
U.S. Medical Eligibility Criteria for Contraceptive Use, 2024

Title: *U.S. Medical Eligibility Criteria for Contraceptive Use, 2024*

Subject of Planned Report: This report provides recommendations for health care providers on safe use of contraceptive methods for persons who have certain characteristics or medical conditions. This guidance document is an update to the previously published *U.S. Medical Eligibility Criteria for Contraceptive Use, 2016*.

Purpose of Planned Report: The recommendations in this report are intended to serve as a source of evidence-based clinical guidance for health care providers. The goal of these recommendations is to remove unnecessary medical barriers to accessing and using contraception and to support the provision of person-centered contraceptive counseling and services.

Type of Dissemination: Influential Scientific Information (ISI) Publication in MMWR

Timing of Review (including deferrals): November-December 2023

Type of Review (panel, individual or alternative procedure): Individual

Opportunities for the Public to Comment (how and when): None

Peer Reviewers Provided with Public Comments before the Review: No

Anticipated Number of Reviewers: 4

Primary Disciplines or Expertise: Obstetrics/gynecology, family planning, pediatrics, women's health, hematology

Reviewers Selected by (agency or designated outside organization): Centers for Disease Control and Prevention (CDC)

Public Nominations Requested for Reviewers: No

For each Peer Reviewer Selected:

Name: Genevieve M. Hofmann

Academic and Professional Credentials: DNP, WHNP-BC; Member, Board of Directors Nurse Practitioners in Women's Health (NPWH)

Current Position Title: Assistant Professor Division of Academic Specialists in Obstetrics and Gynecology

Organizational Affiliation(s): University of Colorado School of Medicine; Nurse Practitioners in Women's Health (NPWH)

Area of Expertise, Discipline, Relevant Experiences: I am a generalist provider currently practicing in an OB/GYN faculty practice and routinely provide contraceptive and reproductive care to reproductive aged people. I have experience working in Planned Parenthood clinics in Texas, New Mexico, and Colorado. I actively precept and provide education to advanced practice nursing and medical students. I am on the board of NPWH and act as their liaison to the ACOG GYN Clinical Consensus Committee. I am also a NAMS certified menopause clinician.

Name: Raegan E. McDonald-Mosley

Academic and Professional Credentials: MD, MPH, FACOG

Current Position Title: Chief Executive Officer

Organizational Affiliation(s): Power to Decide

Area of Expertise, Discipline, Relevant Experiences: Obstetrics & Gynecology, Family Planning, Health Equity, Strategic Communications, Health Care, and Health Care Administration

Name: Bethany T. Samuelson Bannow

Academic and Professional Credentials: MD, MCR

Current Position Title: Associate Professor of Medicine

Organizational Affiliation(s): The Hemostasis and Thrombosis Center at Oregon Health & Science University

Area of Expertise, Discipline, Relevant Experiences: I am a classical hematologist with clinical and research expertise in hemostasis, thrombosis, and reproductive health.

Name: Nichole A. Tyson

Academic and Professional Credentials: Clinical Professor, MD, FACOG, ABOG specialty focused PAG

Current Position Title: Chief, Pediatric Adolescent Gynecology

Organizational Affiliation(s): Stanford University

Area of Expertise, Discipline, Relevant Experiences: Pediatric Adolescent Gynecology, ACOG LARC Work Group, FIGO Contraception Committee, Society of Family Planning - Youth Reproductive Equity

Charge to Peer Reviewers:

The *U.S. Medical Eligibility Criteria for Contraceptive Use, 2024* (U.S. MEC) is an update of the 2016 U.S. MEC. These recommendations for health care providers were updated by CDC after review of the scientific evidence and a meeting with national experts in Atlanta, Georgia, during January 25-27, 2023. The U.S. MEC comprises recommendations for the use of specific contraceptive methods by persons who have certain characteristics or medical conditions. The recommendations in this report are intended to serve as a source of evidence-based clinical guidance for health care providers. The goal of these recommendations is to remove unnecessary medical barriers to accessing and using contraception and to support the provision of person-centered contraceptive counseling and services. Thus, the target audience for this document is health care providers who provide contraceptive services.

This review should address the following issues:

1. Accuracy: While we do not expect you to do any independent literature reviews, do the recommendations seem consistent with the data as you are familiar with it? Are there omissions of information or key studies that should be included?
2. Feasibility: Are these recommendations feasible for use by clinicians providing contraceptive services?
3. Clarity: Are the recommendations clear and understandable for use by health care providers?
4. Additional comments: We would be happy to receive any additional comments that you may have.

Peer reviewer comments:

Peer reviewer comments were focused on increasing the clarity of the recommendation language, as well as providing suggestions about items to address in the next edition of the guidance. Several comments were made on recommendations that were not open for reconsideration in this update; we will keep those comments and consider them for the next update. Reviewers' comments are summarized below.

Comments for clarity:

Numerous comments were made to increase the clarity of the wording of the recommendations.

Considerations for the next update and research gaps:

- Risk for IUD expulsion by age
- Risk for IUD expulsion by parity
- Risk factors for recurrent deep venous thrombosis/pulmonary embolism
- Perioperative use of hormonal contraception before and after surgery
- Risk for arterial thromboembolism with initiation versus continuation of progestin-only contraception for persons with ischemic heart disease
- Safety of contraceptive use in setting of active non-metastatic cancer (excluding gynecologic and breast cancer)
- Risk for infection (e.g., bacteremia, subacute bacterial endocarditis) with diaphragm/sponge use
- Postpartum IUD use in the setting of recent chorioamnionitis or endometritis without sepsis
- Risk for abnormal bleeding with initiation versus continuation of contraceptive method for persons with abnormal vaginal bleeding patterns

Comments about dissemination and implementation of the guidance:

- Provider tool for counseling about postpartum contraception
- Need for addressing the availability of over-the-counter progestin only pills and guidance for navigating this conversation in clinical practice

CDC's response to peer review comments:

The peer reviewer comments have been addressed and incorporated into the document. Substantive changes include the following:

Comments for clarity:

- All minor editorial comments were incorporated.
- Comments that changed the language of recommendations that were not addressed in this update were not incorporated but noted for the next revision.
- Comments that asked for further detail for recommendation implementation were considered, but in most cases the requested details were beyond the scope of the recommendation.
- Added deep venous thrombosis/pulmonary embolism as a condition associated with increased risk for adverse health events as a result of pregnancy.
- Clarified language about risk of bleeding with copper IUD use for persons on anticoagulant therapy.

Considerations for the next update and research gaps:

We will consider these suggestions for the next update. We will add research gaps to our publication on research gaps identified through the update process.

Comments about dissemination and implementation of the guidance:

We will consider these suggestions as we develop our dissemination and implementation plan for this guidance document.