#### Hormonal Contraceptive Self-Screening Questionnaire (form updated April 2023) Health Care Provider's Name Name Date Date of Birth\_\_\_\_\_ Age\*\_\_\_\_ Weight\_\_\_\_ Do you have health insurance? Yes / No What was the date of your last women's health clinical visit? Any Allergies to Medications? Yes / No If yes, list them here: \_\_\_\_ Do you have a preferred method of birth control that you would like to use? □ A pill you take each day □ A patch that you change weekly □ Other (ring, injectable, implant, or IUD) **Background Information:** 1 Do you think you might be pregnant now? Yes □ No□ 2 What was the first day of your last menstrual period? Have you ever taken birth control pills, or used a birth control patch, ring, or injection? 3 Yes □ No □ Have you previously had contraceptives prescribed to you by a pharmacist? Yes □ No □ Did you ever experience a bad reaction to using hormonal birth control? Yes □ No □ - If yes, what kind of reaction occurred? Are you currently using any method of birth control including pills, or a birth control patch, Yes □ No □ ring or shot/injection? - If yes, which one do you use? Have you ever been told by a medical professional not to take hormones? 4 Yes □ No □ Do you smoke cigarettes? Yes □ No □ **Medical History:** 6 Have you given birth within 21 days? If yes, how long ago? Yes □ No □ 7 Are you currently breastfeeding? Yes □ No □ 8 Do you have diabetes? Yes □ No □ Do you get migraine headaches? If so, have you ever had the kind of headaches that start with 9 Yes □ No □ warning signs or symptoms, such as flashes of light, blind spots, or tingling in your hand or face that comes and goes completely away before the headache starts? Do you have high blood pressure, hypertension, or high cholesterol? (Please indicate yes, even 10 Yes □ No □ if it is controlled by medication) Have you ever had a heart attack or stroke, or been told you had any heart disease? 11 Yes □ No □ 12 Have you ever had a blood clot? Yes □ No □ 13 Have you ever been told by a medical professional that you are at risk of developing a blood Yes □ No □ clot? 14 Have you had recent major surgery or are you planning to have surgery in the next 4 weeks? Yes □ No □ 15 Have you had bariatric surgery or stomach reduction surgery? Yes □ No □ 16 Do you have or have you ever had breast cancer? Yes □ No □ 17 Do you have or have you ever had hepatitis, liver disease, liver cancer, or gall bladder disease, Yes □ No □ or do you have jaundice (yellow skin or eyes)? 18 Do you have lupus, rheumatoid arthritis, or any blood disorders? Yes □ No □ Do you take medication for seizures, tuberculosis (TB), fungal infections, or human 19 Yes □ No □ immunodeficiency virus (HIV)? - If yes, list them here: 20 Do you have any other medical problems or take any medications, including herbs or Yes □ No □

supplements?

21

- If yes, list them here:

Will you be immobile for a long period? (e.g. flying on a long airplane trip, etc.)

Internal use only	verified DOB* with valid photo ID BP Reading/						
Pharmacist Name _	Pharmacist Name Pharmacist Signature						
☐ Drug Prescribed	Rx#or- Patient Referred-circle reason(s) Sign	g:					
	(Pharmacy PhoneAddress)						
Notes:							

