

CDC's contraceptive guidelines

Rameet Singh, MD, MPH and Jamie Krashin MD, MSCR
Reproductive Health ECHO

Disclosures

- ❑ Rameet Singh, MD
 - ❑ Twistle by Health Catalyst: Consultant, Executive Role

- ❑ Jamie Krashin, MD
 - ❑ None

Objectives

- ❑ Describe the U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 (U.S. MEC) and the U.S. Selected Practice Recommendations for Contraceptive Use, 2016 (U.S. SPR)
- ❑ Identify the benefits of evidence-based contraceptive guidance
- ❑ Understand how to access and use the U.S. MEC and U.S. SPR in your clinical practice

Audience response: U.S. Medical Eligibility Criteria

- **Have you used the U.S. MEC in your clinical practice?**
 - A. Yes
 - B. No

Audience response:

U.S. Selected Practice Recommendations

- Have you used the U.S. SPR in your clinical practice?
 - A. Yes
 - B. No

CDC's guidelines focus on safety & management.

US MEC

SAFETY

US SPR

MANAGEMENT

Target audience: Healthcare providers

CDC's guidelines focus on safety & management.

US MEC

SAFETY

>1800 recommendations

60 conditions

US SPR

MANAGEMENT

- **Initiation:**
 - Being reasonably certain a woman isn't pregnant
 - When to start
 - Indicated exams & tests
- **Follow-up**
- **Problem management**

Methods for U.S. MEC and SPR

- ❑ Adapted from WHO guidelines
- ❑ Ongoing monitoring of published evidence

CDC, expert & stakeholder meeting:
scoping



CDC & outside authors:
systematic reviews



CDC, expert & stakeholder meeting:
evidence review



**CDC determines
recommendations**

Why is evidence-based guidance for contraceptive use needed?

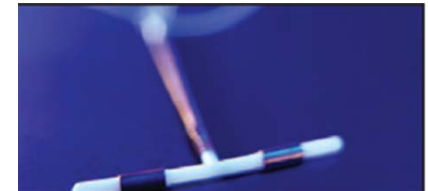
- ❑ To base family planning practices on the **best available evidence**
- ❑ To **address misconceptions** regarding who can safely use contraception
- ❑ To remove **unnecessary medical barriers**
- ❑ To **improve access and quality** of care in family planning

