Contraceptive medical eligibility criteria (UKMEC)

Contraindications for contraception

Contraceptive preparations have potential risks, side-effects and failure rates. Furthermore, certain medical conditions and treatments can affect or be adversely affected by different methods of contraception. The UK Medical Eligibility criteria (UKMEC) are guidelines which assist clinicians in prescribing safe and suitable contraceptive options. The recommendations are made by expert working groups based on appraisal of evidence and consensus opinion.

The guidance is aimed at individuals using a method primarily for contraception, i.e. a lifestyle choice for a healthy individual, not to control or treat a medical condition. Medical conditions mean the risk–benefit profile may change.

Background

- In 2000, the World Health Organization (WHO) developed a set of internationally agreed recommendations for providing contraception for individuals with different medical conditions or undergoing certain treatments. They are known as the WHO Medical Eligibility Criteria for Contraceptive Use (WHOMECE).
- WHOMECE were designed to be used by international organisations when developing their own guidelines in the context of their own health policies, priorities and resources (WHOMECE 2008).
- The UK-specific Medical Eligibility Criteria (UKMEC) were first published in 2006. These were adapted by the FSRH Clinical Effectiveness Unit (CEU) from the WHOMECE. The latest UKMEC were published in April 2016.

UKMEC categories

The UKMEC categorises the different methods of contraception for different medical conditions, treatments or risk factors. There are four categories:

<table>
<thead>
<tr>
<th>UKMEC Category</th>
<th>Definition</th>
<th>Which in practice means...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A condition for which there is no restriction of the method.</td>
<td>Always usable</td>
</tr>
<tr>
<td>2</td>
<td>A condition in which the advantages of using the method generally outweigh the theoretical or proven risks.</td>
<td>Broadly usable</td>
</tr>
<tr>
<td>3</td>
<td>A condition where the theoretical or proven risks generally outweigh the advantages of using the method. Use of method not generally recommended unless more appropriate methods not acceptable or available.</td>
<td>Counsel/caution</td>
</tr>
<tr>
<td>4</td>
<td>A condition which represents an unacceptable health risk if the contraceptive method is used.</td>
<td>Do not use</td>
</tr>
</tbody>
</table>

UKMEC categories are not additive. However, if multiple UKMEC 2 categories co-exist then clinical judgement should be used to decide whether a method is safe. If a patient suffers multiple conditions which are UKMEC 3, use of that method generally becomes a UKMEC 4.

The UKMEC is a guide not a replacement for clinical judgement in individual situations.

There is so much we don’t know in medicine that could make a difference, and often we focus on the big things, and the little things get forgotten. To highlight some smaller but important issues, we’ve put together a series of pearls that the Red Whale found at the bottom of the ocean of knowledge!
UKMEC 2016

The new UKMEC have a different order in which the methods are presented: starting with LARCs, followed by medium to short acting methods. This new order reflects the better efficacy of the long acting methods and encourages the clinician to consider them as first-line agents (especially in women for whom pregnancy would be high risk).

Some new categories have been introduced to reflect medical conditions relevant to the contraceptive user. These include history of bariatric surgery, organ transplant, cardiomyopathy, arrhythmias and rheumatoid arthritis.

The UKMEC no longer give advice on drug interactions with contraception and recommend resources such as the FSRH, BNF, SPCs, or using online drug information checkers.

Some ‘useful to know UKMEC’

