

## Conditions that are category 1 or 2 for all methods (method can be used)

**Reproductive Conditions:** • Benign breast disease or undiagnosed mass • Benign ovarian tumours, including cysts • Dysmenorrhoea • Endometriosis • History of gestational diabetes • History of high blood pressure during pregnancy • History of pelvic surgery, including caesarean delivery • Past ectopic pregnancy • Past pelvic inflammatory disease • Post-abortion (no sepsis) • Postpartum  $\geq$  6 months

**Medical Conditions:** • Depression • Epilepsy • HIV asymptomatic or mild clinical disease (WHO Stage 1 or 2) • Iron-deficiency anaemia, sickle-cell disease and thalassaemia • Malaria • Mild cirrhosis • Superficial venous disorders, including varicose veins • Thyroid disorders • Tuberculosis (non-pelvic) • Uncomplicated valvular heart disease • Viral hepatitis (carrier or chronic)

**Other:** • Adolescents • Breast cancer family history • Venous thromboembolism (VTE) family history • High risk for HIV • Surgery without prolonged immobilization • Taking antibiotics (excluding rifampicin/rifabutin)

With few exceptions, all women can safely use emergency contraception, barrier and behavioural methods of contraception, including lactational amenorrhoea method; for the complete list of recommendations, please see the full document.

## Notes to the conditions

**A** >45 yrs = 2

**B** Can insert Cu IUCD and LNG-IUD <48 hours after delivery and during LSCS or  $\geq$  6 weeks after delivery

**C** Contraceptives like COCs & CICs, POPs, DMPA & NET-EN, Implants can be initiated on the day Misoprostol is given

**D** Cu IUCD and LNG-IUD to be inserted after ensuring the abortion is complete

**E** Current PID and Current STI (Purulent discharge): Cu IUCD and LNG-IUD = 4; if she develops these conditions while using Cu IUCD and LNG-IUD, give treatment and continue with the device

**F** If at increased risk of STI or HIV, advise condom use in addition to any other method

**G** If on ARV Therapy = 2, except ritonavir - boosted ARVs = 3

**H** If not receiving ARV treatment and not clinically well, Cu IUCD and LNG-IUD = 3

**I** COCs = 3; CICs = 2

**J** DMPA = 1; NET-EN = 2

**K** If pelvic TB, Cu IUCD and LNG-IUD = 4

**L** For Lamotrigine, POP and Implants = 1

**M** COCs and heavy smoking = 4; COCs and heavy smokers, <35 = 2; CICs and light smoking = 2

**N** For simple non migrainous headache most contraceptives can be safely used

**O** To check if migraine has aura, ask "Do you see a bright spot in your vision before bad headaches?" If condition developed while on POP, DMPA, NET-EN, Implants, LNG-IUD, switch to non-hormonal method

**P** Migraine without aura and <35 yrs, COCs and CICs = 2; Migraine without aura and  $\geq$ 35 yrs, COC and CIC = 3

**Q** Multiple risk factors include: old age, smoking, hypertension, diabetes, obesity and known dyslipidemia. If stroke/IHD develops, while on POP, Implants, LNG-IUD (only IHD), change to non-hormonal method

**R** If established on anticoagulant therapy = 2

**S** If diabetes complicated or for more than 20 years: COCs, CICs, DMPA and NET-EN = 3-4

**T** If uterine cavity is distorted/enlarged, cannot use Cu IUCD or LNG-IUD

**U** If  $\beta$  hCG is persistently high or local malignant disease Cu IUCD and LNG-IUD = 4

**V** If not breastfeeding, LNG-IUD = Cat 1

**W** After 2nd trimester abortion, Cu IUCD and LNG-IUD = Cat 2. The provider should be skilled in PPIUCD technique

**X** Prophylactic antibiotics to be provided for Cu IUCD and LNG-IUD

**Y** In mild cirrhosis, LNG-IUD = Cat 2

**Z** In severe anemia, Cu IUCD = Cat 2



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