### STANDARD PROCEDURES ALGORITHM FOR ILLINOIS RPH DISPENSING OF CONTRACEPTIVES 1) Health and History Screen Contraindicating Review Hormonal Contraceptive Self-Screening Questionnaire. To evaluate health and history, refer to USMEC or Illinois MEC. Condition(s) Refer 1 or 2 (green boxes) - Hormonal contraception is indicated, proceed to next step. 3 or 4 (red boxes) - Hormonal contraception is contraindicated --> Refer No Contraindicating Conditions 2) Pregnancy Screen a. Did you have a baby less than 6 months ago, are you fully or nearly-fully breast feeding, AND have you had no menstrual period since the delivery? Possible b. Have you had a baby in the last 4 weeks? Pregnancy c. Did you have a miscarriage or abortion in the last 7 days? Refer d. Did your last menstrual period start within the past 7 days? e. Have you abstained from sexual intercourse since your last menstrual period or delivery? f. Have you been using a reliable contraceptive method consistently and correctly? If YES to AT LEAST ONE and is free of pregnancy symptoms, proceed to next step. Patient is not pregnant 3) Medication Screen (Questionnaire #20)? Contraindicating Caution: anticonvulsants, antiretrovirals, antimicrobials, barbiturates, herbs & supplements, including: Medications carbamazepine lumacaftor/ivacaftor primidone (\*PLEASE ALWAYS REFER TO CURRENT MEC\*) rifampin / rifabutin felbamate oxcarbazepine griseofulvin phenobarbital topiramate <u>e</u> lamotrigine phenytoin fosamprenavir (when not combined with ritonavir) No Contraindicating Medications 4) Blood Pressure Screen: BP >140/90 Is blood pressure <140/90? Refer Note: RPH may choose to take a second reading, if initial is high. BP < 140/90 Evaluate patient history, preference, and current therapy for selection of treatment. Not currently on birth control Patient is currently on birth control 5a) Choose Contraception 5b) Choose Contraception Initiate contraception based on patient Continue current form of hormonal contraception, if no change is necessary preferences, adherence, and history for new therapy Alter therapy based on patient concerns, such as side effects patient may be experiencing; or refer, if appropriate -Prescribe up to 12 months of desired contraception and dispense product (quantity based on professional Prescribe up to 12 months of desired contraception and dispense product, (quantity based judgment and patient preference) on professional judgment and patient preference) 6) Discuss Initiation Strategy for Initial Treatment/Change in Treatment (as applicable) a) Counseling - Quick start - Instruct patient she can begin contraceptive today; use backup method for 7 days. b) Counseling - Discuss the management and expectations of side effects (bleeding irregularities, etc.)

# 7) Discuss and Provide Referral / Visit Summary to patient

c) Counseling - Discuss adherence and expectations for follow-up visits

Encourage: Routine health screenings, STD prevention, and notification to care provider If patient smokes, provide smoking cessation counseling; refer to Quitline



## Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use



Pages 1,2 ...... Color coded in the left column to match the corresponding question of the Illinois Hormonal Contraception Self-Screening Tool Questionnaire.

Pages 3,4..... Arranged alphabetically by disease state

Key:

- 1 No restriction (method can be used)
- 2 Advantages generally outweigh theoretical or proven risks
- 3 Theoretical or proven risks usually outweigh the advantages
- Unacceptable health risk (method not to be used)



/Updated April 2023 This summary sheet only contains a subset of the recommendations from the US MEC. For complete guidance, see: https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html

## Corresponding to the order of the Illinois Hormonal Contraception Self Screening Tool Questionnaire:

Condition	Sub-condition	Combined prin		Progestii pill/injec		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Age		Menarche	to <40=1	Menarch	e to <18=1	Yes
_		>40	>40=2 18-45=1			Yes
					5=1	Yes
Smoking	a) Age < 35	2		1 1 1		Yes
	b) Age ≥ 35, < 15 cigarettes/day	3				Yes
	c) Age > 35, >15 cigarettes/day	4				Yes
Pregnancy	(Not Eligible for contraception)	NA.	*		A*	NA*
Postpartum	a) < 21 days	4			1	Yes
(see also	b) 21 days to 42 days:					
Breastfeeding)	(i) with other risk factors for VTE	3*	:		1	Yes
	(ii) without other risk factors for VTE	2			1	Yes
	c) > 42 days	1			1	Yes
Breastfeeding	a) < 1 month postpartum	3*			2*	Yes
(see also Postpartum)	b) 1 month or more postpartum	2*			1*	Yes
Diabetes mellitus	a) History of gestational DM only	1			1	Yes
(DM)	b) Non-vascular disease					
	b) Other abnormalities:					
	(i) non-insulin dependent	2 2		2 2		Yes
	(ii) insulin dependent‡					Yes
	c) Nephropathy/ retinopathy/ neuropathy‡	3/4*		2		Yes
	d) Other vascular disease or diabetes of >20 years' duration‡	3/4		2		Yes
Headaches	a) Non-migrainous	1*	2*	1*	1*	Yes
	b) Migraine:					
	i) without aura, age <35	2*	3*	1*	2*	Yes
	ii) without aura, age ≥35	3*	4*	1*	2*	Yes
	iii) with aura, any age	4*	4*	2*	3*	Yes
Hypertension	a) Adequately controlled hypertension	3*	•	1*		Yes
	b) Elevated blood pressure levels (properly taken measurements):					
	(i) systolic 140-159 or diastolic 90-99	3		1		Yes
	(ii) systolic ≥160 or diastolic ≥100‡	4		2		Yes
	c) Vascular disease	4			2	Yes
History of high blood pressure during pregnancy		2		1		Yes
Hyperlipidemias		2/3	<u>}</u> *		2*	Yes
Peripartum cardiomyopathy‡	a) Normal or mildly impaired cardiac function:					
	(i) < 6 months	4			1	Yes
		3		1		Yes

