

## Reproductive and Sexual Health



# Webinar: The IDC and the A-B-Cs of Sexual Health

5 April 2016

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**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

**The views expressed in this briefing are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U. S. Government**

- **CAPT Charmagne. G Beckett, USN, MD, MPH, FACP**
  - Officer-in-Charge, Navy Bloodborne Infection Management Center (NBIMC)
  - Associate Professor of Medicine, Uniformed Services University of the Health Sciences
- **CAPT R. Lee Biggs, USN, DO, MPH, FACOG**
  - Director, Surgical Services, U.S. Naval Hospital Naples
- **Michael R. (Bob) MacDonald, MS, CHES**
  - Sexual Health and Responsibility Program (SHARP), Navy and Marine Corps Public Health Center



# Webinar Courtesy

- Good Morning and thank you for joining us!
- To listen to the presentation, use the dial in:
  - 877-885-1087; Passcode: 1357291372#
- We ask that all participants please mute your phone lines either by pressing \*6 or the mute button on your phone.
- Please do not put your phone on hold at any point during the call.
- The slides and audio will be archived on the NMCPHC webpage at:  
<http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>



# Learning Objectives

- LARC and the IUD in Operational Settings
- HIV and PrEP in Operational Settings
- HPV Vaccination
- Chlamydia Screening and Prevention
- Sexual Health Promotion in Operational Settings

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LARC = Long Acting Reversible Contraception

