Summary sheets: common reversible methods

A **UK Category 1** indicates that there is no restriction for use. A **UK Category 2** indicates that the method can generally be used, but more careful follow-up may be required.

A contraceptive method with a **UK Category 3** can be used, **however this may require 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. A **UK Category 4** indicates that use poses an unacceptable health risk.

UK Category	Hormonal contraception, intrauterine devices, emergency contraception 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 generally outweigh the advantages** of using the method. The provision of a method requires expert clinical judgement and/or referral to a specialist contraceptive provider, since use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable
4	A condition which represents an **unacceptable 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 SUMMARY TABLE						
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	NA	NA
AGE	Menarche to <40=1 ≥40=2	Menarche to >45=1	Menarche to <18=2 18-45=1 >45=2	Menarche to >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 <6months postpartum (partial breastfeeding medium to minimal)	2	1	1	1		
d) ≥6 months postpartum	1	1	1	1		
POSTPARTUM (in non-breastfeeding women)						
a) <21 days	3	1	1	1		
b) ≥21 days	1	1	1	1		
POSTPARTUM (breastfeeding or non-breastfeeding, 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	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) ≥30-34 kg/m² body mass index	2	1	1	1	1	1
b) ≥35 kg/m² body mass index	3	1	1	1	1	1
CARDIOVASCULAR DISEASE						
MULTIPLE RISK FACTORS FOR CARDIOVASCULAR DISEASE (such as older age, smoking, diabetes, hypertension and obesity)	3/4	2	3	2	1	2

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CATEGORY 4	A condition which represents an unacceptable health risk if the contraceptive method is used

COMMON REVERSIBLE METHODS SUMMARY TABLE						
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I = Initiation, C = Continuation						
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 ≥160mmHg or diastolic ≥95mmHg	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 normal)	2	1	1	1	1	1
VENOUS THROMBOEMBOLISM (VTE)						
a) History of VTE	4	2	2	2	1	2
b) Current VTE (on anticoagulants)	4	2	2	2	1	2
c) Family history of VTE						
(i) First-degree relative age <45 years	3	1	1	1	1	1
(ii) First-degree relative age ≥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

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I = Initiation, C = Continuation						
CURRENT AND HISTORY OF ISCHAEMIC HEART DISEASE	4	I 2 / C 3	3	I 2 / C 3	1	I 2 / C 3
STROKE (history of cerebrovascular accident, including TIA)	4	I 2 / C 3	3	I 2 / C 3	1	I 2 / C 3
KNOWN HYPERLIPIDAEMIAS	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, history of subacute bacterial endocarditis)	4	1	1	1	2	2
NEUROLOGIC CONDITIONS						
HEADACHES	I 1 / C 2	1	1	1	1	1
b) Migraine without aura, at any age	I 2 / C 3	I 1 / C 2	2	2	1	2
c) Migraine with aura, at any age	4	2	2	2	1	2
d) Past history (≥5 years ago) of migraine with aura, any age	3	2	2	2	1	2
EPILEPSY	1	1	1	1	1	1
DEPRESSIVE DISORDERS						
DEPRESSIVE DISORDERS	1	1	1	1	1	1
BREAST AND REPRODUCTIVE TRACT CONDITIONS						
VAGINAL BLEEDING PATTERNS						
a) Irregular pattern without heavy bleeding	1	2	2	2	1	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

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I = Initiation, C = Continuation						
GESTATIONAL TROPHOBLASTIC DISEASE (includes hydatidiform mole, invasive mole and placental tumour)						
a) Decreasing or undetectable β-hCG levels	1	1	1	1	1	1
b) Persistently elevated β-hCG levels or malignant disease	1	1	1	1	4	4
CERVICAL ECTROPION	1	1	1	1	1	1
CERVICAL INTRAEPITHELIAL NEOPLASIA	2	1	2	1	1	2
CERVICAL CANCER (awaiting treatment)	2	1	2	2	**I** 4 / **C** 2	**I** 4 / **C** 2
BREAST DISEASE	**I** 3 / **C** 2					
a) Undiagnosed mass		2	2	2	1	2
b) Benign breast disease	1	1	1	1	1	1
c) Family history of cancer	1	1	1	1	1	1
d) Carriers of known gene mutations associated with breast cancer (eg.BRCA1)	3	2	2	2	1	2
e) Breast cancer						
(i) Current	4	4	4	4	1	4
(ii) Past and no evidence of current disease for 5 years	3	3	3	3	1	3
ENDOMETRIAL CANCER	1	1	1	1	**I** 4 / **C** 2	**I** 4 / **C** 2
OVARIAN CANCER	1	1	1	1	**I** 3 / **C** 2	**I** 3 / **C** 2
UTERINE FIBROIDS						
a) Without distortion of the uterine cavity	1	1	1	1	1	1
b) With distortion of the uterine cavity	1	1	1	1	3	3
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)					3	3
b) Other abnormalities (including cervical stenosis or cervical lacerations) not distorting the uterine cavity or interfering with IUD insertion					2	2
PELVIC INFLAMMATORY DISEASE (PID)						
a) Past PID (assuming no current risk factors of STIs)	1	1	1	1	1	1
b) Current PID	1	1	1	1	**I** 4 / **C** 2	**I** 4 / **C** 2

