Contraception Resources from the CDC: 2016 U.S. Medical Eligibility Criteria for Contraceptive Use

Division of Reproductive Health
Centers for Disease Control and Prevention
# Effectiveness of Family Planning Methods

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.*

## Effective Contraception

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>0.05%</td>
<td>Once in place, little or nothing to do or remember.</td>
</tr>
<tr>
<td>Intrauterine Device (IUD)</td>
<td>0.2% LNG, 0.8% Copper T</td>
<td></td>
</tr>
<tr>
<td>Injectable</td>
<td>6%</td>
<td>Get repeat injections on time.</td>
</tr>
<tr>
<td>Pill</td>
<td>9%</td>
<td>Take a pill each day.</td>
</tr>
<tr>
<td>Patch</td>
<td>9%</td>
<td>Keep in place, change on time.</td>
</tr>
<tr>
<td>Ring</td>
<td>9%</td>
<td>Use correctly every time you have sex.</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>12%</td>
<td></td>
</tr>
</tbody>
</table>

## Least Effective Contraception

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Condom</td>
<td>18%</td>
<td>Condoms should always be used to reduce the risk of sexually transmitted infections.</td>
</tr>
<tr>
<td>Female Condom</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>22%</td>
<td>Fertility Awareness-Based Methods</td>
</tr>
<tr>
<td>Sponge</td>
<td>12%</td>
<td>Spermicide</td>
</tr>
<tr>
<td></td>
<td>24%</td>
<td>Spermicide 28%</td>
</tr>
</tbody>
</table>

## Permanent Sterilization

- **Female**: (Abdominal, Laparoscopic, and Hysteroscopic) 0.5%
- **Male**: (Vasectomy) 0.15%

Other Methods of Contraception:
- **Lactational Amenorrhea Method (LAM)**: is a highly effective, temporary method of contraception.
- **Emergency Contraception**: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.


**Jan. 2013**

Abstain or use condoms on fertile days:

### U.S. MEC: Categories

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No restriction for the use of the contraceptive method for a woman with that condition</td>
</tr>
<tr>
<td>2</td>
<td>Advantages of using the method generally outweigh the theoretical or proven risks</td>
</tr>
<tr>
<td>3</td>
<td>Theoretical or proven risks of the method usually outweigh the advantages – not usually recommended unless more appropriate methods are not available or acceptable</td>
</tr>
<tr>
<td>4</td>
<td>Unacceptable health risk if the contraceptive method is used by a woman with that condition</td>
</tr>
</tbody>
</table>
### Conditions Associated with Increased Risk for Adverse Health Events as a Result of Pregnancy

<table>
<thead>
<tr>
<th>Condition</th>
<th>Risk Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td>Hepatocellular adenoma and malignant liver tumors (hepatoma)</td>
</tr>
<tr>
<td>Cystic fibrosis</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
</tr>
<tr>
<td>Hypertension &gt; 120 mmHg</td>
<td></td>
</tr>
<tr>
<td>History of previous adverse health events</td>
<td></td>
</tr>
<tr>
<td>HIV: not clinically well or not receiving anti-retroviral therapy</td>
<td>Thrombogenic mutations</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Gestational trophoblastic disease</td>
<td></td>
</tr>
</tbody>
</table>

*Consider long-acting, highly-effective contraception for these patients*
2016 Updates to U.S. MEC: New Recommendations

- **4 new conditions**
  - Cystic fibrosis
  - Multiple sclerosis
  - Women using selective serotonin reuptake inhibitors (SSRIs)
  - Women using St. John’s wort

- **1 new emergency contraception method**
  - Ulipristal acetate (UPA)
How to increase LARC use in Adolescents

- 15-19 highest unintended preg rate of any group
- 52.6% 3 yr continuation rate vs 21.2% of non-larc counterparts
- No increased adverse outcomes: pregnancy, perforation, infection, heavy bleeding
- Possible increased risk of expulsion in age<25
- Applies to Kyleena, Liletta, Mirena, Paragard, Skyla
- Access, Cost, Timing of insertion
IUD Usage

- 2002 2% contracepting women
- 2011-13 10.3%
- 2002 0.5% nulliparous women
- 2011-2013 4.8%
Provider Resistance

- 2/3 considered nulliparous women appropriate
- 30% misconceptions re safety in nulliparous women
- Concerns: risk of PID, safety, difficulty of insertion
- Paragard label change 2005
- Cytotec not recommended to make insertion easier
- Ketorolac: pain of injection = pain of IUD insertion
- ? lidocaine 4% viscous gel
Perforation Risk

- European Active Surveillance Study on IUD
- 61,448 women enrolled (70% levonorgestrel, 30% copper devices)
- 4.5/1000 lactating women
- 0.6% nonlactating
- Time since last delivery
HPV and IUD Usage

- No listing in CDC MEC
- Effect on acquisition and clearance
- Evaluated 676 sexually active young women enrolled in family planning clinics in San Francisco
- No association clearance or acquisition
- Reduction in endometrial cancer
LARC Complications
7 Case Challenges

- Pain w/ IUD insertion
- IUD strings not visualized
- Difficult removal
- Copper iud in lower uterine segment
- Pregnancy in an iud user
- Pregnancy in an implant user
- Nonpalpable implant
Ischemic Stroke and Migraine

