

Summary sheets: common reversible methods

UK Category 1 includes conditions for which there is no restriction for use and Category 4 includes conditions which represent an unacceptable health risk if the method is used. UK Category 2 indicates that a method can generally be used, but more careful follow-up may be required. The provision of a method with a conditions given a UK Category 3 requires **expert clinical judgement and/or referral to a specialist contraceptive provider**, since use of the method is not usually recommended unless other methods are not available or not acceptable.

UK Category	Hormonal contraception, intrauterine devices and barrier methods
1	A condition for which there is no restriction for the use of the contraceptive method
2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks
3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method
4	A condition, which represents an unacceptable health risk if the contraceptive method is used

Initiation (I)	Starting a method of contraception by a woman with a specific medical condition.
Continuation (C)	Continuing with the method already being used by a woman who develops a new medical condition.

COMMON REVERSIBLE METHODS						
CONDITION	CHC	POP	DMPA/ NET-EN	IMP	Cu-IUD	LNG-IUD
I = Initiation, C = Continuation						

PERSONAL CHARACTERISTICS AND REPRODUCTIVE HISTORY						
PREGNANCY	NA	NA	NA	NA	4	4
AGE	Menarche to <40=1 >40=2	Menarche to <18=1 18-45=1 >45=1	Menarche to <18=2 18-45=1 >45=2	Menarche to <18=1 18-45=1 >45=1	Menarche to <20=2 >20=1	Menarche to <20=2 >20=1
PARITY						
a) Nulliparous	1	1	1	1	1	1
b) Parous	1	1	1	1	1	1
BREASTFEEDING						
a) < 6 weeks postpartum	4	1	2	1		
b) 6 weeks to < 6 months (fully or almost fully breastfeeding)	3	1	1	1		
c) ≥ 6 weeks to < 6 months postpartum (partial breastfeeding medium to low)	2	1	1	1		
d) ≥ 6 months postpartum	1	1	1	1		
POSTPARTUM (non-breastfeeding women)						
a) < 21 days	3	1	1	1		
b) ≥ 21 days	1	1	1	1		
POSTPARTUM (breastfeeding or non-breastfeeding women, including post-caesarean section)						
a) 48 hours to < 4 weeks					3	3
b) ≥ 4 weeks					1	1
c) Puerperal sepsis					4	4
POST-ABORTION						
a) First trimester	1	1	1	1	1	1
b) Second trimester	1	1	1	1	2	2
c) Immediate post-septic abortion	1	1	1	1	4	4
PAST ECTOPIC PREGNANCY	1	1	1	1	1	1
HISTORY OF PELVIC SURGERY (including caesarean section) (see also postpartum section)	1	1	1	1	1	1
SMOKING						
a) Age < 35 years	2	1	1	1	1	1
b) Age ≥ 35 years						
(i) < 15 cigarettes / day	3	1	1	1	1	1
(ii) ≥ 15 cigarettes / day	4	1	1	1	1	1
(iii) Stopped smoking < 1 year ago	3	1	1	1	1	1
(iv) Stopped smoking ≥ 1 year ago	2	1	1	1	1	1
OBESITY						
a) Body mass index ≥ 30 - 34 kg/m ²	2	1	1	1	1	1
b) Body mass index 35 – 39 kg/m ²	3	1	1	1	1	1
c) Body mass index ≥ 40 kg/m ²	4	1	1	1	1	1
CARDIOVASCULAR DISEASE						
MULTIPLE RISK FACTORS FOR ARTERIAL CARDIOVASCULAR DISEASE (such as older age, smoking, diabetes and hypertension)	3/4	2	3	2	1	2

