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Introduction

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Intrauterine Contraception (IUC)

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Combined Hormonal Contraception (CHC)

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Additional Resources

Diagnosis of Migraine With or Without Aura

The UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) includes 'headache' as a condition, which is split into the following sub-conditions:

- a) Non-migrainous (mild or severe)
- b) Migraine without aura, at any age
- c) Migraine with aura, at any age and
- d) History (≥ 5 years ago) of migraine with aura, any age.

Headache is a common condition affecting women of reproductive age. Migraine is a common disabling primary headache disorder which can be classified into two major sub-types: migraine without aura and migraine with aura. Classification depends on making an accurate diagnosis of those severe headaches that are migrainous and in addition those complicated by aura.

Useful resources for making a migraine diagnosis

1. Mayo Clinic

The Mayo Clinic has produced a video on migraine aura¹ that shows how an aura can present to a woman:

<http://www.mayoclinic.org/diseases-conditions/migraine-with-aura/multimedia/migraine-aura/vid-20084707>

2. International Headache Society (IHS)

The International Classification of Headache Disorders (3rd edition) (ICHD-3) criteria² is the official criteria of the International Headache Society (IHS). The ICHD-3 provides the following diagnostic criteria for distinguishing between the two major sub-types of migraines. Please refer to the ICHD-3 criteria² for further details on symptoms:

<https://ichd-3.org/1-migraine/>

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Appendices

Appendix 1: UKMEC Development Process

In preparation for the UKMEC revision and in order to identify topics to be reviewed, the CEU conducted a consultation with FSRH stakeholders from January to March 2015, a search of the 2014 FSRH Members Enquiry Service for common themes relating to medical eligibility for contraceptive use and a comparison of the 2009 UKMEC with existing versions of the USMEC and WHOMEK.

A Guideline Steering Group (GSG), comprising the CEU secretariat and five external members, was established for the 2016 UKMEC edition to define the scope of the UKMEC revisions. A Guideline Development Group (GDG) was established consisting of the steering group and a further nine experts in contraception and relevant disciplines (see Appendix 2).

The GSG met in February 2015 to review the topics that had been proposed from the scoping exercises (above) and to approve the scope of the UKMEC revision that would be considered by the GDG at the meeting in April 2015. Priority was given to controversial topics or those in which new evidence had emerged including clarifying recommendations with 'split' MEC categories (2/3 or 3/4 classification). The topics prioritised for review and consideration by the GDG were sent to GDG members electronically together with evidence summary tables (where appropriate). GDG members were asked to respond electronically to the CEU on level of agreement with the proposed scope of the revision. These responses were considered by the GSG, in advance of the GDG meeting.

A 2-day GDG meeting at the CEU took place on 15–16 April 2015 to endorse the scope of the revised UKMEC 2016 and to review new evidence relevant to the proposed revisions, which was primarily obtained from systematic reviews of the most recent literature. Where evidence was lacking for topics, technical consultation was conducted with UK experts in the relevant area (see Appendix 2). In order for changes to be made to the UKMEC 2009 classifications, we adopted a similar process used by the WHOMEK, which required updated high-quality evidence (i.e. from randomised controlled trials) to be identified to substantiate any significant proposed changes to MEC categories. Recommendations were made following a formal consensus process.

The 2016 edition of the UKMEC was based on the recommendations agreed by the GDG at the meeting convened by the CEU in April 2015. All members of the GDG were asked to declare any conflicts of interest. There were no conflicts of interest that were judged to preclude individuals from participating in the deliberations and development of the UKMEC recommendations. A total of 27 topics (more than 126 recommendations) were reviewed as part of the MEC revision (see 'Summary of changes from UKMEC 2009' in Section A). All other existing recommendations were confirmed by the GDG and did not undergo formal review for the 2016 UKMEC.

The first draft of the 2016 UKMEC was produced in July 2015. This was reviewed by the GDG, and following changes in response to feedback, the second draft was sent to both UK stakeholder groups and international experts in contraception (see Appendix 2) in August 2015 for peer review.