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SEXUALLY TRANSMITTED INFECTIONS (STIs)								
a) Chlamydial infection					**I**	**C**	**I**	**C**
i) Symptomatic	1	1	1	1	4	2	4	2
ii) Asymptomatic	1	1	1	1	4	2	4	2
b) Current purulent cervicitis or gonorrhoea	1	1	1	1	4	2	4	2
c) Other STIs (excluding HIV and hepatitis)	1	1	1	1	2		2	
d) Vaginitis (including *Trichomonas vaginalis* and bacterial vaginosis	1	1	1	1	2		2	
e) Increased risk of STIs	1	1	1	1	2		2	
HIV / AIDS								
HIGH RISK OF HIV	1	1	1	1	2		2	
HIV INFECTED								
a) Not using anti-retroviral therapy	1	1	1	1	2		2	
b) Using anti-retroviral therapy (see drug interactions section)	1-3	1-3	1-2	1-2	2-2/3		2-2/3	
AIDS (using antiretrovirals)	2	2	2	2	2		2	
OTHER INFECTIONS								
SCHISTOSOMIASIS								
a) Uncomplicated	1	1	1	1	1		1	
b) Fibrosis of liver (if severe see cirrhosis)	1	1	1	1	1		1	
TUBERCULOSIS								
a) Non-pelvic	1	1	1	1	1		1	
					I	**C**	**I**	**C**
b) Known pelvic	1	1	1	1	4	3	4	3
MALARIA	1	1	1	1	1		1	
ENDOCRINE CONDITIONS								
DIABETES								
a) History of gestational diabetes	1	1	1	1	1		1	
b) Non-vascular disease								
(i) non-insulin dependent	2	2	2	2	1		2	
(ii) insulin dependent	2	2	2	2	1		2	
c) Nephropathy/retinopathy/ neuropathy	3/4	2	3	2	1		2	
d) Other vascular disease	3/4	2	3	2	1		2	
THYROID DISORDERS								
a) Simple goitre	1	1	1	1	1		1	
b) Hyperthyroid	1	1	1	1	1		1	
c) Hypothyroid	1	1	1	1	1		1	

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I = Initiation, C = Continuation						
GASTROINTESTINAL CONDITIONS						
GALL BLADDER DISEASE						
a) Symptomatic						
(i) treated by cholecystectomy	2	2	2	2	1	2
(ii) medically treated	3	2	2	2	1	2
(iii) current	3	2	2	2	1	2
b) Asymptomatic	2	2	2	2	1	2
HISTORY OF CHOLESTASIS						
a) Pregnancy related	2	1	1	1	1	1
b) Past COC related	3	2	2	2	1	2
VIRAL HEPATITIS	**I** / **C**					
a) Acute or flare	3/4 / 2	1	1	1	1	1
b) Carrier	1	1	1	1	1	1
c) Chronic	1	1	1	1	1	1
CIRRHOSIS						
a) Mild (compensated without complications)	1	1	1	1	1	1
b) Severe (decompensated)	4	3	3	3	1	3
LIVER TUMOURS						
a) Benign						
i) Focular nodular hyperplasia	2	2	2	2	1	2
ii) Hepatocellular (adenoma)	4	3	3	3	1	3
b) Malignant (hepatoma)	4	3	3	3	1	3
INFLAMMATORY BOWEL DISEASE (includes Crohn's Disease and 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	2	1	1	1	1
(ii) with lupus anticoagulant	4	2	2	2	1	2
RHEUMATIC DISEASES						
SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) People with SLE are at an increased risk of ischaemic heart disease, stroke and venous thromboembolism and this is reflected in the categories given.						
a) Positive (or unknown) antiphospholipid antibodies	4	3	3	3	1	3
			I / **C**		**I** / **C**	
b) Severe thrombocytopenia	2	2	3 / 2	2	3 / 2	2
c) Immunosuppressive	2	2	2	2	2 / 1	2
d) None of the above	2	2	2	2	1	2

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DRUG INTERACTIONS

ANTIRETROVIRAL THERAPY

This section relates to the SAFETY of contraceptive use in women using these antiretrovirals. EFFECTIVENESS may be reduced and pregnancy itself may have a negative impact on health for some women with certain medical conditions.