US MEC

US MEDICAL ELIGIBILITY CRITERIA
FOR CONTRACEPTIVE USE, 2016

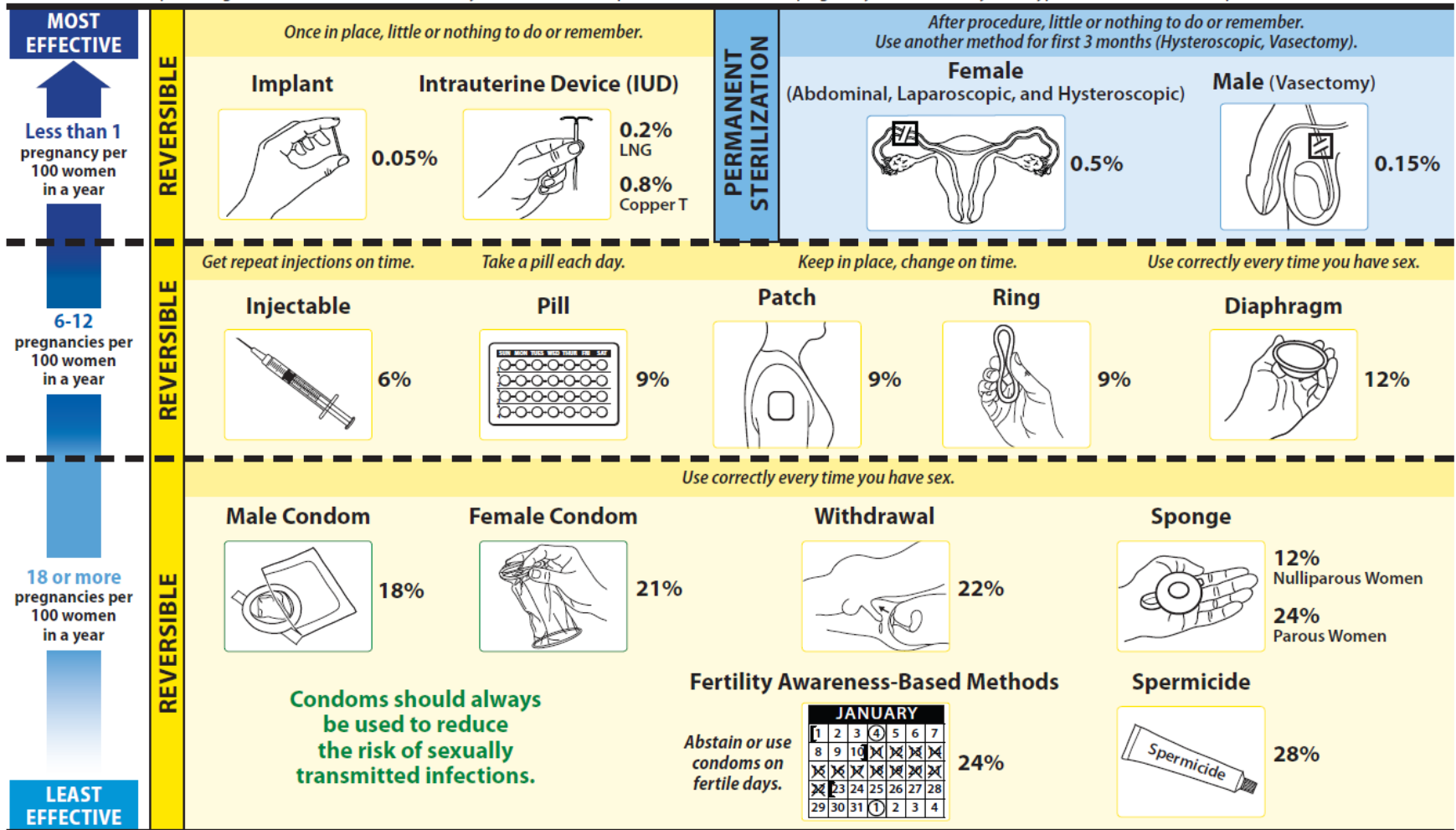
Contraceptive Methods in US MEC

- ❑ Intrauterine devices
- ❑ Progestin-only contraceptives
- ❑ Combined hormonal contraceptives
- ❑ Emergency contraceptive pills
- ❑ Barrier contraceptive methods
- ❑ Fertility Awareness-Based Methods
- ❑ Lactational Amenorrhea Method
- ❑ Coitus Interruptus
- ❑ Female and Male Sterilization



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.



Other Methods of Contraception: (1) Lactational Amenorrhea Method (LAM): is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. *Contraception* 2011;83:397-404.

U.S. MEC: Categories

1	No restriction for the use of the contraceptive method for a woman with that condition
2	Advantages of using the method generally outweigh the theoretical or proven risks
3	Theoretical or proven risks of the method usually outweigh the advantages – not usually recommended unless more appropriate methods are not available or acceptable
4	Unacceptable health risk if the contraceptive method is used by a woman with that condition

Example: Smoking and Contraceptive Use

Condition	Cu-IUD	LNG-IUD	Implants	DMPA	POPs	CHCs
Smoking						
a. Age <35	1	1	1	1	1	2
b. Age ≥35						
i. <15 cigarettes/day	1	1	1	1	1	3
ii. ≥15 cigarettes/day	1	1	1	1	1	4

Conditions Associated with Increased Risk for Adverse Health Events as a Result of Pregnancy

Breast cancer

Hepatocellular adenoma and malignant liver tumors (hepatoma)

Colorectal adenoma and carcinoma

Deep vein thromboses and pulmonary embolism

Cystic fibrosis

Dialysis

Diabetes

neuropathy

other chronic conditions

Endometriosis

Epilepsy

Hypertension

diabetes

History of

years

systemic lupus erythematosus

HIV: not clinically well or not receiving anti-retroviral therapy

Thrombogenic mutations

Ischemic heart disease

Tuberculosis

Gestational trophoblastic disease

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)