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HYPERTENSION						
a) Adequately controlled hypertension	3	1	2	1	1	1
b) Consistently elevated blood pressure levels (properly taken measurements)						
(i) systolic >140 to 159mmHg or diastolic > 90 to 94mmHg	3	1	1	1	1	1
(ii) systolic ≥160 or diastolic ≥ 95 mmHg	4	1	2	1	1	1
c) Vascular disease	4	2	3	2	1	2
HISTORY OF HIGH BLOOD PRESSURE DURING PREGNANCY (where current blood pressure is normal)	2	1	1	1	1	1
VENOUS THROMBO-EMBOLISM (VTE) (includes deep vein thrombosis (DVT) and pulmonary embolism (PE))						
a) History of VTE	4	2	2	2	1	2
b) Current VTE (on anticoagulants)	4	2	3	3	3	3
c) Family history of VTE						
(i) First degree relative aged < 45 years	3	1	1	1	1	1
(ii) First degree relative aged ≥ 45 years	2	1	1	1	1	1
d) Major surgery						
(i) With prolonged immobilisation	4	2	2	2	1	2
(ii) Without prolonged immobilisation	2	1	1	1	1	1
e) Minor surgery without immobilisation	1	1	1	1	1	1
f) Immobility (unrelated to surgery) e.g.- wheelchair use, debilitating illness	3	1	1	1	1	1
KNOWN THROMBOGENIC MUTATIONS (e.g. Factor V Leiden; Prothrombin mutation; Protein S, Protein C and Antithrombin deficiencies)	4	2	2	2	1	2
SUPERFICIAL VENOUS THROMBOSIS						
a) Varicose veins	1	1	1	1	1	1
b) Superficial thrombophlebitis	2	1	1	1	1	1
CURRENT AND HISTORY OF ISCHAEMIC HEART DISEASE		I	C		I	C
	4	2	3	3	2	3
STROKE (history of cerebrovascular accident)		I	C		I	C
	4	2	3	3	2	3
KNOWN HYPERLIPIDAEMIAS (screening is NOT necessary for safe use of contraceptive methods)	2/3	2	2	2	1	2
VALVULAR AND CONGENITAL HEART DISEASE						
a) Uncomplicated	2	1	1	1	1	1
b) Complicated (eg. With pulmonary hypertension, atrial fibrillation, or a history of subacute bacterial endocarditis)	4	1	1	1	2	2

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NEUROLOGIC CONDITIONS									
HEADACHES									
a) Non-migrainous (mild or severe)	I 1	C 2	I 1	C 1	I 1	C 1	1	I 1	C 1
b) Migraine									
(i) Without aura, age < 35 years	I 2	C 3	I 1	C 2	I 2	C 2	1	I 2	C 2
(ii) Without aura, age ≥ 35 years	I 3	C 4	I 1	C 2	I 2	C 2		1	I 2
(iii) With aura, at any age	I 4	C 4	I 2	C 3	I 2	C 3	1		I 2
c) Past history of migraine with aura at any age	3		2		2			2	1
EPILEPSY									
	1		1		1		1		1
DEPRESSIVE DISORDERS									
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	1		1		1		1		1
REPRODUCTIVE TRACT INFECTIONS AND DISORDERS									
VAGINAL BLEEDING PATTERS									
a) Irregular pattern <i>without</i> heavy bleeding	1		2		2		2	1	I 1 C 1
b) Heavy or prolonged bleeding (includes regular and irregular patterns)	1		2		2		2	2	I 1 C 2
UNEXPLAINED VAGINAL BLEEDING (suspicious for serious condition) Before evaluation									
	2		2		3		3	I 4 C 2	I 4 C 2
ENDOMETRIOSIS									
	1		1		1		1	2	1
BENIGN OVARIAN TUMOURS (including cysts)									
	1		1		1		1	1	1
SEVERE DYSMENORRHOEA									
	1		1		1		1	2	1
GESTATIONAL TROPHOBLASTIC NEOPLASIA (GTN) (includes hydatidiform mole, invasive mole, placental site trophoblastic tumour)									
a) hCG normal	1		1		1		1	1	1
b) hCG abnormal	4		3		3		3	4	4
CERVICAL ECTROPION									
	1		1		1		1	1	1
CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN)									
	2		1		2		1	1	2
CERVICAL CANCER (awaiting treatment)									
	2		1		2		2	I 4 C 2	I 4 C 2

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BREAST DISEASE	I	C					
a) Undiagnosed mass	3	2	2	2	2	1	2
b) Benign breast disease	1	1	1	1	1	1	1
c) Family history of cancer	1	1	1	1	1	1	1
d) Carriers of known gene mutations associated with breast cancer (eg. BRCA1)	3	2	2	2	2	1	2
e) Breast cancer							
(i) Current	4	4	4	4	4	1	4
(ii) Past and no evidence of current disease for 5 years	3	3	3	3	3	1	3
ENDOMETRIAL CANCER	1	1	1	1	1	I 4	C 2
OVARIAN CANCER	1	1	1	1	1	I 3	C 2
UTERINE FIBROIDS							
a) Without distortion of the uterine cavity	1	1	1	1	1	1	1
b) With distortion of the uterine cavity	1	1	1	1	1	4	4
ANATOMICAL ABNORMALITIES							
a) Distorted uterine cavity (any congenital or acquired uterine abnormality distorting the uterine cavity in a manner that is incompatible with IUD insertion)						4	4
b) Other abnormalities (including cervical stenosis or cervical lacerations) not distorting the uterine cavity or interfering with IUD insertion						2	2
PELVIC INFLAMMATORY DISEASE							
a) Past PID (assuming no current risk factors of STIs)						I 1	C 1
(i) With subsequent pregnancy	1	1	1	1	1	1	1
(ii) Without subsequent pregnancy	1	1	1	1	1	2	2
b) PID – current	1	1	1	1	1	I 4	C 2
STIs							
a) Current purulent cervicitis or chlamydial infection or gonorrhoea	1	1	1	1	1	I 4	C 2
b) Other STIs (excluding HIV and hepatitis)	1	1	1	1	1	I 2	C 2
c) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	1	1	1	1	1	I 2	C 2
d) Increased risk of STIs	1	1	1	1	1	I 2/3	C 2

