to treat this condition.
- Condition not listed by WHO for this method; does not affect eligibility for method use.

Diabetes without vascular disease												
Not treated with insulin	2	2	2	2	Caution	Caution	1	1	1	1	1	1
Treated with insulin	2	2	2	2	Caution	Caution	1 ^f	1	1 ^f	1 ^f	1 ^f	1
Diabetes with vascular disease or diabetes for more than 20 years	3/4 ⁱ	2	3	2	Refer	Caution	1 ^f	1	1 ^f	1 ^f	1 ^f	1 ^h
Thromboembolic disorder ^j												
Current thromboembolic disorder	4	1	1	1	Delay	—	1	1	1	1	1	1 ^{h,k}
Past thromboembolic disorder	4	1	1	1	Accept	—	1	1	1	1	1	1
Ischemic heart disease ^l												
Current ischemic heart disease	4	2	3	2	Delay	—	1 ^f	1	1 ^f	1 ^f	1 ^f	1 ^{h,k}
Past ischemic heart disease	4	2	3	2	Caution	—	1 ^f	1	1 ^f	1 ^f	1 ^f	1
Valvular heart disease												
Without complications	2	1	1	1	Caution	—	1	1	1	1	1	1
With complications ^m	4	1	1	1	Refer	—	1 ^f	2	1 ^f	1 ^f	1 ^f	1 ^{h,k}
Varicose veins	1	1	1	1	Accept	—	1	1	1	1	1	1
Superficial thrombophlebitis ⁿ	2	1	1	1	Accept	—	1	1	1	1	1	1
Major surgery												
With prolonged immobilization or surgery on the legs	4	1	1	1	Delay	—	1	1	1	1	1	1 ^{h,k}
Without prolonged immobilization	2	1	1	1	Accept	—	1	1	1	1	1	1
Stroke (past cerebrovascular accident)	4	2	3	2	Caution	—	1	1	1	1	1	1
Headaches												
Mild headaches	1	1	1	1	Accept	—	1	1	1	1	1	1
Severe headaches												
Recurrent, including migraine without focal neurological symptoms ^o	2	1	2	2	Accept	—	1	1	1	1	1	1 ^h
Recurrent, including migraine with focal neurological symptoms ^o	4	2	2	2	Accept	—	1	1	1	1	1	1 ^h
Vaginal bleeding patterns												
Irregular without heavy bleeding	1	2	2	2	Accept	—	1	1	1	1	1 ^p	—
Irregular with heavy or prolonged bleeding	1	2	2	2	Accept	—	1	2 ^q	1	1	1 ^p	—
Unexplained abnormal vaginal bleeding	3	3	4	4	Delay	—	1	4	1	1	1 ^p	—

- i Category 3 or 4, depending on the severity of the condition.
- j Circulatory disease due to blood clots.
- k LAM has no impact on this condition, but the condition may rule out breastfeeding.
- l Heart disease due to blocked arteries.
- m Pulmonary hypertension, risk of arterial fibrillation, history of subacute bacterial endocarditis, or taking anticoagulant drugs.
- n Inflammation of a vein just beneath the skin.
- o Focal neurological symptoms: blurred vision, temporary loss of vision, sees flashing lights or zigzag lines, or has trouble speaking or moving.
- p This condition may make the calendar method difficult or impossible to use effectively.
- q Category 3 if client is anemic. Also, unusually heavy bleeding may indicate a serious underlying condition.
- Condition not listed by WHO for this method; does not affect eligibility for method use.