□ Revised emergency contraception section

2016 Updates to U.S. MEC: Changes to Existing Recommendations

- ❑ **Hormonal methods (Implants, DMPA, POP, CHCs)**
 - Superficial venous disease
 - Use of antiretroviral therapy
 - Multiple risk factors for atherosclerotic disease

- ❑ **Intrauterine methods (Cu-IUD, LNG-IUD)**
 - Factors related to sexually transmitted diseases
 - Human immunodeficiency virus

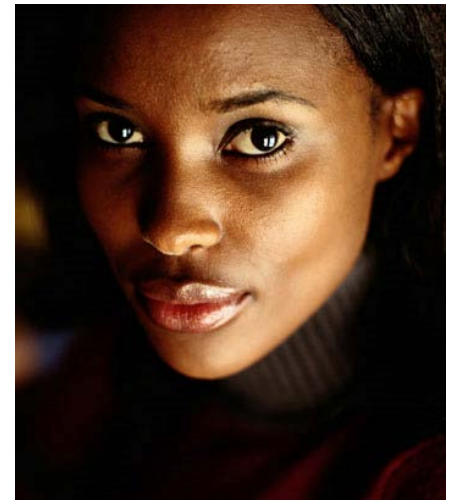
- ❑ **Hormonal and intrauterine methods**
 - Migraine headaches
 - Gestational trophoblastic disease
 - Postpartum period

CLINICAL SCENARIO

Audience Response

A 30 year old female has a history of migraine headaches with light sensitivity. She does not experience any visual warning signs for a coming headache. She is interested in starting contraception. What method(s) are safe for her to consider?

- A. Combined hormonal methods (pill, patch, ring)
- B. Depot medroxyprogesterone acetate
- C. Intrauterine devices
- D. All of the above



Headaches

Condition	Cu-IUD	LNG IUD	Implants	DMPA	POP	CHCs
Non-migraine	1	1	1	1	1	1*
Migraine						
Without aura (including menstrual migraine)	1	1	1	1	1	2*
With aura	1	1	1	1	1	4*

Audience response: answer

A 30 year old female has a history of migraine headaches with light sensitivity. She does not experience any visual warning signs for a coming headache. She is interested in starting contraception. What method(s) are safe for her to consider?

Answer:

- A. Combined hormonal methods (pill, patch, ring)
- B. Depot medroxyprogesterone acetate
- C. Intrauterine devices
- D. All of the above

All of the above, so long as she does not have other risk factors for stroke. (If so, progestin-only methods and IUDs are safe or generally safe to use.)



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 pregnancy 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

Remember the SPR

US SPR

MANAGEMENT

- Initiation:
 - Being reasonably certain a woman isn't pregnant
 - When to start
 - Indicated exams & tests
- Follow-up
- Problem management
- Self-administration of DMPA-SC

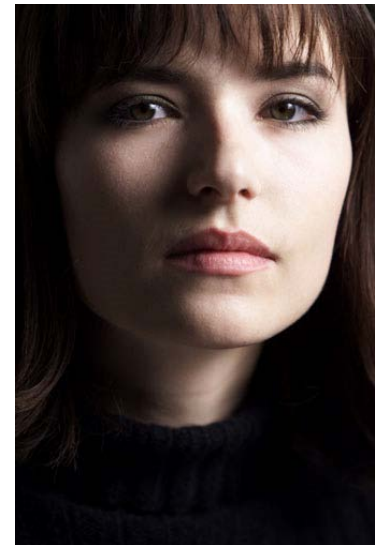
Helpful provider tools!

CLINICAL SCENARIO

Audience Response

A 24 y.o. new patient comes to your office desiring contraception and wants to start pills. What exams or tests are needed before providing her prescription?