Intrauterine contraception

<table>
<thead>
<tr>
<th>Condition</th>
<th>Method</th>
<th>UKMEC</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Nulliparity   
<20y                               | Cu-IUD/IUS   | 1     | 2 1 IUDs can be fitted in women regardless of age and parity. Careful counselling regarding the insertion procedure should be performed. |
| Nulliparity   
≥20y                               | Cu-IUD/IUS   | 3     | 1 4w is quoted by the UKMEC because of risk of perforation before then. Most practitioners would leave it longer (usually up to 3m) to reduce this risk further. |
| 48h–4w post-partum                  | Cu-IUD/IUS   | 3     | 1 4w is quoted by the UKMEC because of risk of perforation before then. Most practitioners would leave it longer (usually up to 3m) to reduce this risk further. |
| Current breast cancer                | IUS          | 4     | 3 Breast cancer may be hormonally sensitive.                              |
| History of breast cancer <5y ago    | IUS          | 4     | 3 Breast cancer may be hormonally sensitive.                              |
| Uterine fibroids not distorting cavity | Cu-IUD/IUS  | 1     | 3 There is some evidence that IUS can reduce size and symptoms of fibroids. Even with some distortion it may be appropriate to attempt an IUS fitting. |
| Uterine fibroids distorting cavity  | Cu-IUD/IUS   | 1     | 3 There is some evidence that IUS can reduce size and symptoms of fibroids. Even with some distortion it may be appropriate to attempt an IUS fitting. |
| Known long QT syndrome              | Cu-IUD/IUS   | 3     | 3 (initiation) Cervical stimulation during intrauterine device insertion can induce a vasovagal reaction. Bradycardia can increase the risk of a cardiac event in women with long QT syndrome. The device should be fitted in a hospital setting if vasovagal reaction presents a particularly high risk of cardiac events. |

Progesterone-only contraception (POC): progesterone-only injection (POI), progesterone-only pill (POP), subdermal implant (SDI)
<table>
<thead>
<tr>
<th>Condition</th>
<th>Method</th>
<th>UKMEC</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged &lt;18 or &gt;45y</td>
<td>POI</td>
<td>2</td>
<td>Evidence of long-term effect of POI on bone mineral density loss in those &lt;18 is lacking. Data suggest that there is a small reduction in BMD in POI users but this reverses after cessation of the method. POI users should be reviewed every 2y to discuss ongoing risks and benefits. POI should be stopped at age 50y.</td>
</tr>
<tr>
<td>Multiple risk factors for vascular disease</td>
<td>POI</td>
<td>3</td>
<td>There are concerns about the hypo-oestrogenic effects and reduced HDL levels from POI. This effect is absent with POPs and SDIs.</td>
</tr>
<tr>
<td>Complicated diabetes mellitus (neuropathy/nephropathy/retinopathy/vascular disease)</td>
<td>POI</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SLE with positive or unknown anti-phospholipid antibodies</td>
<td>POI/POP/SDI</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Development of IHD or CVA on method</td>
<td>POI/POP/SDI</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>History of bariatric surgery (any BMI)</td>
<td>POI/POP/SDI</td>
<td>1</td>
<td>Surgery which potentially induces a malabsorptive state has the potential to reduce oral contraceptive efficacy, especially if accompanied by vomiting or diarrhoea. However, limited evidence suggests that gastric bypass and banding do not appear to reduce contraceptive efficacy.</td>
</tr>
<tr>
<td>Current breast cancer</td>
<td>POI/POP/SDI</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>&lt;6w post-partum</td>
<td>POI</td>
<td>2</td>
<td>There is no evidence that POC affects breast milk or infant growth. FSRH state can use before 6w but ideally delay until day 21.</td>
</tr>
</tbody>
</table>

