



Top tips

UKMEC update 2025

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The UK Medical Eligibility Criteria (UKMEC) 2025¹ was developed by the College of Sexual and Reproductive Health (CoSRH) and provides guidance about which contraceptive methods are safe to use in individuals with different medical conditions and personal characteristics. It supersedes the 2016 third edition of the UKMEC (updated in 2019).

1 UKMEC is about the safe use of contraception.

- It doesn't advise on efficacy, or which is the best method to use.
- Drug interactions should be considered separately.
- If a method is also being used for another reason (for example management of endometriosis), then the risk:benefit balance may change.

2 Each method is given a category (1-4) for each condition or characteristic.

- UKMEC 1: this method can be used without restriction.
- UKMEC 2: generally this method can be used (advantages usually outweigh risks), but you may need to review the patient; if multiple category 2s exist you should carefully consider whether it is safe to prescribe.
- UKMEC Category 3: this method is not usually recommended (risks usually outweigh advantages) unless other methods are not available or acceptable to the patient. In some circumstances, this method can be used but could require expert clinical judgement and/or referral to a specialist contraception clinic.
- UKMEC Category 4: this method should not be used as the health risks are too high.

3 Multiple risk factors is a new UKMEC category in 2025.

- Examples of risk factors include cancer, thrombotic or inflammatory disorders and a high BMI. Refer to the NICE guidance for deep vein thrombosis (DVT)² or pulmonary embolus (PE)³ risk factors.
- Multiple risk factors can be defined as 'more than one risk factor'. If there are multiple risk factors a method may not be suitable and you must use clinical judgement before prescribing.
- Two UKMEC 2s are not necessarily additive to make 4, but multiple UKMEC 2 categories may result in cumulative risk, especially if they relate to the same risk such as venous thromboembolism (VTE) or cardiovascular disease (CVD). For example, a 34-year-old woman requesting combined hormonal contraception (CHC) with a history of inflammatory bowel disease (UKMEC 2) and a body mass index (BMI) of 32kg/m² (UKMEC 2). As she has two separate UKMEC 2 conditions which both increase the risk of VTE the risks of using CHC may outweigh the benefits.
- Multiple UKMEC 3 categories may result in an unacceptable risk to health, again especially if they relate to the same risk.

4 There are two areas where we should 'prioritise alternatives to CHC'.

- Individuals with sickle cell trait have a small increase in the risk of VTE. There is lack of evidence to give a UKMEC rating, but it is best to consider methods other than CHC.
- Given the lack of data and the unknown long-term cardiovascular impact of e-cigarettes, other methods should be prioritised over CHC for those who use them.

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5 There are some changes to terminology and definitions.

- The term intrauterine device (IUD) has replaced the terms intrauterine contraception (IUC) or intrauterine system (IUS). This is further divided into the copper intrauterine device (Cu-IUD) and levonorgestrel intrauterine device (LNG-IUD).
- Categories for women affected by breast cancer have been updated to include:
 - Carriers of high-risk gene mutations associated with breast cancer (e.g. BRCA1/BRCA2).
 - Currently being treated for breast cancer (including tamoxifen/aromatase inhibitor use).
 - Completed treatment for breast cancer.
- Hypertension has been updated to reflect NICE blood pressure classification and to differentiate home and clinic readings.
 - Stage 1 hypertension:
 - Clinic: Systolic 140 – 159 and/or Diastolic 90 – 99.
 - Home: Systolic 135 – 149.
 - Stage 2 or 3 hypertension:
 - Clinic Systolic ≥ 160 and/or Diastolic ≥ 100 .
 - Home Systolic ≥ 150 and/or Diastolic ≥ 95 .
- The section on HIV now uses person-centred language, covering whether the person is on/off treatment and clinically well/unwell, rather than focusing on CD4 count.

6 Some new conditions have been added

- Individuals with Multiple Sclerosis (MS) are at increased risk of VTE, usually due to immobility. To differentiate VTE risk two UKMEC categories now exist for MS, with or without prolonged immobility.
- A new category of chronic kidney disease (CKD) includes current nephrotic syndrome, haemodialysis and peritoneal dialysis:
 - For CKD, use of progestogen only pills are a UKMEC 2, however drospirenone (DRSP) should not be used in individuals with severe renal insufficiency or acute renal failure and should be used with caution in those at risk of hyperkalaemia and with mild/moderate renal impairment.
 - Carefully consider the use of the progestogen-only injectable: depot medroxyprogesterone acetate (DMPA) in those with CKD due to its negative impact on bone health.
 - Avoid CHC in those with CKD, due to the increased risk of thromboembolic events, especially those with nephrotic syndrome.

7 The depot injection (DMPA) is riskier for VTE than we thought,

- Five studies have shown an increased risk of VTE with DMPA use when compared to those who do not use hormonal contraception.
- This evidence has been reflected across the UKMEC - some conditions have changed from 1 to 2, or 2 to 3 to reflect increase in risk.
- Risk is likely to be lower than the VTE risk associated with CHC.

8 Emergency contraception (EC) is now more straightforward for breastfeeding women

- Women do not need to interrupt breast feeding if they take a single dose of ulipristal acetate or levonorgestrel for emergency contraception.
- CKD has been added to the EC section – all methods are a UKMEC 2.

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9 There are changes to do with sexually transmitted infections and human papilloma virus status.

- You do not need to wait for a negative sexual health screen result prior to fitting an IUD.
- Sexually transmitted infections (STI) have been updated to include Mycoplasma genitalium (M Gen) and simplify classifications.
- Cervical intraepithelial neoplasia (CIN) now includes those with high-risk human papillomavirus (HR HPV).

10 The LNG-IUD doesn't increase stroke risk.

- The term stroke includes arterial thrombosis, venous thrombosis and intracranial haemorrhage.
- Evidence found no increased risk of stroke with LNG-IUD, so the UKMEC 3 category has been removed and replaced with UKMEC 2.

11 Depression has been removed from UKMEC and replaced with a separate statement on mood disorders.

- Evidence is not consistent that hormonal contraceptives influence anxiety or mood disorders.
- When starting hormonal contraception, you should individually counsel and advise patients who have pre-existing mental health conditions to monitor their mood and make a follow-up appointment if they notice a deterioration.
- If any woman reports mood change with hormonal contraception, you should take an individualised approach, consider other factors and consider offering alternative contraception if she feels that her mood has been worsened by her contraception.

Resources

- [CoSRH UKMEC main page.](#)
- [Two page summary of the key changes for 2025.](#)
- [Full UKMEC document.](#)
- [CoSRH Statement: Effect of Hormonal Contraception in Individuals with Anxiety and Mood \(Affective\) Disorders.](#)
- [UKMEC supplementary evidence tables \(giving more evidence about the papers used to guide the changes\).](#)

References (accessed 14th December 2025)

- 1) CoSRH. [UKMEC](#). Dec 2025.
- 2) NICE guidance [Risk factors for DVT](#). July 2025.
- 3) NICE guidance [Risk factors for PE](#). July 2025.
- 4) CoSRH. [Effect of hormonal contraception in Individuals with Anxiety and Mood \(Affective\) Disorders](#) Dec 2025.

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