- A. Pap smear
- B. Clinical breast exam
- C. Blood pressure
- D. All of the above



U.S. SPR

Exams and tests prior to initiation

- **Unnecessary tests may create barriers to starting contraception**
 - Women (adolescents) may not be comfortable with pelvic exam
 - Coming back for a second (or more) visit to receive test results

- **Recommendations address exams and tests needed prior to initiation**
 - Class A = essential and mandatory
 - Class B = contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context
 - Class C = does not contribute substantially to safe and effective use of the contraceptive method

Evidence: BP measurement

□ 6 case-control studies

- Women who did not have blood pressure check prior to COC initiation had higher odds of acute myocardial infarction and ischemic stroke than women who had blood pressure check
- No increased risk for hemorrhagic stroke based on whether or not blood pressure measured

□ No evidence identified on other hormonal methods

Pelvic Exam before Initiating CHCs

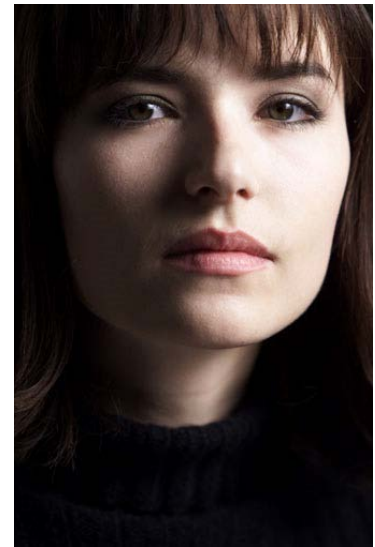
- ❑ Is not necessary before starting CHCs
- ❑ No concerning conditions will be detected by pelvic
- ❑ Evidence:
 - Two case-control studies
 - Delayed versus immediate pelvic exam before contraception