WHO Medical Eligibility Criteria for Starting Contraceptive Methods (continued)

CONDITION	Combined OCs	Progestin-Only OCs	DMPA/NET EN	Norplant Implants	Female Sterilization*	Vasectomy*	Condoms	TCu-380A IUD*	Spermicides	Diaphragm, Cervical Cap	Fertility Awareness-Based Methods	Lactational Amenorrhea Method (LAM) ^{††}
Breast cancer												
Current	4	3	4	4	Caution	—	1 ^f	1	1 ^f	1 ^f	1 ^f	1 ^{h,k}
Past, with no evidence of disease in last 5 years	3	3	3	3	Accept	—	1	1	1	1	1	1
Breast lump (undiagnosed)	2	2	2	2	Accept	—	1	1	1	1	1	1
Benign breast disease	1	1	1	1	Accept	—	1	1	1	1	1	1
Family history of breast cancer	1	1	1	1	Accept	—	1	1	1	1	1	1
Cervical cancer (awaiting treatment)	2	2	2	2	Delay	—	1 ^f	4	2 ^f	1 ^{f,r}	1 ^{b,f}	1 ^h
Noncancerous cervical lesions (cervical intraepithelial neoplasia)	2	2	2	2	Accept	—	1	1	1	1 ^f	1 ^b	1
Endometrial or ovarian cancer	1	1	1	1	Delay	—	1 ^f	4	1 ^f	1 ^f	1 ^f	1 ^h
Benign ovarian tumors (including cysts)	1	1	1	1	Accept	—	1	1	1	1	1	1
Pelvic inflammatory disease (PID)												
Past PID (no known current risk of STDs)												
Became pregnant since PID	1	1	1	1	Accept	—	1	1	1	1	1	1
Has not become pregnant since PID	1	1	1	1	Caution	—	1	2	1	1	1	1
Current PID or in last 3 months ^s	1	1	1	1	Delay	—	1	4	1	1	1 ^{b,t}	1
Sexually transmitted disease (STDs) ^u												
Current STD (including purulent cervicitis) ^v	1	1	1	1	Delay	Delay	1	4	1	1	1 ^b	1

- b This condition may affect ovarian function and/or change fertility signs and symptoms and/or make methods difficult to learn and use.
- f Higher typical failure rates of this method may expose the user to an unacceptable risk of dangerous unintended pregnancy.
- h Breastfeeding may not be recommended with drugs used to treat this condition.
- r Cervical cap not recommended.
- s Including endometritis (inflammation of the lining of the uterus) following childbirth or abortion.
- t Condition does not affect vaginal bleeding patterns; calendar method can be used.
- u Barrier methods, especially condoms, are always recommended for prevention of STDs, including HIV/AIDS.
- v Purulent cervicitis: a pus-like discharge from the opening of the cervix.
- Condition not listed by WHO for this method; does not affect eligibility for method use.

STD in last 3 months (no symptoms persisting after treatment)	1	1	1	1	Accept	—	1	4	1	1	1 ^{b,t}	1
Vaginitis without purulent cervicitis ^{v,w}	1	1	1	1	Accept	—	1	2 ^w	1	1	1	1
Increased risk of STDs ^x	1	1	1	1	Accept	—	1	3	1	1	1	1
Urinary tract infection	—	—	—	—	—	—	—	—	1 ^y	1 ^y	1	—
HIV infection/AIDS ^u												
HIV infected	1	1	1	1	Accept	Accept	1 ^f	3 ^z	1 ^f	1 ^f	1 ^f	1 ^{aa}
High risk of HIV infection ^x	1	1	1	1	Accept	Accept	1	3	2 ^{ab}	1	1	1 ^{aa}
AIDS	1	1	1	1	Refer	Refer	1 ^f	3 ^z	1 ^f	1 ^f	1 ^f	1 ^{aa}
Gallbladder disease												
Current disease	3	1	1	1	Delay	—	1	1	1	1	1	1
Treated with medication	3	1	1	1	Accept	—	1	1	1	1	1	1
Without symptoms or surgically treated	2	1	1	1	Accept	1	1	1	1	1	1	1
Past cholestasis (jaundice)												
Related to pregnancy	2	1	1	1	Accept	—	1	1	1	1	1	1
Related to past combined oral contraceptive use	3	2	2	2	Accept	—	1	1	1	1	1	1
Viral hepatitis												
Active disease	4	3	3	3	Delay	—	1	1	1	1	1	1 ^h
Carrier	1	1	1	1	Accept	—	1	1	1	1	1	1
Cirrhosis of the liver												
Mild (compensated)	3	2	2	2	Caution	—	1	1	1	1	1	1
Severe (decompensated)	4	3	3	3	Refer	—	1 ^f	1	1 ^f	1 ^f	1 ^{b,f,t}	1 ^{h,k}
Liver tumors												
Benign	4	3	3	3	Caution	—	1	1	1	1	1 ^{b,t}	1
Malignant	4	3	3	3	Caution	—	1 ^f	1	1 ^f	1 ^f	1 ^{b,f,t}	1 ^{h,k}
Uterine fibroids	1	1	1	1	Caution	—	1	2 ^{ac}	1	1	1	1
Past ectopic pregnancy	1	2	1	1	Accept	—	1	1	1	1	1	1
Obesity	1	1	1	1	Caution	—	1	1	1	1 ^{ad}	1	1

