
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

Classification	With Clinical Judgement	With Limited Clinical Judgement
1	Use method in any circumstance	Yes
2	Generally use the method	Yes
3	Use of the method not usually recommended unless other more appropriate methods are not available or not acceptable	No
4	Method not to be used	No

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Medical Eligibility Criteria Smoking and Contraceptive Use

CONDITION	COC	CIC	POP	NET-EN DMPA	NOR	Cu-IUD	LNG-IUD
SMOKING							
a) Age<35	2	2	1	1	1	1	1
b) Age \geq 35							
(i) <15 cigarettes/day	3	2	1	1	1	1	1
(ii) >15 cigarettes/day	4	3	1	1	1	1	1

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?

<i>Condition</i>	<i>Method</i>	<i>Yes</i>	<i>No</i>
Adolescence	DMPA	X	
Multiple cardiovascular risk factors	COCs		X
Unexplained vaginal bleeding	COCs	X	
> 70 kilos	Norplant	X	
Repeated use	ECPs	X	
History of hypertension (when blood pressure cannot be taken)	COCs		X

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