IUD = Intrauterine Device

HPV = Human Papillomavirus

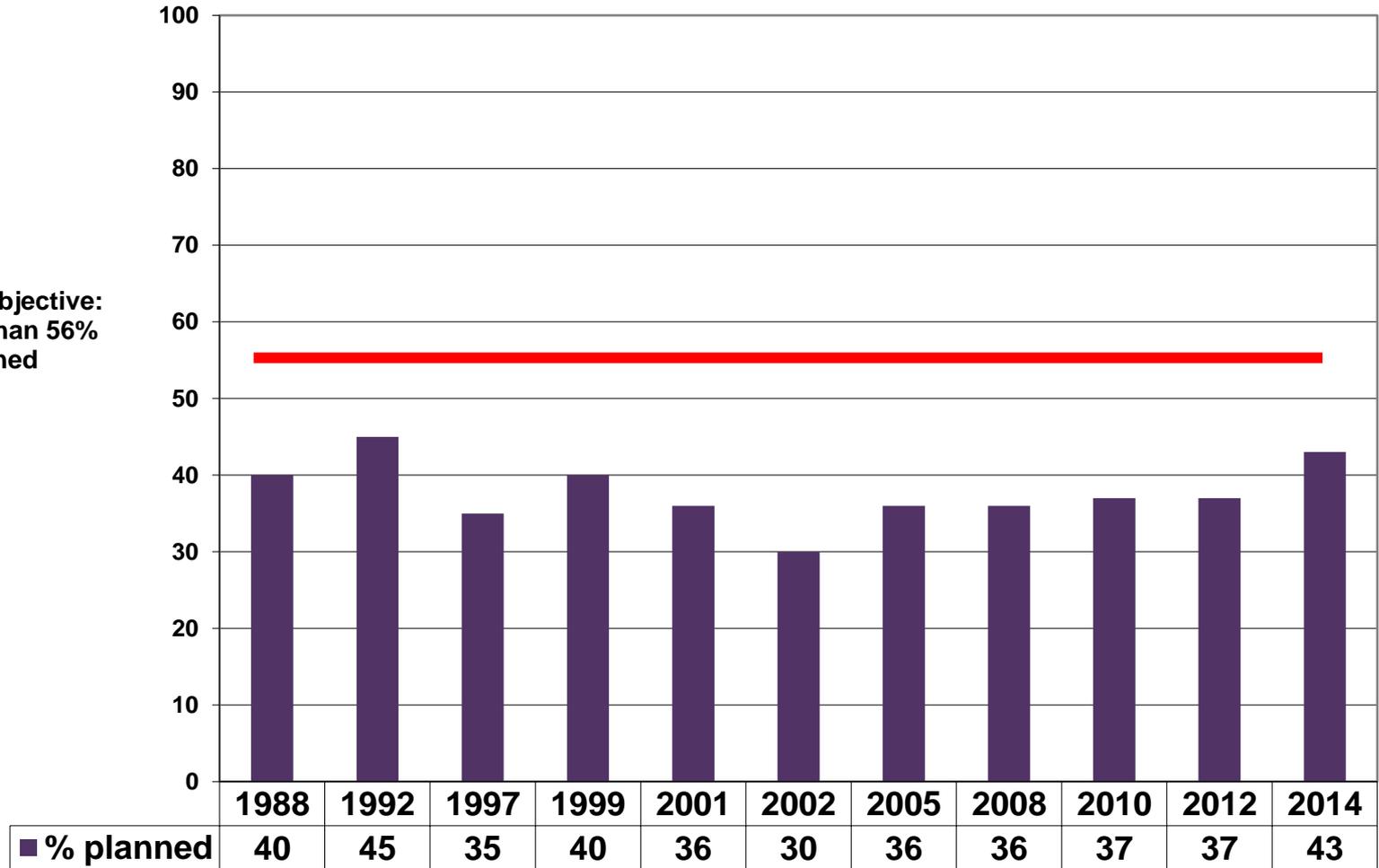




# Percent who said "My Last Pregnancy While in the Navy was Planned" Among Navy Enlisted Women

(Navy Pregnancy and Parenting Surveys: NPRDC 1996, 1998; and NPRST 2001, 2002, 2004, 2006, 2008, 2010, 2012, 2014)

HP 2020 objective:  
not less than 56%  
planned



# General Pregnancy Questions *Enlisted*

Source: Results of the 2014 Pregnancy and Parenthood Survey. Office of Women's Policy (N134W), 19 March 2015

The third way of looking at pregnancy is based upon the most recent pregnancy while in the Navy; the remainder of the results are based on this. Of enlisted women who are assigned to sea duty, 69% are on their first sea duty tour. Thirty-six percent of all enlisted women who have become pregnant while in the Navy are single when they become pregnant.

	Enlisted								
	1997	1999	2001	2003	2005	2008	2010	2012	2014
Was this pregnancy planned?	35	40	36	35	36	36	37	37	43
Were you using birth control?	21	27	30	32	29	31	34	29	29
Used infertility treatment*	---	---	---	---	---	---	1	0	4▲
Was the father in the military?	72	71	73	75	73	70	70	71	67
Moved due to pregnancy	33	37	31	35	40	42	45	42	43
Orders to next duty station?	---	---	---	---	---	---	17	15	17
Orders to ship or deployable squadron?***	17	9	8	11	12	14	5	5	5

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

\* Prior to 2014, question asked only about IVF.

\*\* Includes only those currently not on ship/deployable squadron/other deployable unit.

▲ indicates significant change as compared to 2012.



# Pregnancy While Assigned to Deployable Ship/Squadron/Unit

Source: Results of the 2014 Pregnancy and Parenthood Survey. Office of Women's Policy (N134W), 19 March 2015

Of those who became pregnant while assigned to a ship, deployable squadron, or other deployable unit (37% of enlisted and 11% of officer women) during their most recent pregnancy, 69% of enlisted women and 50% of officer women indicated they were on their first sea duty tour. Most had just returned from deployment (on average, about 136 days for enlisted and 95 days for officers since return) or were in an IA.

Where was your ship in the operational cycle when you became pregnant?\*

	Enlisted	Officer
In precommissioning crew	4	0
In IA scheduled for less than six months	17	30
In IA scheduled for six months or longer	31	14
Deployed	14	12
Returned from deployment	34	44

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy. Includes only those on ship/deployable squadron/other deployable unit when they became pregnant.

\* Answer choices changed in 2014 so results not comparable to previous years.