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HIV / AIDS								
HIGH RISK OF HIV	1	1	1	1	I 2	C 2	I 2	C 2
HIV INFECTED					I	C	I	C
a) Not using anti-retroviral therapy	1	1	1	1	2	2	2	2
b) Using anti-retroviral therapy	2	2	1	2	I 2	C 2	I 2	C 2
AIDS and using HAART	2	2	2	2	I 2	C 2	I 2	C 2
OTHER INFECTIONS								
SCHISTOSOMIASIS								
a) Uncomplicated	1	1	1	1	1	1	1	1
b) Fibrosis of the liver	1	1	1	1	1	1	1	1
TUBERCULOSIS								
a) Non-pelvic	1	1	1	1	I 1	C 1	I 1	C 1
b) Known pelvic	1	1	1	1	I 4	C 3	I 4	C 3
MALARIA	1	1	1	1	1	1	1	1
ENDOCRINE CONDITIONS								
DIABETES								
a) History of gestational disease	1	1	1	1	1	1	1	1
b) Non-vascular disease								
(i) non-insulin dependent	2	2	2	2	1	1	2	2
(ii) insulin dependent	2	2	2	2	1	1	2	2
c) Nephropathy/ retinopathy/ neuropathy	3/4	2	3	2	1	1	2	2
d) Other vascular disease or diabetes of >20 years' duration	3/4	2	3	2	1	1	2	2
THYROID DISORDERS								
a) Simple goitre	1	1	1	1	1	1	1	1
b) Hyperthyroid	1	1	1	1	1	1	1	1
c) Hypothyroid	1	1	1	1	1	1	1	1
GASTROINTESTINAL CONDITIONS								
GALL BLADDER DISEASE								
a) Symptomatic								
(i) treated by cholecystectomy	2	2	2	2	1	1	2	2
(ii) medically treated	3	2	2	2	1	1	2	2
(iii) current	3	2	2	2	1	1	2	2
b) Asymptomatic	2	2	2	2	1	1	2	2
HISTORY OF CHOLESTASIS								
a) Pregnancy related	2	1	1	1	1	1	1	1
b) Past COC-related	3	2	2	2	1	1	2	2
VIRAL HEPATITIS								
a) Active	4	3	3	3	1	1	3	3
b) Carrier	1	1	1	1	1	1	1	1
CIRRHOSIS								
a) Mild (compensated)	3	2	2	2	1	1	2	2
b) Severe (decompensated)	4	3	3	3	1	1	3	3
LIVER TUMOURS								
a) Benign (adenoma)	4	3	3	3	1	1	3	3
b) Malignant (hepatoma)	4	3	3	3	1	1	3	3

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INFLAMMATORY BOWEL DISEASE (includes Crohn's disease, Ulcerative colitis)	2	2	1	1	1	1
ANAEMIAS						
THALASSAEMIA	1	1	1	1	2	1
SICKLE CELL DISEASE	2	1	1	1	2	1
IRON DEFICIENCY ANAEMIA	1	1	1	1	2	1
RAYNAUD'S DISEASE						
a) Primary	1	1	1	1	1	1
b) Secondary						
(i) without lupus anticoagulant	2	1	1	1	1	1
(ii) with lupus anticoagulant	4	2	2	2	1	2
DRUG INTERACTIONS						
DRUGS WHICH AFFECT LIVER ENZYMES						
For example Rifampicin, Rifabutin, St John's Wort, Griseofulvin, certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3	3	1	3	1	1
NON-LIVER ENZYME INDUCING ANTIBIOTICS	2	1	1	1	1	1
HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (HAART)	2	2	2	2	I 2/3	C 2
					I 2/3	C 2

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