Audience response: Answer

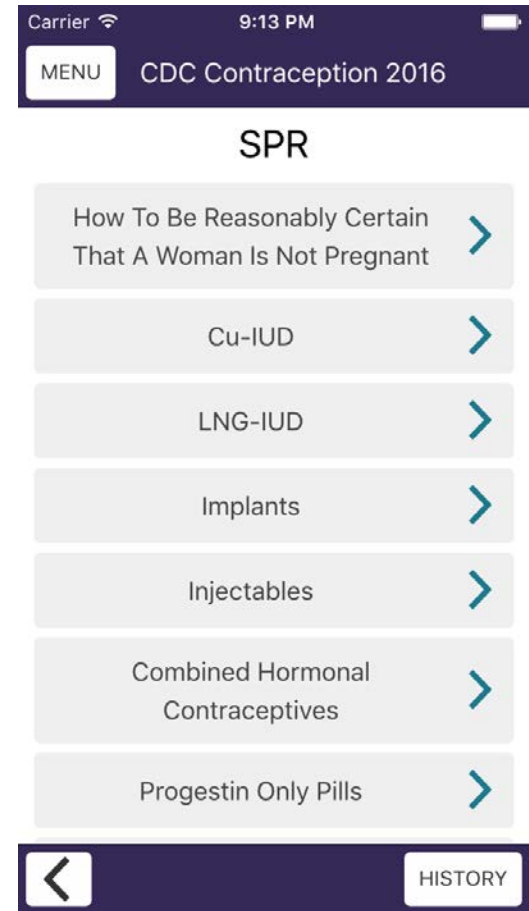
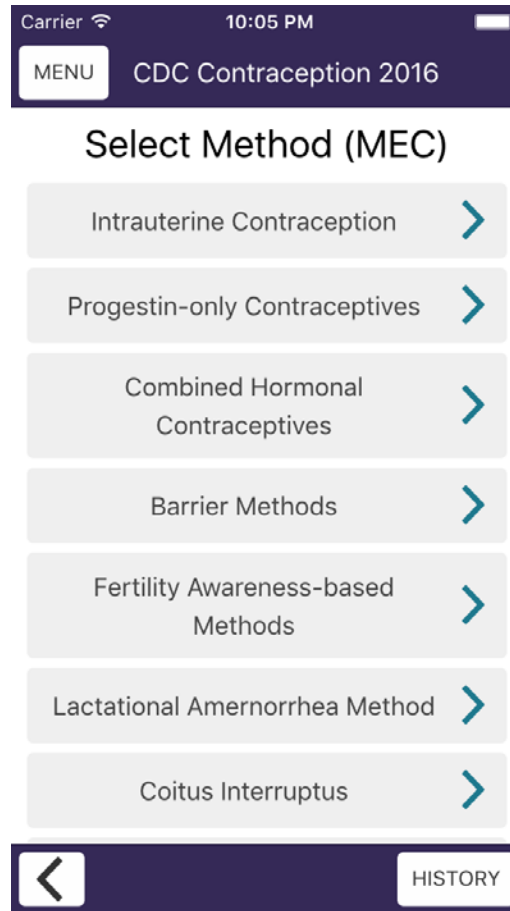
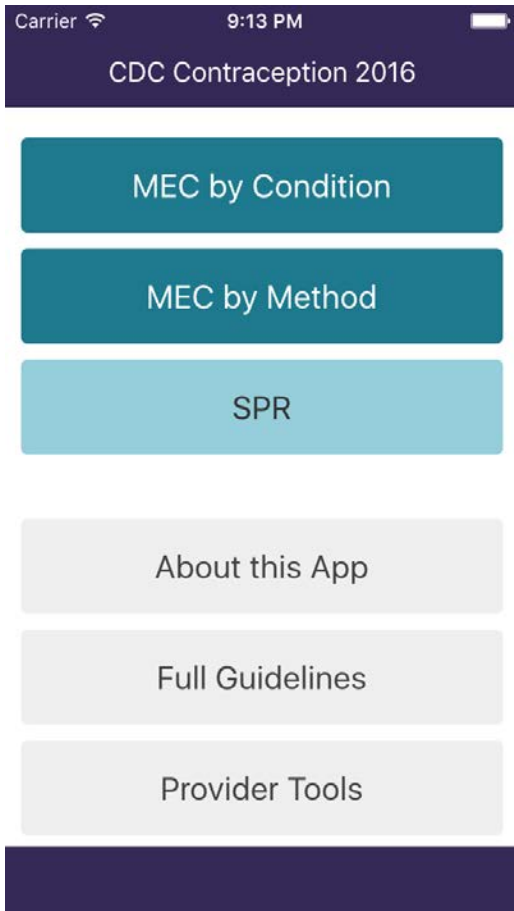
