WHO Medical Eligibility Criteria
Objectives of this Session

After this session, participants will be able to:

- explain why the Medical Eligibility Criteria was needed
- explain how the Medical Eligibility Criteria was developed
- discuss the meaning of the classification system
- discuss how the Medical Eligibility Criteria can be used to improve quality of care in family planning
What is the Purpose of the Medical Eligibility Criteria?

- To reduce medical barriers
- To improve access and quality of care in family planning
Why was the Medical Eligibility Criteria Needed?

- To base family planning practices on the best available evidence
- To address misconceptions regarding who can safely use contraception
- To question contraindications
How was the First Medical Eligibility Criteria Document Developed?

- Two scientific working group meetings held at WHO in 1994 and 1995
- Recommendations of the group come to by process of consensus
- Document published in 1996
Evidence Considered in Developing the Medical Eligibility Criteria

- Best clinical, animal and epidemiological data available
- Expert judgement where data lacking
Evidence-Based Guidance

- Evidence For
- Evidence Against
- No Evidence For
- No Evidence Against
Medical Eligibility Criteria: Identification of Conditions

- Conditions defined as representing either:
  - an individual’s characteristics (e.g., age, history of pregnancy), or
  - a known pre-existing medical/pathological condition (e.g., diabetes, hypertension)

- National health and service delivery environments decide the most suitable means for screening for conditions according to their public health importance

- Client history often the most appropriate approach
Medical Eligibility Criteria
Condition Classification Categories

1. No restriction for the use of the contraceptive method
2. The advantages of using the method generally outweigh the theoretical or proven risks
3. The theoretical or proven risks usually outweigh the advantages of using the method
4. An unacceptable health risk if the contraceptive method is used
# Medical Eligibility Criteria

## Simplified Classification of Conditions

<table>
<thead>
<tr>
<th>Classification</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</td>
</tr>
<tr>
<td>2</td>
<td>Generally use the method</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Use of the method not usually recommended unless other more appropriate methods are not available or not acceptable</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Method not to be used</td>
<td>No</td>
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# Medical Eligibility Criteria

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## Medical Eligibility Criteria
### Smoking and Contraceptive Use

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>COC</th>
<th>CIC</th>
<th>POP</th>
<th>NET-EN</th>
<th>DMPA</th>
<th>NOR</th>
<th>Cu-IUD</th>
<th>LNG-IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SMOKING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Age&lt;35</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>b) Age&gt;35</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>(i) &lt;15 cigarettes/day</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>(ii) &gt;15 cigarettes/day</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
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<td>1</td>
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</table>
What the Document Is and Isn’t

The document is:

- a reference and guidance tool for the preparation of guidelines for service delivery based on local needs

The document isn’t:

- a job aid for service providers
Why the Year 2000 Update?

Continuing monitoring of the science:

- WHO study in 1996 provided new evidence on OCs and cardiovascular disease
- By 1999 a sufficient threshold of new information existed
How the Year 2000 Update was Accomplished

- Systematic review of new evidence
- Meeting of scientific working group convened at WHO
- Revisions by group consensus and document updated during meeting
- Revised version to be printed summer 2000
Examples of Changes in Revised Version

- Relationship between contraception and STI/HIV prevention emphasized
- Pregnancy changed from 4 to NA for hormonal methods
- List of conditions for which pregnancy is an unacceptable risk added
- Multiple cardiovascular risks addressed
- Fertility awareness-based methods assigned categories
- Heavy smoker redefined (from 20 cigarettes/day to 15 cigarettes/day)
Examples of Changes in Revised Version

More precautions:

- Hypertension and COCs, POPs, implants
- Migraine and COCs, POPs
- Obesity and COCs, implants, injections
- Multiple cardiovascular risk factors and COCs
- Biliary disease and progestins
- Breast cancer and LNG-IUD
- Young age and sterilization
Examples of Changes in Revised Version

Fewer precautions:
- Repeated use of emergency contraceptive pills
- Unexplained vaginal bleeding and COCs, progestins
- Adolescents and POPs, implants
- Cervical cancer and POPs
- IUD after rape, if low risk for STIs
### Do You Know these Classifications?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescence</td>
<td>DMPA</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Multiple cardiovascular risk factors</td>
<td>COCs</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Unexplained vaginal bleeding</td>
<td>COCs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>&gt; 70 kilos</td>
<td>Norplant</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Repeated use</td>
<td>ECPs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>History of hypertension (when blood pressure cannot be taken)</td>
<td>COCs</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
How has the Medical Eligibility Criteria Been Used?

- Translated into 7 languages
- Implemented in more than 40 countries
- Used to develop national guidelines
- Reflected in service delivery guidelines, job aids, posters