**Combined Hormonal Contraception (CHC)**
<table>
<thead>
<tr>
<th>Condition</th>
<th>UKMEC</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI &lt;30</td>
<td>1</td>
<td>Risk of VTE increases with BMI. There is no upper limit to BMI in terms of UKMEC so morbid obesity is not an absolute contraindication to CHC unless accompanied by other risk factors. A history of bariatric surgery does not change these categories.</td>
</tr>
<tr>
<td>BMI ≥30</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BMI ≥35</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Migraine with aura (Note: an additional resource at the end of the UKMEC 2016 gives more information on migraine diagnosis)</td>
<td>4</td>
<td>Migraine with aura sufferers have 2–4 times the risk of CVA compared with those not using the COC. An aura: occurrence before the onset of headache, lasts 5–60min, can be a homonymous hemianopia, unilateral paraesthesia or weakness, dysphasia, visual aura can be fortification spectra (a star-shaped figure near the point of fixation with scintillating edges) or scotoma (a bright shape which gradually increases in size).</td>
</tr>
<tr>
<td>Uncomplicated diabetes mellitus</td>
<td>2</td>
<td>Only diabetes complicated by vascular disease or nephropathy/neuropathy/retinopathy becomes a UKMEC 3.</td>
</tr>
<tr>
<td>Breast-feeding &lt;6w post-partum</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Breast-feeding ≥6w to &lt;6m</td>
<td>2</td>
<td>&lt;21d post-natal there are concerns regarding risk of VTE with CHC due to residual pro-thrombotic state of pregnancy. Also use of CHC up to 6w post-partum has been found to reduce milk volumes. After 6w there is no evidence of a detrimental effect on infant growth.</td>
</tr>
<tr>
<td>Breast-feeding &gt;6m post-partum</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Post-natal (not breast-feeding)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>&lt;3w</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3–6w</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>≥6w</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Smoker &gt;15 cigarettes/day and &gt;35y</td>
<td>4</td>
<td>CHC users who smoke have higher rates of CVD. Risk of MI is highest in those who smoked &gt;15/day. 35y is used as it is the age from which excess mortality from smoking is apparent. Risk from smoking gradually declines after stopping and within 1–5 years the risk of CVD has returned to baseline.</td>
</tr>
<tr>
<td>Ex-smoker stopped &lt;1y ago</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BP &gt;140/90</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BP &gt;160/95</td>
<td>4</td>
<td>CHC users with hypertension have an increased risk of vascular disease. Although treated hypertension should reduce this risk, there is no evidence to support this, so the British Hypertension Society recommends that alternative contraceptive methods may be more suitable.</td>
</tr>
<tr>
<td>Adequately controlled hypertension</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>History of high BP during pregnancy</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Multiple risk factors for CVD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Cardiomyopathy:</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Normal cardiac function</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Abnormal cardiac function</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
SLE with positive or unknown anti-phospholipid antibodies

| 4 | SLE increases the risk of ischaemic and thrombotic vascular disease. |

FH breast cancer
Carriers of genetic mutations giving rise to increased risk of breast cancer (BRCA1)

| 1 | Among COC users with a FH of breast cancer the risks of breast cancer are the same as non-COC users with a FH of breast cancer. This is not the case for carriers of BCRA1 where there may exist an increased risk. |

Current symptomatic gall-bladder disease
Asymptomatic gall-bladder disease or treated by cholecystectomy

| 3 | CHCs may increase the risk of developing gall-bladder disease and may worsen existing gall-bladder disease. |

Major surgery with prolonged immobilisation
Major surgery without prolonged immobilisation
Minor surgery without prolonged immobilisation
Immobility (e.g. wheelchair user)

| 4 | Major surgery is >30min operation. Neurosurgical, orthopaedic, trauma and general surgical procedures carry an increased risk of VTE. CHC should be stopped 4w prior to planned surgery. |

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**Contraception medical eligibility: UKMEC**

- UKMEC provide guidance in prescribing contraception for women with medical conditions or undergoing treatments.
- They are based on available evidence and consensus opinion.
- They are designed as a guide and not to replace clinical judgement in individual situations.

Keep the UKMEC summary sheets on your desk-top at work.

The full UKMEC guidance is found at: [www.fsrh.org](http://www.fsrh.org) [pdfs/UKMEC2016.pdf]

Summary sheets are an easy ‘quick-glance’ version:
[www.fsrh.org](http://www.fsrh.org) [pdfs/UKMECSummarySheets2016.pdf]


HIV drug interaction charts: [www.hiv-druginteractions.org/Interactions.aspx](http://www.hiv-druginteractions.org/Interactions.aspx)

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*We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, side effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these pages.*

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June 2016
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Oxford Fri 30 Sep
Southampton Sat 1 Oct
Cardiff Wed 5 Oct
Exeter Thur 6 Oct
London Fri 7 Oct
London Sat 8 Oct
Leeds Wed 12 Oct
Liverpool Thur 13 Oct
Manchester Fri 14 Oct
Birmingham Sat 15 Oct
Cambridge Tue 18 Oct
London Wed 19 Oct
Nottingham Thur 20 Oct
Inverness Wed 2 Nov
Edinburgh Thur 3 Nov
Glasgow Fri 4 Nov

The Women's Health Update Course

From the pill to pelvic pain, periods and prolapses, this one day women's health update is a comprehensive guide to understanding and managing common gynaecological problems in general practice.