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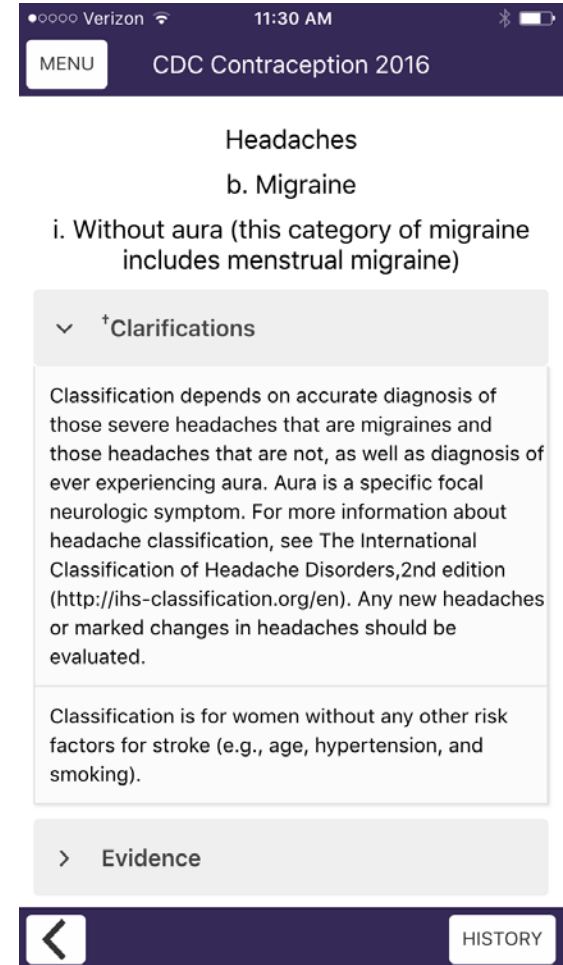
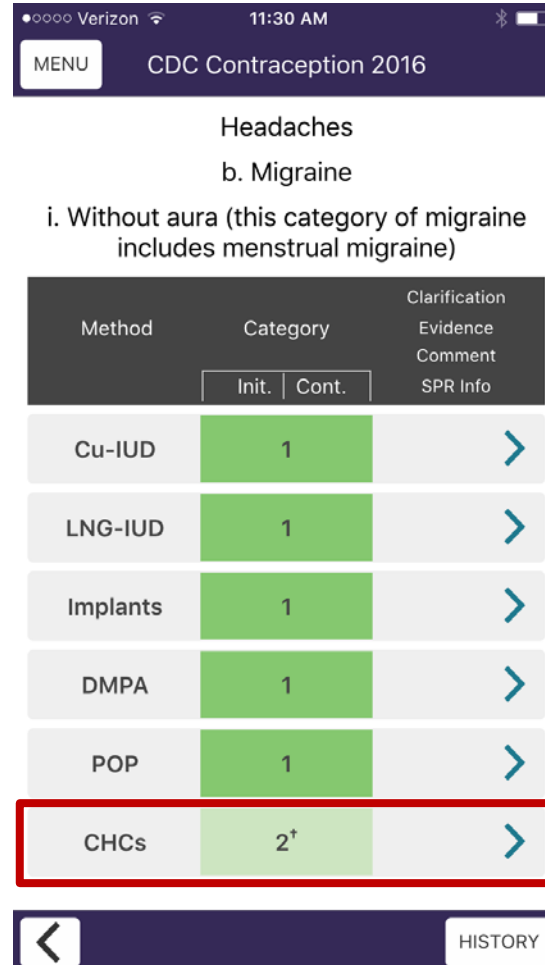
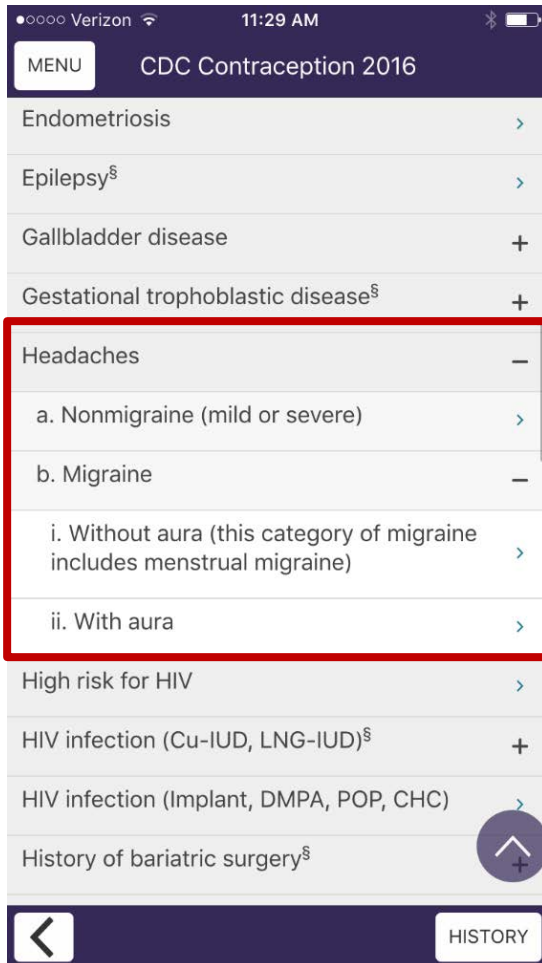