w In areas where STD incidence is high, vaginitis may indicate an STD.

x For example, currently has or will have more than one sex partner or a partner who has more than one partner.

y There is a potential increased risk of urinary tract infection with diaphragms and spermicides.

z For IUDs, HIV-infected or any other medical condition or medication that makes the body less able to fight infection.

aa In areas where infectious disease is the main cause of infant death, HIV-infected women should be advised to breastfeed. In other areas, if affordable alternatives to breastmilk are available, HIV-infected women should not breastfeed.

ab High dose of nonoxynol-9 spermicide may cause vaginal abrasions, which may increase risk of HIV infection.

ac Uterine fibroids distorting the uterine cavity; otherwise category 1.

ad Severe obesity may make diaphragm or cap placement difficult.

-- Condition not listed by WHO for this method; does not affect eligibility for method use.

WHO Medical Eligibility Criteria for Starting Contraceptive Methods (continued)

CONDITION	Combined OCs	Progestin-Only OCs	DMPA/NET EN	Norplant Implants	Female Sterilization*	Vasectomy*	Condoms	TCu-380A IUD*	Spermicides	Diaphragm, Cervical Cap	Fertility Awareness-Based Methods	Lactational Amenorrhea Method (LAM) ^{††}
Thyroid												
Simple goiter	1	1	1	1	Accept	—	1	1	1	1	1	1
Hyperthyroid	1	1	1	1	Refer	—	1	1	1	1	1 ^{b,t}	1
Hypothyroid	1	1	1	1	Caution	—	1	1	1	1	1 ^{b,t}	1 ^h
Thalassemia (inherited anemia)	2	1	1	1	Caution	—	1	2	1	1	1	1
Trophoblast disease												
Benign	1	1	1	1	Accept	—	1	3	1	1	1	1
Malignant	1	1	1	1	Delay	—	1 ^f	4	1 ^f	1 ^f	1 ^f	1 ^h
Sickle cell disease	2	1	1	1	Caution	Accept	1 ^f	2	1 ^f	1 ^f	1 ^f	1
Coagulation (blood clotting) disorders	—	—	—	—	Refer	Refer	—	—	—	—	—	—
Iron deficiency anemia												
Hemoglobin 7 g/dl-10 g/dl	1	1	1	1	Caution	—	1	2	1	1	1	1
Hemoglobin less than 7 g/dl	1	1	1	1	Delay	—	1	2	1	1	1	1
Epilepsy	1	1	1	1	Caution	—	1	1	1	1	1	1 ^h
Schistosomiasis												
Without complications	1	1	1	1	Accept	—	1	1	1	1	1	1
With fibrosis of the liver	1	1	1	1	Caution	—	1 ^f	1	1 ^f	1 ^f	1 ^{b,f,t}	1 ^h
With severe fibrosis of the liver	4	3	3	3	Refer	—	1 ^f	1	1 ^f	1 ^f	1 ^{b,f,t}	1 ^h
Malaria	1	1	1	1	Accept	—	1	1	1	1	1	1

b This condition may affect ovarian function and/or change fertility signs and symptoms and/or make methods difficult to learn and use.

f Higher typical failure rates of this method may expose the user to an unacceptable risk of dangerous unintended pregnancy.

h Breastfeeding may not be recommended with drugs used to treat this condition.

t Condition does not affect vaginal bleeding patterns; calendar method can be used.