- Migraine with Aura and CHC-independent assn w/increased risk of ischemic stroke
- ?joint effects
- 2006-2012 25,887 ischemic strokes females 15-49
- 6 fold increase over no risk factor

- Odds ratios: migraine w/aura + chc=2.7
  - Migraine w/out aura + chc=1.8
  - Migraine w/ aura alone=2.2
Uterine Anomaly

Duplicate Cervix
Hysteroscopic resection of septum
Single cavity
Morbid Obesity : Patient Considerations

- Restrictions(?) on bmi >130%, nexplanon
- Bariatric patients
Hyperprolactinemia

- Cabergoline/bromocriptine
- If dopamine agonists have been unsuccessful or the patient cannot tolerate them, transsphenoidal surgery or ovulation induction with clomiphene citrate can be considered (for women wishing to become pregnant).

For women not pursuing pregnancy, estrogen and progesterone replacement can be considered; men can consider testosterone therapy.
Difficult IUD Removal
Difficult removal of subdermal contraceptive implants: a multidisciplinary approach involving a peripheral nerve expert

Elizabeth B. Odom, David L. Eisenberg, Ida K. Fox

Contraception
Volume 96, Issue 2, Pages 89-95 (August 2017)
DOI: 10.1016/j.contraception.2017.05.001
2016 Updates to U.S. MEC: Changes to Existing Recommendations

- Hormonal methods (Implants, DMPA, POP, CHCs)
  - Migraine headaches
  - Superficial venous disease
  - Women using antiretroviral therapy
  - Women with known dyslipidemia

- Intrauterine devices (Cu-IUD, LNG-IUD)
  - Gestational trophoblastic disease
  - Postpartum and breastfeeding women
  - Human immunodeficiency virus
  - Factors related to sexually transmitted diseases
Take Home Messages, U.S. MEC

- U.S. MEC can help providers decrease barriers to choosing contraceptive methods

- Most women can safely use most contraceptive methods

- Certain conditions are associated with increased risk for adverse health events as a result of pregnancy
  - Affected women may especially benefit from highly effective contraception for family planning

- Women, men, and couples should be informed of the full range of methods to decide what will be best for them
US SPR

US SELECTED PRACTICE RECOMMENDATIONS FOR CONTRACEPTIVE USE, 2016
U.S. Selected Practice Recommendations for Contraceptive Use, 2016

- Recommendations for contraceptive management questions
- Target audience: health care providers
- Purpose: to assist health care providers when they counsel patients on contraceptive use and to serve as a source of clinical guidance
- Content: Guidance for common contraceptive management topics such as:
  - How to be reasonably certain that a woman is not pregnant
  - When to start contraception
  - Medically indicated exams and tests
  - Follow-up and management of problems
Accessing the MEC and SPR in everyday practice
2016 U.S. MEC and SPR App

MEC by Condition
MEC by Method
SPR

Select Method (MEC)
- Intrauterine Contraception
- Progestin-only Contraceptives
- Combined Hormonal Contraceptives
- Barrier Methods
- Fertility Awareness-based Methods
- Lactational Amenorrhea Method
- Coitus Interruptus

SPR
- How To Be Reasonably Certain That A Woman Is Not Pregnant
- Cu-IUD
- LNG-IUD
- Implants
- Injectables
- Combined Hormonal Contraceptives
- Progestin Only Pills

About this App
Full Guidelines
Provider Tools
Using the U.S. MEC App

**Headaches**

b. Migraine

i. Without aura (this category of migraine includes menstrual migraine)

<table>
<thead>
<tr>
<th>Method</th>
<th>Category</th>
<th>Clarification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cu-IUD</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LNG-IUD</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Implants</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DMPA</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>POP</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CHCs</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

*Clarifications*

Classification depends on accurate diagnosis of those severe headaches that are migraines and those headaches that are not, as well as diagnosis of ever experiencing aura. Aura is a specific focal neurologic symptom. For more information about headache classification, see The International Classification of Headache Disorders, 2nd edition (http://ihds-classification.org/en). Any new headaches or marked changes in headaches should be evaluated.

Classification is for women without any other risk factors for stroke (e.g., age, hypertension, and smoking).
Summary tables and charts

- MEC summary table in English, Spanish
- SPR quick reference charts
  - When to start contraceptive methods and routine follow up
  - What to do for late, missed or delayed combined hormonal contraception
  - Management of IUD when PID is found
  - Management of women with bleeding irregularities while using contraception
CDC Contraceptive Guidance for Health Care Providers

U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 (US MEC)

The 2016 U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC) comprises recommendations for the use of specific contraceptive methods by women and men who have certain characteristics or medical conditions. The recommendations in this report are intended to assist health care providers when they counsel women, men, and couples about contraceptive method choice.

U.S. Selected Practice Recommendations for Contraceptive Use, 2016 (US SPR)

The 2016 U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR) addresses a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods. The recommendations in this report are intended to serve as a source of clinical guidance for health care providers and provide evidence-based guidance to reduce medical barriers to contraception access and use.

Quality Family Planning

Providing Quality Family Planning Services (QFP) recommends how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose to not have children.
Resources

- CDC evidence-based family planning guidance documents:
  http://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm

- Sign up to receive alerts!