Accessing the MEC and SPR in everyday practice

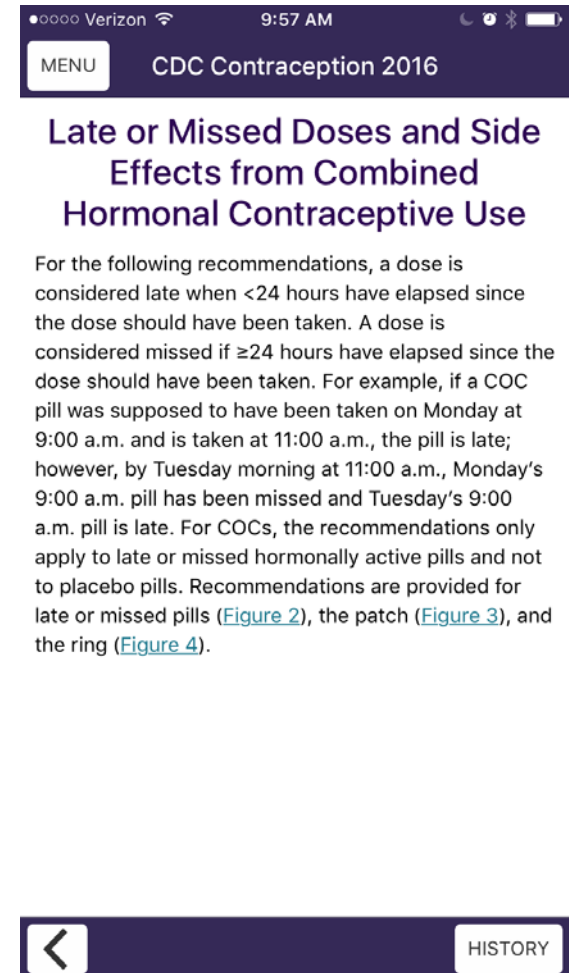
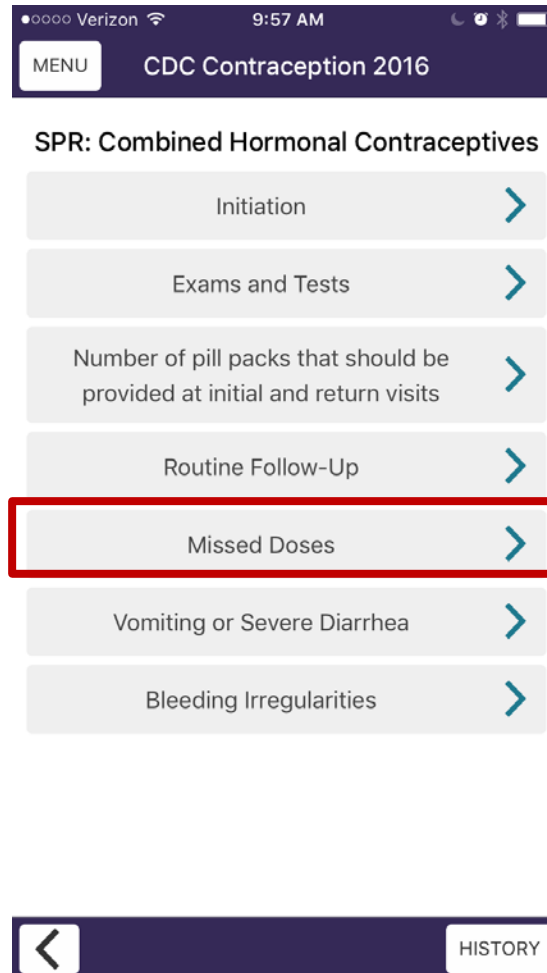
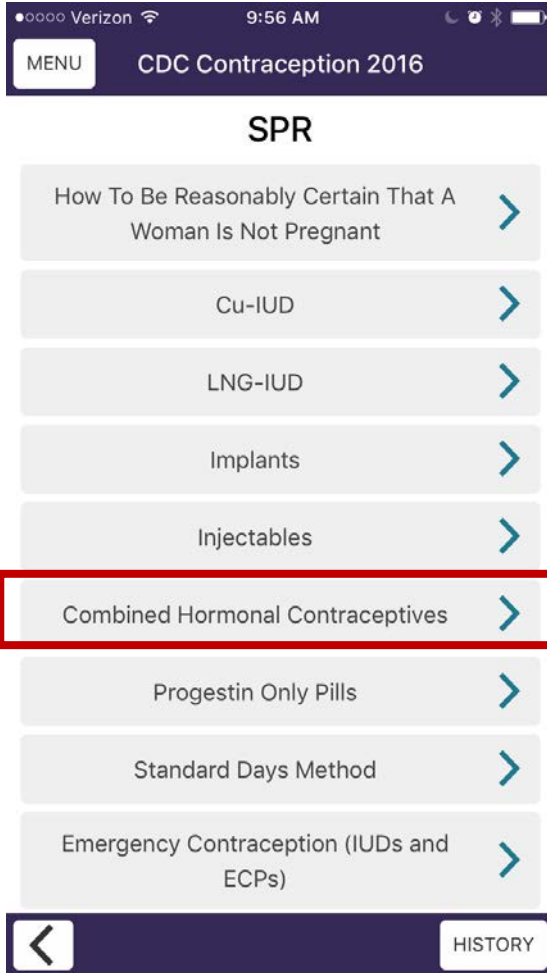
2016 U.S. MEC and SPR App