Condition	Sub-condition	Combined pill, patch, ring	Progestin-only pill/injection	Other Contraception Options Indicated for Patient
		Initiating Continuing	Initiating Continuing	
	b) Moderately or severely impaired cardiac function	4	2	Yes
Multiple risk factors for arterial cardiovascular disease	(such as older age, smoking, diabetes and hypertension)	3/4*	2*	Yes
Ischemic heart disease‡	Current and history of	4	2 3	Yes
Valvular heart	a) Uncomplicated	2	1	Yes
disease	b) Complicated‡	4	1	Yes
Stroke‡	History of cerebrovascular accident	4	2 3	Yes
Thrombogenic		4*	2*	Yes
mutations‡	) II. ( CDIME (DE )			
Deep venous thrombosis	a) History of DVT/PE, not on anticoagulant therapy			
(DVT) /Pulmonary embolism (PE)	i) higher risk for recurrent DVT/PE	4	2	Yes
	ii) lower risk for recurrent DVT/PE	3	2	Yes
	b) Acute DVT/PE	4	2	Yes
	c) DVT/PE and established on anticoagulant therapy for at least 3 months			
	i) higher risk for recurrent DVT/PE	4*	2	Yes
	ii) lower risk for recurrent DVT/PE	3*	2	Yes
	d) Family history (first-degree relatives)	2	1	Yes
	e) Major surgery			
	(i) with prolonged immobilization	4	2	Yes
	(ii) without prolonged immobilization	2	1	Yes
	f) Minor surgery without immobilization	1	1	Yes
History of bariatric surgery‡	a) Restrictive procedures	1	1	Yes
	b) Malabsorptive procedures	COCs: 3	3	Yes
Breast disease/	a) Undiagnosed mass	2*	2*	Yes
Breast Cancer	b) Benign breast disease	1	1	Yes
	c) Family history of cancer	1	1	Yes
	d) Breast cancer:‡			
	i) current	4	4	Yes
	ii) past and no evidence of current disease for 5 years	3	3	Yes