# Best Time for Enlisted Women to Parent

Source: Results of the 2014 Pregnancy and Parenthood Survey. Office of Women's Policy (N134W), 19 March 2015

When in a Navy career is the BEST time for \_\_\_\_\_

	Enlisted				Officer			
	Women		Men		Women		Men	
	Pregnant	Adopt	Pregnant	Adopt	Pregnant	Adopt	Pregnant	Adopt
Not Sure	9	24	23	33	16	23	25	32
Never	13	12	7	6	5	5	4	3
Whenever	22	22	19	21	14	17	14	18
After Career Milestone	9	7	9	9	9	9	10	9
Shore Duty	47	35	41	32	57	46	48	38
Sea Duty	0	0	0	0	0	0	0	0

Note: "After her first operational tour," "After her first enlistment," and "After advancing to E4" combined into "After Career Milestone" above; "During shore duty, but not after getting orders to sea duty" and "After receiving orders to shore duty, if the ship/squadron is not deploying" combined into "Shore Duty" above.



# Pregnancy to Avoid Deployment

Source: Results of the 2014 Pregnancy and Parenthood Survey. Office of Women's Policy (N134W), 19 March 2015

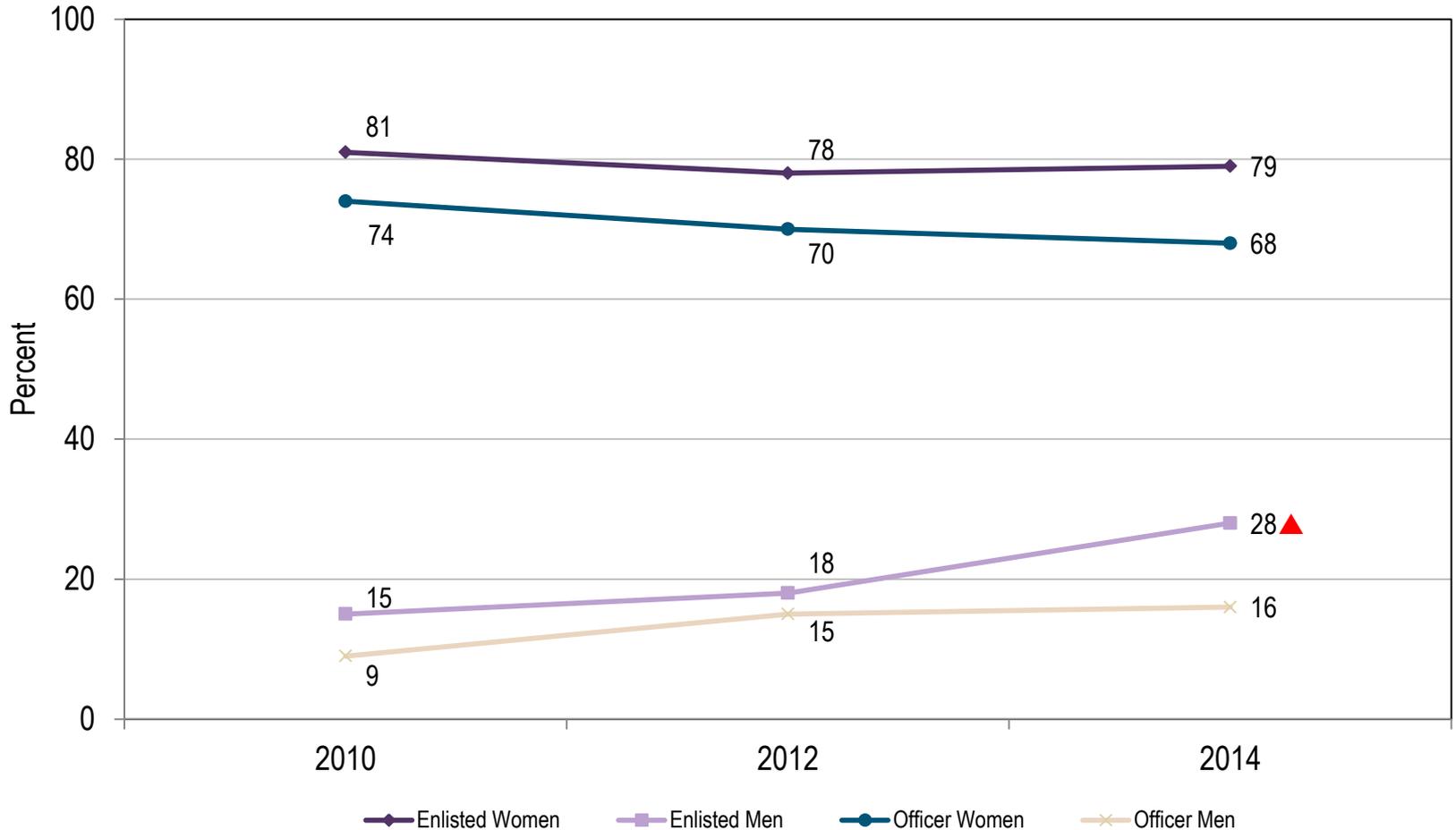
Would you intentionally become pregnant to avoid a deployment or scheduled Individual Augmentee (IA) period?