Revisions that required consensus approval were made by the GSG. Editorial revisions were made by the CEU. The final version of the 2016 UKMEC was approved by the Clinical Effectiveness Committee (CEC) of the FSRH on 16 November 2015.

Appendix 2: List of Contributors

The update of the UKMEC is guided by the UKMEC Guideline Development Group (GDG) comprising the secretariat, which includes staff from the CEU, the steering group and the multidisciplinary group of experts.

Secretariat	Specialist area/Experience
Dr Sharon Cameron (Chair)	Sexual and reproductive health; gynaecology; contraceptive research; WHOMEK
Dr Zhong Eric Chen	Evidence synthesis
Dr Ailsa Gebbie	Community gynaecology and reproductive health
Dr Sarah Hardman	Sexual and reproductive health; genitourinary medicine
Ms Kate Williams	Project management and administrative support
Steering Group	Specialist area/Experience
Dr Anne Connolly	General practice; sexual and reproductive health
Dr Kathryn Curtis	Evidence synthesis; WHOMEK; USMEK
Professor Anna Glasier	Sexual and reproductive health, contraceptive research; WHOMEK; UKMEK
Professor Phil Hannaford*	Epidemiology; general practice; WHOMEK; UKMEK
Dr Diana Mansour	Community gynaecology and reproductive health; UKMEK

Multidisciplinary Group	Specialist area/Experience
Dr Sinead Cook	Sexual and reproductive health
Dr Sarah Cooper	Obstetrics and gynaecology
Professor Ian Greer*	Obstetrics and gynaecology
Dr Sophie Khadr	Adolescent sexual and reproductive health
Dr Sue Mann	Public health; sexual and reproductive health
Ms Shelley Mehigan Raine	Nursing; sexual and reproductive health
Dr Janet Nooney	Medicine information/safety; UKMEC
Dr Sam Rowlands	Sexual and reproductive health
Professor James Trussell	Epidemiology; USMEC

*Professor Phil Hannaford and Professor Ian Greer were not present at the face-to-face meeting but provided input before and after the meeting via email.

In the development of the UKMEC, UK experts were consulted:

Experts	Specialist area	Experts	Specialist area
Dr Nicole Amft	Rheumatic diseases	Dr John O'Sullivan	Cardiac disease
Dr Scott Fegan	Ovarian cancer	Dr Karen Schreiber	Rheumatic diseases
Dr Ian Giles	Rheumatic diseases	Dr Gordon Scott	GUM/HIV
Professor Caroline Gordon	Rheumatic diseases	Mr Richard Skipworth	Bariatric surgery
Dr Robin Grant	Neurology	Dr Charles Wallis	Anaesthesia
Ms Jo Marsden	Breast cancer	Dr Laura Waters	GUM/HIV
Ms Lorna Marson	Organ transplant	Dr David Williams	Rheumatic diseases

The UK stakeholder and international reviewers are:

UK reviewers	Role/Affiliation	Specialist area
Dr P S Arunakumari	Consultant Obstetrician and Gynaecologist, Basildon and Thurrock University Hospitals NHS Trust (Royal College of Obstetrics and Gynaecology)	Contraception; paediatric and adolescent gynaecology; abortion care
Ms Carmel Bagness	Professional lead for Midwifery and Women's Health (Royal College of Nursing)	Midwifery; nursing
Ms Sue Burchill	Head of Nursing (Brook)	Young people's sexual and reproductive health care
Mr Thomas Francis Corbett	Clinical Writer (British National Formulary, Royal Pharmaceutical Society of Great Britain)	Pharmacy
Dr Kate Guthrie	Clinical Director, Consultant Gynaecologist (Sexual and Reproductive Health Services, Hull and East Riding); Clinical Expert, Sexual and Reproductive Health (Public Health England)	Sexual and reproductive health; community based gynaecology
Ms Natika H Halil	Chief Executive (Family Planning Association)	Contraception; sexually transmitted infections