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill/injection		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Viral hepatitis	a) Acute or flare	3/4*	2		1	Yes
	b) Carrier/Chronic	1	1		1	Yes
Cirrhosis	a) Mild (compensated)	1			1	Yes
	b) Severe‡ (decompensated)		4		3	Yes
Liver tumors	a) Benign:					
	i) Focal nodular hyperplasia		2		2	Yes
	ii) Hepatocellular adenoma‡		4		3	Yes
	b) Malignant‡		4		3	Yes
Gallbladder	a) Symptomatic:					
disease	(i) treated by cholecystectomy		2		2	Yes
	(ii) medically treated		3		2	Yes
	(iii) current		3		2	Yes
	b) Asymptomatic		2		2	Yes
History of	a) Pregnancy-related		2		1	Yes
Cholestasis	b) Past COC-related		3		2	Yes
Systemic lupus erythematosus‡	a) Positive (or unknown) antiphospholipid antibodies		4		(C)	Yes
	b) Severe thrombocytopenia		2		2	Yes
	c) Immunosuppressive treatment	2			2	Yes
	d) None of the above	2 2		Yes		
Rheumatoid	a) On immunosuppressive therapy	2 1		1	Yes	
arthritis	b) Not on immunosuppressive		2		1	Yes
Blood Conditions?	therapy					
bioou conditions:						
Epilepsy‡	(see also Drug Interactions)		*		1*	Yes
Tuberculosis‡	a) Non-pelvic		[*		1*	Yes
(see also Drug	b) Pelvic		L  *		1*	Yes
Interactions)	b) reivic	4			ı	165
HIV	High risk		1		1	Yes
	HIV infected	1	*		1*	Yes
	(see also Drug Interactions)‡	-			•	
	AIDS	1	L*		1*	Yes
	(see also Drug Interactions) ‡	If on treatment, see Drug Interaction				
	Clinically well on therapy					
Antiretroviral therapy	a) Nucleoside reverse	1	L*		1	Yes
шегару	transcriptase inhibitors				24	V
	b) Non-nucleoside reverse	2	2*		2*	Yes
	transcriptase inhibitors					
	<ul><li>c) Ritonavir-boosted protease inhibitors</li></ul>		3*		3*	Yes
Anticonvulsant	a) Certain anticonvulsants		*		3*	Yes
therapy	(phenytoin, carbamazepine,				+HH	
	barbiturates, primidone,					
	topiramate, oxcarbazepine)					
	b) Lamotrigine		)*		1	Yes
Antimicrobial	a) Broad spectrum antibiotics		1		1	Yes
therapy	b) Antifungals		1		1	Yes
	c) Antiparasitics		1		1	Yes
	d) Rifampicin or rifabutin therapy		*		2*	Yes

Alphabetical Listing of USMEC Contraceptive Eligibility By Disease State

Condition	Sub-condition	Combined pill, patch,		Progestin-only pill/injection		Other Contraception Options Indicated for Patient	
Dyonat dis/	NH II	Initiating	Continuing	Initiating	Continuing	V	
Breast disease/ Breast Cancer	a) Undiagnosed mass		2*		2*	Yes	
	b) Benign breast disease		1		1	Yes	
	c) Family history of cancer	1			1	Yes	
	d) Breast cancer‡ i) current	A			4	Yes	
	ii) past and no evidence of current disease for 5 years		3		3	Yes	
Breastfeeding	a) < 1 month postpartum		3*		2*	Yes	
(see also Postpartum)	b) 1 month or more postpartum		2*		1*	Yes	
Cervical cancer	Awaiting treatment		2		1	Yes	
Cervical ectropion			1		1	Yes	
Cervical intraepithelial neoplasia			2		1	Yes	
Cirrhosis	a) Mild (compensated)		1		1	Yes	
	b) Severe‡ (decompensated)		4		3	Yes	
Cystic Fibrosis	) II. ( CDIM (DD		1*		1*	Yes	
Deep venous thrombosis	a) History of DVT/PE, not on anticoagulant therapy						
(DVT) /Pulmonary	i) higher risk for recurrent DVT/PE		4		2	Yes	
embolism (PE)	ii) lower risk for recurrent DVT/PE		3		2	Yes	
	b) Acute DVT/PE		4		2	Yes	
	c) DVT/PE and established on anticoagulant therapy for at least 3 months						
	i) higher risk for recurrent DVT/PE		4*		2	Yes	
	ii) lower risk for recurrent DVT/PE		3*		2	Yes	
	d) Family history (first-degree relatives)		2		1	Yes	
	e) Major surgery						
	(i) with prolonged immobilization		4		2	Yes	
	(ii) without prolonged immobilization		2		1	Yes	
	f) Minor surgery without immobilization		1	1		Yes	
Depressive disorders			1*	1*		Yes	
Diabetes mellitus (DM)	a) History of gestational DM only     b) Non-vascular disease		1	1		Yes	
Diabetes mellitus	(i) non-insulin dependent		2		2	Yes	
(cont.)	(ii) insulin dependent‡		2		2	Yes	
	c) Nephropathy/ retinopathy/ neuropathy‡	3	/4*		2	Yes	
	d) Other vascular disease or diabetes of >20 years' duration‡	3	/4*		2	Yes	
Endometrial cancer‡			1		1	Yes	
Endometrial hyperplasia			1		1	Yes	
Endometriosis	( ) D 1: " )		1		1	Yes	
Epilepsy‡ Gallbladder	(see also Drug Interactions) a) Symptomatic		1*		1*	Yes	
disease	(i) treated by cholecystectomy		2		2	Yes	
	(ii) medically treated		3	2		Yes	
	(iii) current	++++++	3		2	Yes	