You will have the pleasure of meeting ‘the Fallopians’ a fictitious family with more gynaecological complaints than you can shake a speculum at. Using a case-based approach will give you the skills to manage your female patients in a real surgery.

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Exeter Thu 3 Nov
London Fri 4 Nov
Leeds Thur 10 Nov
Manchester Fri 11 Nov

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Within the next 15 years the need for cancer care will double and you will look after as many cancer survivors as diabetics. Shared care follow up will become the norm, secondary care will pass responsibility to us.

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Birmingham Fri 11 Nov
Cambridge Thur 17 Nov
London Fri 18 Nov

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Manchester Fri 24 Jun
London Fri 1 Jul
Our Consultation Skills Courses
One day small group courses designed for GPs, GP STs and General Practice Nurses.

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With the increased importance of telephone consultations this course aims to deliver practical skills which can be put to use immediately. The telephone is being used more and more by nurses as well as doctors in primary care, for triage, consultation and follow-up; in the daytime as well as out of hours. Our goal is to help you overcome difficulties and leave you with concrete ideas to enhance your own telephone contacts with patients.

London  Thur 6 Oct
Manchester  Thur 13 Oct

The Effective Consultation Course
The Course focuses on behaviours which enhance effective use of time in the consultation. Efficient consultations reduce clinical risk and lower the risk of complaints and lawsuits. The course uses the rich evidence base on which consultation behaviours enhance effectiveness and how to go about learning them. We focus on actions and you will leave with many practical tips to use in your consulting room the following day.

Leeds  Wed 5 Oct
London  Fri 25 Nov

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A significant proportion of patients who present to us will turn out to have symptoms that are medically inexplicable. We all know that there is no magic solution with these patients and sometimes they leave us feeling defeated and not sure what to do. However, there is evidence which can help address the issue.

London  Thur 20 Oct

Prices:
GP Update Course:  
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I would like to come on the following course(s) (please write legibly!):

- The GP Update Course (location) .............................................................   (date).........................
- The Women's Health Update Course (location) .............................................................   (date).........................
- The Cancer Update Course (location) .............................................................   (date).........................
- Lead. Manage. Thrive! (location) .............................................................   (date).........................
- The Telephone Consultation Course (location).............................................................   (date).........................
- The Effective Consultation Course (location).............................................................   (date).........................
- The Medically Unexplained Symptoms Course (location).............................................................   (date).........................

I can't attend a course but would like to order your Handbook or DVD

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- Women’s Health Update Handbook £70
- Cancer Update Handbook £70

Name...............................................................................   Address...................................................................................................

Email...................................................................................................................................................................................................
(Please write your email address clearly as we’ll use it to send your confirmation letter and receipt.)

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- The Women's Health Update Course
- The GP Cancer Update Course
- The GPN Update Course – For all General Practice Nurses
- The Pharmacist Update Course – For all Primary Care Pharmacists
- The Telephone Consultation Course
- The Effective Consultation Course
- The Medically Unexplained Symptoms Course

And we have some additional ones that we only offer as In-House Courses:

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- The Shared Decision Making Course
- The Effective Consultations for CSA Course
- The Patient Behaviour Change Course

And don't forget the usual perks of any Red Whale course

- A printed copy of the relevant Handbook covering the results of the most important research in primary care over the last 5 years.
- 12 months subscription to the relevant online CPD tracking tools, home of the Update Handbooks online and CPD tracker system.
- 100% unbiased content and 0% Pharma company sponsorship

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BMJ/040616