

Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives

Combined Oral Contraceptives (COCs) are safe and effective for use by most women. For some women, COCs are generally not recommended because of the presence of certain medical conditions, such as breast cancer or blood clots. Women who desire to use COCs must therefore be screened for certain medical conditions to determine if they are appropriate candidates.

The simple checklist below was developed to help health care providers screen clients who have been counseled about contraceptive options, and who have made an informed decision to use COCs. The checklist is based on recommendations included in the *Medical Eligibility Criteria for Contraceptive Use* (WHO, updated 2015). The questions are designed to identify medical conditions that would prevent safe use of COCs, or require further evaluation. Clients who are ruled out due to their response to some of the medical eligibility questions, may still be good candidates for COCs if the suspected condition can be excluded through appropriate evaluation. A health care provider should complete the checklist before offering the client COCs.

Ask the client the questions below about known medical conditions. Examinations and tests are not necessary. If she answers “no” to all of the questions, then she can begin COCs if she wants. If she answers “yes” to a question, follow the instructions. In some cases she can still start using COCs.

1. Are you breastfeeding a baby less than 6 months old?

NO **YES** Because COC use during breastfeeding diminishes the quantity of breast milk, and can decrease the duration of lactation. A woman should delay COC use until her baby is 6 months old.

2. Have you had a baby in the last 3 weeks and you are not breastfeeding?

NO **YES** If she is not breastfeeding and less than 3 weeks since giving birth, without additional risk that she might develop a blood clot in a deep vein (VTE) then she may start COCs. If she is not breastfeeding and between 3 and 6 weeks postpartum with additional risk that she might develop a blood clot in a deep vein (VTE), she should wait until 6 weeks to begin COCs.

3. Do you smoke cigarettes?

No **YES** If she is 35 years or older and smokes, do not provide COCs. Urge her to stop smoking and choose another method.

4. Do you have severe cirrhosis of the liver, a liver infection, or liver tumor? (Are her eyes or skin unusually yellow? [signs of jaundice])

NO **YES** If she reports serious liver disease (such as severe cirrhosis or liver tumor), do not provide COCs. Help her choose a method without hormones.

5. Do you have high blood pressure?

NO **YES** If you cannot check blood pressure and she reports a history of high blood pressure, or

if she is being treated for high blood pressure; do not provide COCs. Refer her for a blood pressure check if possible or help her choose another method without estrogen.

6. Have you had diabetes for more than 20 years or damage to your arteries, vision, kidneys or nervous system caused by diabetes?

NO **YES** Do not provide COCs. Help her choose another method without estrogen, but not progestin-only injectables.

7. Do you have gallbladder disease now or take medication for gallbladder disease?

NO **YES** Do not provide COCs. Help her choose another method, but not the patch or vaginal ring.

8. Have you ever had a stroke, blood clot in your legs or lungs, or heart attack, or other serious heart problems?

NO **YES** If she reports a heart attack, heart disease or stroke, do not provide COCs. Help her choose a method without estrogen, but not progestin-only injectables.

9. Do you have or have you ever had breast cancer?

NO **YES** Do not provide COCs. Help her choose a method without hormones.

10. Do you sometimes see a bright area or loss of vision in the eye before a very bad headache (migraine aura).

NO **YES** If she has a migraine aura at any age, do not provide COCs. If she has a migraine headache *without aura* and is age 35 or older, do not provide COCs. Help these women choose a method without estrogen. If she is under 35 years of age and has a migraine without aura, she may use COCs.

11. Are you taking medications for seizures? Are you taking rifampicin or rifabutin for tuberculosis or other illness?

NO **YES** If she is taking barbiturates, carbamazepine, lamotrigine, oxcarbazepine, phenytoin, primidone, topiramate, rifampicin, or rifabutin, or ritonavir, do not provide COCs. They can make COCs less effective. Help her choose another method but not progestin-only pills. If she is taking lamotrigine, help her choose a method without estrogen.

12. Are you planning major surgery that will keep you from walking for a week or more?

NO **YES** If so, she can start COCs two weeks after surgery. Until she starts COCs, she should use a backup method.

13. Do you have several conditions that could increase your chance of heart disease or stroke, such as older age, smoking, high blood pressure or diabetes?

NO **YES** Do not provide COCs. Help her choose another method but not progestin-only injectables.

If the client answered **NO** to **all of questions 1–13**, she can use COCs. Proceed to questions 14–18.

If the client answered **YES** to **question 14**, she is not a good candidate for COCs. Counsel about other available methods or refer.

If the client answered **YES** to **any of questions 15–18**, COCs cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime.

Ask questions 14–18 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to **any question**, stop, and follow the instructions after question 18.

14. Did your last menstrual period start within the past 7 days?

15. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?

16. Have you abstained from sexual intercourse since your last menstrual period or delivery?

17. Have you had a miscarriage or abortion in the last 7 days?

18. Have you been using a reliable contraceptive method consistently and correctly?

If the client answered **YES** to **at least one of questions 15–18** and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can start COCs now.

If the client began her last menstrual period **within the past 5 days**, she can start COCs now. No additional contraceptive method is needed.

If the client began her last menstrual period more **than 5 days ago**, tell her to **begin taking COCs** now, but instruct her that she must **use condoms or abstain from sex for the next 7 days**. Give her condoms for the next 7 days.