	Enlisted				Officer			
	2008	2010	2012	2014	2008	2010	2012	2014
Yes	4	3	1	1	5	3	3	2
No	96	98	99	99	95	97	97	98



# Birth Control Discussed with Medical in the Last Year

Source: Results of the 2014 Pregnancy and Parenthood Survey. Office of Women's Policy (N134W), 19 March 2015



Note: Question wording changed in 2012 from "During my last physical exam, birth control options were discussed" to "In the last year, has a medical provider discussed birth control options with you?"

▲ indicates significant change as compared to 2012.



# Reasons for not Discussing Family Planning

Source: Results of the 2014 Pregnancy and Parenthood Survey. Office of Women's Policy (N134W), 19 March 2015

Why haven't you discussed family planning with anyone?

	Enlisted		Officer	
	Women	Men	Women	Men
Not yet prepared to think about	37	38	23	24
Concerned about what others might think	7	2	6	2
Not comfortable discussing family planning	12	8	9	6
Have received sufficient training	9	16	14	19
Don't plan to have family while in the Navy	24	16	22	18
Too busy with Navy job	15	22	11	10
Lack of mentorship	17	8	15	10
Might hurt career	12	3	11	3
Other	17	22	30	29

Note: Only includes those who left previous question blank or marked "No one" (32%, 36%, 20%, and 33%, respectively). Multiple responses allowed.



# Health Care Providers- *Enlisted*

Source: Results of the 2014 Pregnancy and Parenthood Survey. Office of Women's Policy (N134W), 19 March 2015

## Percent "Agree" or "Strongly Agree"

	Women						Men					
	2003	2005	2008	2010	2012	2014	2003	2005	2008	2010	2012	2014
I would feel comfortable getting birth control from a military physician/nurse practitioner/physician's assistant.	--	--	89	87	86	84	--	--	78	79	77	72
I would feel comfortable getting birth control from a Independent Duty Corpsman.*	58	66	72	72	72	65▼	65	69	71	74	72	69
I would feel comfortable getting birth control from the medical personnel aboard ship.	65	68	72	72	71	64▼	65	68	67	70	70	65
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	35	47	43	43	44	52▲	35	46	43	38	45	49

Please indicate how well each statement reflects your beliefs.

Note: \* Wording changed between 2003 and 2005, when questions asked about "corpsman".

▲, ▼ indicate significant change as compared to 2012.



# Reasons for Not Using Birth Control *Enlisted*

Source: Results of the 2014 Pregnancy and Parenthood Survey. Office of Women's Policy (N134W), 19 March 2015

Those who indicated they do not use birth control were asked why not. For enlisted women, the most common "Other" reason was homosexuality (41%). For enlisted men, the most common "Other" reason related to being married (13%), followed by homosexuality (12%).

## Why don't you use birth control?

	Women					Men				
	2005	2008	2010	2012	2014	2005	2008	2010	2012	2014
Do not have sex	19	19	20	18	17	19	14	16	19	17
Not fertile	6	3	5	6	3	6	5	4	5	5
Religion or personal beliefs do not permit	3	4	5	3	5	6	3	5	4	4
Do not want to	16	18	22	21	16	20	17	29	27	24
Not comfortable discussing or getting	---	---	3	3	5	---	---	5	7	5
Pregnant or trying to get pregnant	31	32	31	30	30	17	20	24	23	20
Other	23	23	14	20	24	29	39	17	15	25

Note: On the 2008 and 2010 survey, hysterectomy was listed as a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control (sterilization).  
 In 2012, the "Other" answer included a write-in space, and responses were read to determine if they could be recoded into preexisting categories. The write-in was not included prior to 2010.



