

**HORMONAL
CONTRACEPTION
- CONTRAINDICATIONS**



WHO Eligibility Criteria

Based on low-dose formulations

Classification of known condition	With clinical Judgment (e.g. physician)	With Limited Clinical Judgment (e.g. CBD workers)
1	Method used without restriction	Yes
2	Method generally used	Yes
3	Method not usually recommended	No
4	Method not to be used	No

WHO Category 4 - Women Who Should Not Use COCs

- Pregnant
- Breastfeeding
(less than 6 weeks postpartum)
- Smoke heavily and are over age 35
- Greatly increased risk of cardiovascular disease
(BP 180+/110+; diabetes with vascular complications; history of deep vein thrombosis, blood clots in the lung, heart attack, stroke, severe headaches with focal neurological symptoms)
- Certain pre-existing conditions
(current breast cancer, benign liver tumors, liver cancer, active viral hepatitis)



WHO Category 3 - Women Who Usually Should Not Use COCs

- **Suspicious unexplained vaginal bleeding ***

(until cause is evaluated)

* when occurring during COC use, it is a category 2



- **Certain drug interactions**

(specific antibiotics: rifampicin, griseofulvin anticonvulsants: phenytoin, carbamazepine, barbiturates, primidone)

- **Breast feeding**

(between 6 weeks and 6 months postpartum)

WHO Category 2 - Women Who Can Generally Use COCs

- Over age 40
- Smoke and are younger than 35 y
- Diabetes (non vascular)
- Sickle cell disease



Source : WHO, Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Method, 1996

WHO Category 1 - Women Who Can Use Without Restriction COCs

- Menarche to 40 years
- With or without children
- Any weight including obese
- Postpartum
(3 weeks, if not breastfeeding)
- Immediately post-abortion



Source : WHO, Medical Eligibility Criteria for Initiating and Continuing Use of Contraceptive Method, 1996

WHO Category 1 - Cont'd

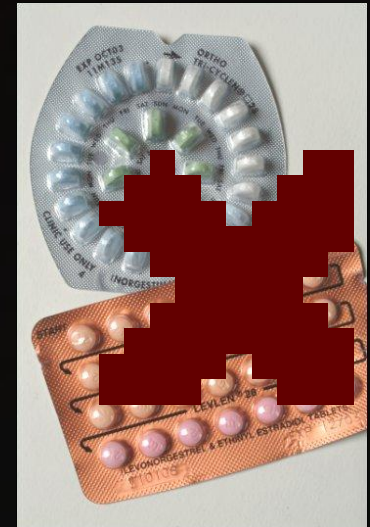
Women Who Can Use Without Restriction COCs

- Mild headaches
- Varicose veins
- Anemia
- History of diabetes during pregnancy
- Certain gynecological problems
(uterine fibroids, STDs including PID and HIV, irregular menstrual periods)
- Various diseases
(benign breast disease, viral hepatitis carrier, thyroid disease, malaria, tuberculosis)



WHO Eligibility - POPs

- Women who should not use POPs (WHO category 4)
 - Pregnant
 - Breast cancer (if developed during POP use)



WHO Eligibility - POPs

- **Women who usually should not use POPs
(WHO category 3)**

- Breastfeeding women
(less than 6 weeks postpartum)
- Suspicious unexplained vaginal bleeding
(until cause has been evaluated)
- Current breast cancer
- Liver disease
(active viral hepatitis, severe cirrhosis, tumors)
- Certain drug interactions
(specific antibiotics : rifampicin, griseofulvin, anticonvulsants : phenytoin, carbamazepin, barbiturates, primidone)



WHO Eligibility - POPs

- Women who can generally use POPs (WHO category 2)
 - Current history of Ischemic Heart Disease
 - History of Stroke
 - Recurrent, severe headaches with focal neurologic symptoms



WHO Eligibility - POPs

- Women who can use POPs without any restrictions (WHO category 1)
 - Currently breast-feeding – after 3 weeks postpartum
 - Immediately after the delivery if not breast-feeding
 - Smokers (at any age & any no. of cigarettes)
 - Cardiovascular disease
(DVT, valvular heart disease, BP < 180/110 mmHg)



WHO Eligibility - POPs

- Women who can use POPs without any restrictions (**WHO category 1**) cont'd

- Any age (after 16 years)
- Gynecological problems – STDs, PIDs, HIV, uterine fibroids
- Diseases – benign breast disease, TB, thyroid disease, sickle cell disease, malaria, carriers of viral hepatitis



Conclusions

- Oral contraceptives are extremely useful for preventing unwanted pregnancy
- They are relatively safe for routine use
- Caution needed in certain groups of patients