-- Condition not listed by WHO for this method; does not affect eligibility for method use.

Drug interactions												
Taking the antibiotics rifampin (rifampicine) or griseofulvin	3	3	2	3	Caution	—	1	1	1	1	1	—
Taking other antibiotics ^{ae}	1	1	1	1	Accept	—	1	1	1	1	1	—
Taking anticonvulsants for epilepsy except valproic acid ^{af}	3	3	2	3	Caution	—	1	1	1	1	1	—
Allergy to latex	—	—	—	—	—	—	3 ^{ag}	—	1	3	—	—
Other drug use												
Mood-altering drugs, lithium therapy, tricyclic antidepressants, or anti-anxiety therapies	—	—	—	—	—	—	—	—	—	—	1 ^{b,t}	^{ah}
Parity												
Nulliparous (has no children)	1	1	1	1	Accept ^{ai}	Accept ^{ai}	1	2	1	1	1	—
Parous (has children)	1	1	1	1	Accept	Accept	1	1	1	2	1	1
Severe dysmenorrhea (pain during menstruation)	1	1	1	1	Accept	—	1	2	1	1	1	— ^{aj}
Tuberculosis												
Nonpelvic	1	1	1	1	Accept	—	1 ^f	1	1 ^f	1 ^f	1 ^f	1 ^{ak}
Pelvic	1	1	1	1	Refer	—	1 ^f	4	1 ^f	1 ^f	1 ^f	1 ^{ak}
Endometriosis	1	1	1	1	Refer	—	1	2	1	1	1	1
Anatomical abnormalities												
Distorted uterine cavity	—	—	—	—	—	—	—	4 ^{al}	—	— ^{am}	—	—
Other abnormalities not distorting the uterine cavity and not interfering with IUD insertion ^{an}	—	—	—	—	—	—	—	2	—	—	—	—
Past toxic shock syndrome												
Breastfeeding	—	—	—	—	—	—	1	—	1	3	—	—
Less than 6 weeks after childbirth												
Less than 6 weeks after childbirth	4	3	3	3	Accept	—	1	—	1	—	1 ^b	1
6 weeks to 6 months after childbirth (fully or almost fully breastfeeding)												
6 weeks to 6 months after childbirth (fully or almost fully breastfeeding)	3	1	1	1	Accept	—	1	—	1	1	1 ^b	1
6 months or more after childbirth												
6 months or more after childbirth	2	1	1	1	Accept	—	1	—	1	1	1 ^b	—

- ae Antibiotics other than rifampin and griseofulvin.
- af Barbiturates, phenytoin, carbamazepine, primidone.
- ag Allergy to latex is not a problem with plastic condoms, if available.
- ah In order to protect infant health, breastfeeding is not recommended.
- ai Counseling requires special care to ensure an informed choice is made.
- aj Menstruation indicates need for another contraceptive method.
- ak Decision to breastfeed should take into consideration the risks and benefits to the infant.
- al Any abnormality distorting the uterine cavity so that proper IUD insertion is not possible.
- am Diaphragm cannot be used in certain cases of prolapse; cap not acceptable for clients with severely distorted cervical anatomy.
- an Including uterine fibroids, cervical stenosis, or cervical lacerations.
- Condition not listed by WHO for this method; does not affect eligibility for method use.