# Birth Control on Deployment

Source: Results of the 2014 Pregnancy and Parenthood Survey. Office of Women's Policy (N134W), 19 March 2015

Those who received birth control before going on their most recent deployment were asked if they received enough birth control to cover deployment. Of those who did not indicate that the question did not apply, 16% of enlisted women and 18% of officer women indicated no (2% of each group was still deployed so did not yet know).

Did you receive birth control before going on your most recent deployment?

	Enlisted	Officer
Yes, and I kept it with me	35	55
Yes, and it was kept with the IDC/unit medical	5	4
No, and I didn't ask	7	8
No, I was denied because the facility did not have the ability to store it	1	1
No, I was denied a long term prescription for some other reason	0	0
N/A	52	32

Note: Of those women who use a short-term prescription form of birth control.



# Long-Acting Reversible Contraceptives - Women

Source: Results of the 2014 Pregnancy and Parenthood Survey. Office of Women's Policy (N134W), 19 March 2015

% "Yes"

	Enlisted		Officer	
	2012	2014	2012	2014
At your last physical exam, did you and your medical provider discuss the advantages and disadvantages of using LARCs?	51	44▼	31	33
Have you had a discussion with someone outside of the medical field about the advantages and disadvantages of using LARCs?	44	29▼	31	28
Do you feel you understand the advantages and disadvantages of LARC enough that you could explain them to another woman?	65	52▼	55	53

▼ indicates significant change as compared to 2012.



# About IUDs and Nexplanon...

	Non-contraceptive benefits	Side effects	Complications (Rare)
Copper IUD - <i>Paragard</i>	<ul style="list-style-type: none"> <li>-Lactation not disturbed</li> <li>-Reduced risk of ectopic pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>-Increased menstrual flow, blood loss and cramping</li> </ul>	<ul style="list-style-type: none"> <li>-PID following insertion</li> <li>-Uterine perforation</li> <li>-Bleeding with expulsion</li> </ul>
Hormonal IUS - Mirena	<ul style="list-style-type: none"> <li>-Lactation not disturbed</li> <li>-Reduced risk of ectopic pregnancy</li> <li>-Decreased cramping and pain</li> <li>-Treats bleeding from dysfunctional uterine bleeding, menorrhagia &amp; fibroids</li> </ul>	<ul style="list-style-type: none"> <li>-Increased irregular bleeding</li> <li>-Increased amenorrhea</li> <li>-Decreased menstrual flow</li> </ul>	<ul style="list-style-type: none"> <li>-PID following insertion</li> <li>-Uterine perforation</li> <li>-Bleeding with expulsion</li> </ul>
Hormonal Implant - Nexplanon	<ul style="list-style-type: none"> <li>-Lactation not disturbed</li> <li>-Less blood loss per cycle</li> <li>-Reduced risk of ectopic pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>-Menstrual changes</li> <li>-Mood changes</li> <li>-Weight gain or loss</li> <li>-Headaches</li> <li>-Hair loss</li> </ul>	<ul style="list-style-type: none"> <li>-Infection at implant site</li> <li>-Reaction to local anesthesia</li> <li>-Complicated removal</li> <li>-Depression</li> </ul>