Antiretroviral therapy and hormonal contraception: Antiretroviral drugs have the potential to either decrease or increase the bioavailability of steroid hormones in hormonal contraceptives. Limited data suggest potential drug interactions between many antiretroviral drugs (particularly some non-nucleoside reverse transcriptase inhibitors and ritonavir-boosted protease inhibitors) and hormonal contraceptives. These interactions may alter the safety and effectiveness of both the hormonal contraceptive and the antiretroviral drug. Thus, **if a woman on antiretroviral treatment decides to initiate or continue hormonal contraceptive use, THE CONSISTENT USE OF CONDOMS IS RECOMMENDED**. This is for both preventing HIV transmission and to compensate for any possible reduction in the effectiveness of the hormonal contraceptive. When a COC is chosen, a preparation containing a minimum of 30mcgs EE should be used.

Antiretroviral therapy and IUDs: There is no known interaction between antiretroviral therapy and IUD use.

					I	C	I	C
a) Nucleoside reverse transcriptase inhibitors	1	1	DMPA=1 NET-EN=2	1	2/3	2	2/3	2
b) Non-nucleoside reverse transcriptase inhibitors	2	2	DMPA=1 NET-EN=2	2	2/3	2	2/3	2
c) Ritonavir-boosted protease inhibitors	3	3	DMPA=1 NET-EN=2	2	2/3	2	2/3	2

ANTICONVULSANT THERAPY

This section relates to the SAFETY of contraceptive use in women using these anticonvulsants. EFFECTIVENESS may be reduced and pregnancy itself may have a negative impact on health for some women with certain medical conditions.

Certain anticonvulsants and combined oral contraception: When a COC is chosen, a preparation containing a minimum of 30mcgs EE should be used. **THE CONSISTENT USE OF CONDOMS IS RECOMMENDED*.**

Certain anticonvulsants and progestogen-only contraception: Although the interaction of certain anticonvulsants with POPs, NET-EN and implants is not harmful to women, it is likely to reduce the effectiveness of POPs, NET-EN and implants. Whether increasing the hormone dose of POPs alleviates this concern remains unclear.

If a woman on certain anticonvulsants decides to use CHC, POP or implant **THE CONSISTENT USE OF CONDOMS IS RECOMMENDED*. Use of other contraceptives should be encouraged for women who are long-term users of any of these anticonvulsant drugs.** Use of DMPA is a Category 1 because its effectiveness is NOT decreased by the use of certain anticonvulsants.

Lamotrigine: When a COC is chosen, a preparation containing a minimum of 30mcgs EE should be used. Anticonvulsant treatment regimens that combine lamotrigine and non-enzyme inducing antiepileptic drugs (such as sodium valproate) do not interact with COCs.

a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*	3*	DMPA=1 NET-EN=2*	2*	1	1
b) Lamotrigine	3	1	1	1	1	1

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DRUG INTERACTIONS

ANTIMICROBIAL THERAPY

This section relates to the SAFETY of contraceptive use in women using these antimicrobials. EFFECTIVENESS may be reduced and pregnancy itself may have a negative impact on health for some women with certain medical conditions.

There is intermediate level evidence that the contraceptive effectiveness of COC is not affected by co-administration of most broad spectrum antibiotics. **Rifampicin or rifabutin therapy and combined oral contraception:** When a COC is chosen, a preparation containing a minimum of 30mcgs EE should be used. **THE CONSISTENT USE OF CONDOMS IS RECOMMENDED*.**

Rifampicin or rifabutin therapy and progestogen-only contraception: Although the interaction of rifampicin or rifabutin with POPs, NET-EN and implants is not harmful to women, it is likely to reduce the effectiveness of POPs, NET-EN and implants. Whether increasing the hormone dose of POPs alleviates this concern remains unclear. If a woman on rifampicin or rifabutin decides to use CHC, POP or implant **THE CONSISTENT USE OF CONDOMS IS RECOMMENDED***. Use of other contraceptives should be encouraged for women who are long-term users of rifampicin or rifabutin. Use of DMPA is a Category 1 because its effectiveness is unlikely to be decreased by the use of rifampicin or rifabutin.

a) Broad spectrum antibiotics	1*	1	1	1	1	1
b) Antifungals	1	1	1	1	1	1
c) Antiparasitics	1	1	1	1	1	1
d) Rifampicin or rifabutin therapy	3*	3*	DMPA=1 NET-EN=2*	2*	1	1

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