WHO Medical Eligibility Criteria for Starting Contraceptive Methods (continued)

CONDITION	Combined OCs	Progestin-Only OCs	DMPA/NET EN	Norplant Implants	Female Sterilization*	Vasectomy*	Condoms	TCu-380A IUD*	Spermicides	Diaphragm, Cervical Cap	Fertility Awareness-Based Methods	Lactational Amenorrhea Method (LAM) ^{††}
Postpartum (nonbreastfeeding women)												
Less than 21 days after childbirth	3	1	1	1	*	**	1	†	1	—	1 ^b	—
21 days or more after childbirth	1	1	1	1	*	**	1	†	1	— ^{ao}	a ^b	—
Postabortion												
First trimester	1	1	1	1	—	—	1	1	1	1	1 ^b	—
Second trimester	1	1	1	1	—	—	1	1	2	1 ^{ap}	1 ^b	—
After septic abortion ^{aq}	1	1	1	1	—	—	1	4	1	1	1 ^b	—

- b This condition may affect ovarian function and/or change fertility signs and symptoms and/or make methods difficult to learn and use.
- ao Can start diaphragm use 6 weeks after childbirth.
- ap Can start diaphragm use 6 weeks after second-trimester abortion.
- aq That is, immediately after abortion involving genital tract infection.
- Condition not listed by WHO for this method; does not affect eligibility for method use.

* Additional conditions related to female sterilization:

Conditions that require delay: abdominal skin infection; acute bronchitis or pneumonia; emergency surgery; surgery for an infectious condition; systemic infection or severe gastroenteritis.

Conditions that require referral to a special center: chronic asthma, bronchitis, emphysema, or lung infection; fixed uterus due to previous surgery or infection; abdominal wall or umbilical hernia.

Conditions that require caution: diaphragmatic hernia; kidney disease; elective surgery; severe nutritional deficiencies.

Conditions that pose no special requirements: cesarian section.

Postpartum sterilization conditions that require delay: 7 days to 42 days after childbirth; severe preeclampsia/eclampsia; prolonged rupture of membranes (24 hours or more); severe hemorrhage; fever during or right after delivery; sepsis; severe trauma to the genital tract (cervical or vaginal tear at delivery); uterine rupture or perforation.

Postpartum sterilization conditions that pose no special requirements: less than 7 days after childbirth; more than 42 days after childbirth; mild preeclampsia.

Postpartum sterilization conditions that require delay: from 7 days after childbirth until uterine involution is complete (usually about 42 days after childbirth); severe sepsis or fever; severe hemorrhage; severe trauma to the genital tract; uterine perforation; acute hematometra (excess blood in the uterus).

** Additional conditions related to vasectomy:

Conditions that require delay: scrotal skin infection; active STD; balanitis; epididymitis or orchitis; systemic infection or severe gastroenteritis; filariasis or elephantiasis; intrascrotal mass.

Conditions that require caution: previous scrotal surgery or injury; large varicocele, large hydrocele; cryptorchidism. (In some circumstances, cryptorchidism may require referral.)

+ Additional conditions related to TCu⁻³80A IUD, postpartum insertion (breastfeeding or nonbreastfeeding): *Condition that represents an unacceptable health risk (WHO 4):* puerperal sepsis (genital tract infection during the first 42 days after childbirth). *Condition that requires a doctor or nurse to make a clinical judgement that the client can safely use an IUD (WHO 3):* 48 hours to 4 weeks postpartum. *Condition for which advantages of IUD use generally outweigh theoretical or proven risks (WHO 2):* less than 48 hours after childbirth. *Condition that requires no restriction:* More than 4 weeks after childbirth.

++ Additional conditions related to LAM: *Conditions that represent an unacceptable health risk to the infant:* use of reserpine, ergotamine, antimetabolites, cyclosporine, cortisone, bromocriptine, radioactive drugs, lithium, or anticoagulants. *Conditions for which LAM has no effect on the condition, but the condition may prevent breastfeeding:* sore nipples; mastitis (breast inflammation); congenital deformity of infant's mouth, jaw or palate; infant small for age, premature birth, or neonatal intensive care; past breast surgery; certain infant metabolic disorders. *Condition that requires no restrictions (WHO 1):* breast engorgement.