	b) Asymptomatic	ase se	Yes			
	Sub-condition	Combined pill, patch, ring		Progestin-only pill/injection		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Gestational	a) Decreasing or		1		1	Yes
trophoblastic disease	undetectable ß-hCG levels					
discuse	b) Persistently elevated		1		1	Yes
	ß-hCG levels or					
Headaches	malignant disease‡ a) Non-migrainous	1*	2*	1*	1*	Yes
Headacties	b) Migraine	1.	Ζ.	1.	1.	165
	i) without aura, age <35	2*	3*	1*	2*	Yes
	ii) without aura, age >35	3*		1*	2*	Yes
	iii) with aura, any age		4*	2*	3*	Yes
II:		4*	4*			Yes
History of bariatric	a) Restrictive procedures		1		1	
surgery‡	b) Malabsorptive procedures		Cs: 3		3	Yes
	2.0		R: 1			V.
History of	a) Pregnancy-related		2		1	Yes
cholestasis	b) Past COC-related	# 30 m 2000   20000   201	3		2	Yes
History of high blood pressure			2		1	Yes
during pregnancy						
History of pelvic surgery			1	1		Yes
HIV	High risk		1		1	Yes
	HIV infected	1*		1*		Yes
	(see also Drug Interactions)‡	-		-		163
	AIDS		1*		1*	Yes
	(see also Drug Interactions) ‡					
	Clinically well on therapy	If on treatment, see Drug Interactions.				
Hyperlipidemias	247	2/3*		2* 1*		Yes
Hypertension	a) Adequately controlled hypertension			-	I*	Yes
	b) Elevated blood pressure levels					
	(properly taken measurements)					
	(i) systolic 140-159 or diastolic	+++	3		1	Yes
	90-99					
	(ii) systolic ≥160 or diastolic ≥100‡		4		2	Yes
	c) Vascular disease		4		າ	Yes
Inflammatory	(Ulcerative colitis, Crohn's			2 2		Yes
bowel disease	disease)	۷,	/3*		2	165
Ischemic heart	Current and history of		4	2	3	Yes
disease‡	-	+	<del>                                     </del>			
Liver tumors	a) Benign					
	i) Focal nodular hyperplasia		2		2	Yes
	ii) Hepatocellular adenoma‡		4		3	Yes
M 1 :	b) Malignant‡		4		3	Yes
Malaria	( ) ))	A CHARLEST CONTRACTOR CONTRACTOR	1		1	Yes
Multiple risk factors for	(such as older age, smoking, diabetes and hypertension)	3,	/4*		2*	Yes
arterial	diazetes and hypertension)		+++++			
cardiovascular						
disease						
Obesity	a) ≥30 kg/m² body mass index		2		1	Yes
	(BMI)		2		1	Voc
	<li>b) Menarche to &lt; 18 years and ≥ 30 kg/m<sup>2</sup> BMI</li>		2		1	Yes
Ovarian cancer‡	<u> </u>		1		1	Yes
Parity	a) Nulliparous		1		1	Yes
	b) Parous		1		1	Yes
Past ectopic	,		1		2	Yes
pregnancy	1					

