

UKMEC 2025

Summary of key changes

Introduction

The UK Medical Eligibility Criteria (UKMEC) provides guidance on the safety of contraceptive methods for individuals with specific medical conditions or characteristics. The 2025 update introduces important changes that clinicians should be aware of to ensure safe and effective contraceptive care.

General principles

- UKMEC relates to safety, not efficacy.
- Absence of a condition does not guarantee safety.
- Recommendations apply to contraceptive use only.
- Multiple UKMEC 2 categories may indicate cumulative risk; use clinical judgment.
- Multiple UKMEC 3 categories may pose an unacceptable health risk.
- Multiple risk factors are defined as more than one risk factor.
- Drug interactions should be considered separately.

Main changes in UKMEC 2025

New conditions

Topic	Key evidence/clarification
Multiple sclerosis	<p>Some evidence exists that individuals with multiple sclerosis (MS) are at higher risk of venous thromboembolism (VTE) than those without MS. This is likely due mostly to immobility. There is therefore the need to differentiate individuals with MS with prolonged immobility from those without.</p> <p>MS patients have a 1.2-fold increased risk of any fracture.</p>
Chronic kidney disease	<p>All severities of kidney disease appear to be associated with an increased risk of venous thromboembolism, therefore combined hormonal contraceptives (CHC) are not a suitable option.</p> <p>Use of depot medroxyprogesterone acetate (DMPA) should be carefully considered due to the negative impact on bone health in this population.</p>
Sickle cell trait	<p>There is a small increase in the risk of VTE with sickle cell trait, therefore alternatives to CHC should be prioritised.</p>

Updated conditions

- **Conditions with increased risk of thrombosis**

Five observational studies found evidence of a small increased risk of VTE with DMPA use compared to no hormonal contraception. The overall risk remains low and is likely to be lower than the risk of VTE with combined hormonal contraception. Conditions and characteristics that also increase a person's risk of VTE have been reviewed throughout the UKMEC and categories have been upgraded as shown below. 'Multiple risk factors for VTE' has also been added.

Condition	Previous category DMPA	New category DMPA
Postpartum with other risk factors for VTE	2	3
BMI > 35	1	2
Superficial venous thrombosis	1	2
Known thrombogenic mutations	2	3
Ovarian cancer	1	2
Endometrial cancer	1	2
Inflammatory bowel disease	1	2
Sickle cell disease	1	2
Positive antiphospholipid antibodies	2	3

- **Stroke and LNG-IUD**

Three observational studies found no evidence of increased risk of stroke with LNG-IUD. Therefore, UKMEC 3 for continuation has been removed.

- **Anxiety and mood disorders (has replaced depression)**

Categories have been removed and replaced with an overarching statement. There is not consistent evidence that hormonal contraceptives (HCs) worsen or improve anxiety or mood (affective) disorders in those with pre-existing conditions. When starting hormonal contraception, clinicians should provide individualised counselling and advise patients to monitor their mood, seeking follow-up with their healthcare provider if they notice a deterioration.

Other changes

- E-cigarettes: clarification added around use of e-cigarettes.
- Hypertension: updated to reflect NICE classification of blood pressure.
- Cervical intraepithelial neoplasia (CIN): now includes high-risk human papillomavirus (HPV).
- Definitions for past/current breast cancer have been updated.
- Sexually transmitted infections (STI): updated to include M Gen and simplify classifications.
- HIV: shift towards person-centred language.