Mr Kin Liu	Highly specialist HIV/GUM pharmacist (Chelsea and Westminster Hospital NHS Foundation Trust, Royal Pharmaceutical Society of Great Britain)	Pharmacy; GUM/HIV
Dr Patricia A Lohr	Medical Director (British Pregnancy Advisory Service)	Obstetrics and gynaecology; family planning
Dr Nneka Nwokolo	Consultant HIV/GU Physician (Chelsea and Westminster Hospital, London; Royal College of Physicians)	Sexually transmitted infections; contraception and reproductive health; HIV medicine
Dr Dhammika Perera	Global Medical Director (Marie Stopes International)	Reproductive health; public health
Dr Lindsey E Ross	General PractitionerP (Dingwall Medical Group, Inverness); Member of Sex, Drugs & BBV Group (Royal College of General Practitioners)	General practice; blood-borne viruses; substance misuse
Ms Louise Silverton	Director for Midwifery (The Royal College of Midwives)	Midwifery and maternity care

International reviewers	Role/Affiliation	Specialist area
Dr Deborah Bateson (Australia)	Medical Director (Family Planning NSW, Sydney); Clinical Associate Professor, Discipline of Obstetrics, Gynaecology and Neonatology (The University of Sydney)	Sexual and reproductive health; contraceptive research
Dr Erin Berry-Bibee (United States)	Reviewer and Guest Researcher (Centers for Disease Control and Prevention); Assistant Professor (University of Chapel Hill North Carolina)	Family planning; obstetrics and gynaecology
Dr Pritha Biswas (India)	Obstetrician and Gynaecologist, Senior Advisor, Safe Abortion, Family Planning and Sexual and Reproductive Health (Marie Stopes International)	Reproductive health
Professor Kristina Gemzell Danielsson (Sweden)	Professor and Chair, Division of Obstetrics & Gynecology, Department of Women's and Children's Health (Karolinska Institutet); Senior Consultant (Karolinska University Hospital)	Sexual and reproductive health; contraceptive research
Dr Hang Wun Raymond Li (Hong Kong)	Associate Professor, Department of Obstetrics and Gynaecology (The University of Hong Kong); Honorary Medical Consultant (The Family Planning Association of Hong Kong)	Reproductive endocrinology; contraceptive research

Appendix 3: Commonly Used Abbreviations

AIDS	Acquired immune deficiency syndrome	IUC	Intrauterine contraception
ART	Antiretroviral therapy	IM	Intramuscular
ARV	Antiretroviral	LAM	Lactational amenorrhoea method
BMD	Bone mineral density	LARC	Long-acting reversible contraception
BMI	Body mass index	LDL	Low-density lipoprotein
BNF	British National Formulary	LNG	Levonorgestrel
BP	Blood pressure	LNG-IUS	Levonorgestrel-releasing intrauterine system
CEU	Clinical Effectiveness Unit	MI	Myocardial infarction
CHC	Combined hormonal contraception	NET	Norethisterone
CIN	Cervical intraepithelial neoplasia	NET-EN	Norethisterone enantate
COC	Combined oral contraception	PE	Pulmonary embolism
Cu-IUD	Copper-bearing intrauterine device	PID	Pelvic inflammatory disease
CVD	Cardiovascular disease	POC	Progestogen-only contraception
DMPA	Depot medroxyprogesterone acetate	POP	Progestogen-only pill
DSG	Desogestrel	SC	Subcutaneous
DVT	Deep vein thrombosis	SLE	Systemic lupus erythematosus
EC	Emergency contraception	STI	Sexually transmitted infection
EE	Ethinylestradiol	TIA	Transient ischaemic attack
FSRH	Faculty of Sexual and Reproductive Healthcare	UKMEC	UK Medical Eligibility Criteria for Contraceptive Use
GDG	Guideline Development Group	UPA	Ulipristal acetate
GTD	Gestational trophoblastic disease	UPSI	Unprotected sexual intercourse
hCG	Human chorionic gonadotrophin	VTE	Venous thromboembolism
HDL	High-density lipoprotein	WHO	World Health Organization
HIV	Human immunodeficiency virus		
HMB	Heavy menstrual bleeding		
HPV	Human papillomavirus		
IBD	Inflammatory bowel disease		
IIH	Idiopathic intracranial hypertension		
IMP	Progestogen-only implant		