Using the U.S. MEC App



Using the U.S. SPR App

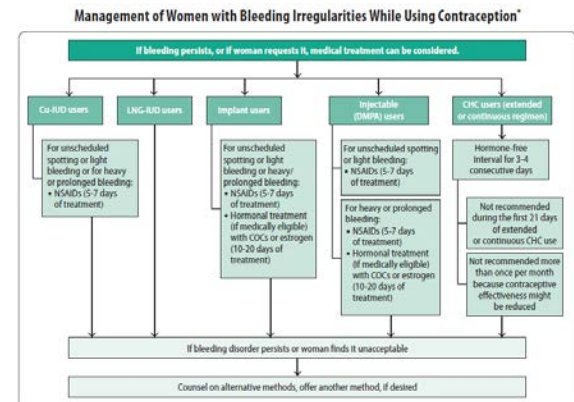
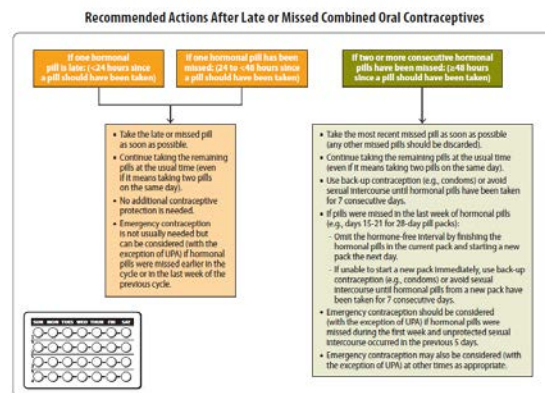


Summary tables and charts

- ❑ MEC summary table in English, Spanish
- ❑ SPR quick reference charts
 - Initiation & follow up
 - What to do for late, missed or delayed combined hormonal contraception
 - IUD management when PID is diagnosed
 - Bleeding irregularities while using contraception

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

The chart provides a quick reference for the Medical Eligibility Criteria (MEC) for various contraceptive methods across different medical conditions. The categories are: 1 (Green, no restrictions), 2 (Yellow, use with caution), 3 (Red, avoid), and 4 (Black, contraindicated).



Online Access

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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.

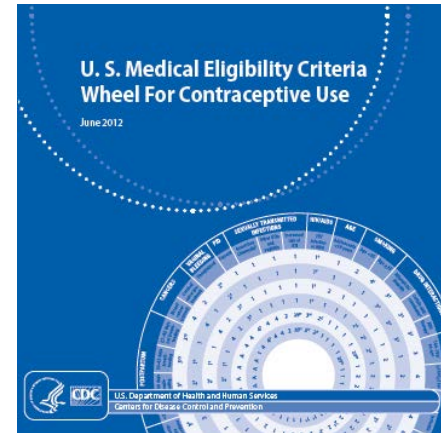
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- [U.S. Selected Practice Recommendations for Contraceptive Use, 2016 \(US SPR\)](#)
- [Quality Family Planning](#)
- [Continuing Education and Speaker Ready Slides for Health Care Providers](#)
- [Additional Resources](#)
- [Social Media Tools: Badges to Share](#)

http://wwwdev.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm

Other Tools and Aids

- ❑ MEC Wheel
- ❑ Continuing Education Activities
- ❑ Speaker-ready slides
- ❑ Contraceptive Effectiveness Charts
- ❑ Online alerts to receive updates
- ❑ eBook for SPR
- ❑ Residency training and certification




New updates coming in 2024!

Sign up to receive alerts at:

https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm

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