Alphabetical Listing of USMEC Contraceptive Eligibility By Disease State

		Aiphaben	cai Listing of	OSMEC
Condition	Sub-condition	Combined pill, patch, ring	Progestin-only pill/injection	Other Contraception Options Indicated for Patient
D.1.	22.0	Initiating Continuing	Initiating Continuing	
Pelvic inflammatory	a) Past, (assuming no current risk factors of STIs)			
disease	(i) with subsequent pregnancy	1	1	Yes
	(ii) without subsequent	1	1	Yes
	pregnancy			
Peripartum	b) Current a) Normal or mildly impaired	1	1	Yes
cardiomyopathy‡	cardiac function			
	(i) < 6 months	4	1	Yes
	(ii) ≥ 6 months	3	1	Yes
	b) Moderately or severely impaired cardiac function	4	2	Yes
Postabortion	a) First trimester	1*	1*	Yes
	b) Second trimester	1*	1*	Yes
	c) Immediately post-septic abortion	1*	1*	Yes
Postpartum	a) < 21 days	4	1	Yes
(see also	b) 21 days to 42 days			
Breastfeeding)	(i) with other risk factors for VTE	3*	1	Yes
	(ii) without other risk factors for VTE	2	1	Yes
	c) > 42 days	1	1	Yes
Postpartum (in breastfeeding or	a) < 10 minutes after delivery of the placenta			
non-breastfeeding	b) 10 minutes after delivery of the			
women, including post-cesarean	placenta to < 4 weeks			
section)	c) ≥ 4 weeks			
Pregnancy	d) Puerperal sepsis	NA*	NA*	NA*
Rheumatoid	a) On immunosuppressive	2	1	Yes
arthritis	therapy b) Not on immunosuppressive			Yes
0.1:4	therapy	2	1	
Schistosomiasis	a) Uncomplicated b) Fibrosis of the liver‡	1	1 1	Yes Yes
Severe	b) Fibrosis of the liver+	1	1	Yes
dysmenorrhea		1	1	
Sexually transmitted	a) Current purulent cervicitis or chlamydial infection or gonorrhea	1	1	Yes
infections (STIs)	b) Other STIs (excluding HIV and hepatitis)	1	1	Yes
Sexually transmitted infections	c) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	1	1	Yes
(cont.)	d) Increased risk of STIs	1	1	Yes
Smoking	a) Age < 35	2	1	Yes
	b) Age $\geq$ 35, < 15 cigarettes/day		1	Yes
a 11.1	c) Age ≥ 35, ≥15 cigarettes/day		1	Yes
Solid organ transplantation‡	a) Complicated	2*	2 2	Yes Yes
Stroke‡	b) Uncomplicated History of cerebrovascular	L*	2 3	Yes
od okc <sub>T</sub>	accident		2 3	163
Superficial	a) Varicose veins	1	1	Yes
venous thrombosis	b) Superficial thrombophlebitis	2	1	Yes
Systemic lupus	a) Positive (or unknown)	4	3	Yes
erythematosus‡	antiphospholipid antibodies b) Severe thrombocytopenia	2	2	Yes
	c) Immunosuppressive treatment	2	2	Yes
	d) None of the above	2	2	Yes
Thrombogenic		4*	2*	Yes
mutations‡				

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill/injection		Other Contraception Options Indicated for Patient	
		Initiating Continuing		Initiating Continuing			
Thyroid disorders	Simple goiter/ hyperthyroid/hypothyroid.		1	1		Yes	
Tuberculosis‡ (see also Drug Interactions)	a) Non-pelvic		*		[*	Yes	
	b) Pelvic		[*		[*	Yes	
Unexplained vaginal bleeding	(suspicious for serious condition) before evaluation	2	2*	2	2*	Yes	
Uterine fibroids			1		1	Yes	
Valvular heart disease	a) Uncomplicated		2		1	Yes	
	b) Complicated‡		4		1	Yes	
Vaginal bleeding patterns	a) Irregular pattern without heavy bleeding	1		2		Yes	
	b) Heavy or prolonged bleeding	1	[*	2	2*	Yes	
Viral hepatitis	a) Acute or flare	3/4*	2		1	Yes	
	b) Carrier/Chronic	1	1		1	Yes	
Antiretroviral therapy (All other ARVs are 1 or 2 for all methods)	Fosamprenavir (FPV)	3	3*	2	2*	Yes	
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)		3*		3*	Yes	
	b) Lamotrigine		3*		1	Yes	
Antimicrobial	a) Broad spectrum antibiotics		1		1	Yes	
therapy	b) Antifungals		1	1		Yes	
	c) Antiparasitics		1	1		Yes	
	d) Rifampicin or rifabutin therapy		3*	+++++	3*	Yes	
SSRIs			1		1	Yes	
St. John's Wort			2		2	Yes	

I = initiation of contraceptive method; C = continuation of contraceptive method; NA = Not applicable
\* Please see the complete guidance for a clarification to this classification:
www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm

<sup>‡</sup> Condition that exposes a woman to increased risk as a result of unintended pregnancy.