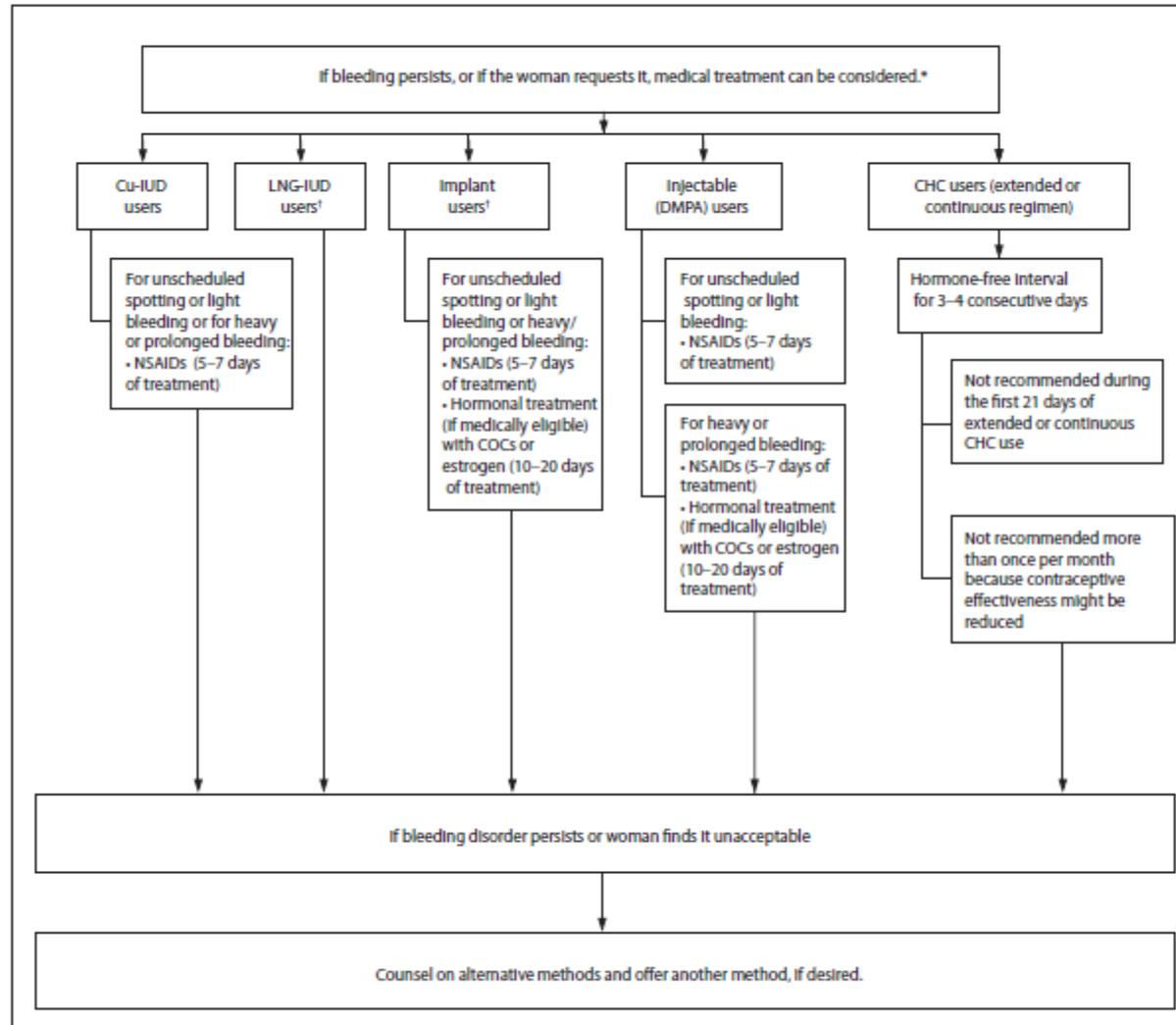


Myth	Fact*
IUDs should not be used in women who have not had a child	IUDs are safe for nulliparous women and most have a rapid return of fertility after removal
IUDs expose the provider to medicolegal risk	Litigation related to IUDs has virtually disappeared
IUDs increase the risk of PID	The IUD itself appears to have no effect on risk. Rather, placement carries a small, transient risk of post-procedure infection.
IUDs increase the risk of ectopic pregnancy	IUDs significantly reduce the risk of ectopic pregnancy compared to not using contraception.
IUDs increase the risk of Sexually Transmitted Infections (STIs)	IUD users are not at increased risk for STIs. Women at risk should be advised to use condoms but are generally still good candidates for IUCs
IUDs are too expensive	By 2-5 years of use, IUDs and the hormonal implant are the two most cost-effective methods of reversible contraception.



## Appendix E

### Management of Women with Bleeding Irregularities While Using Contraception

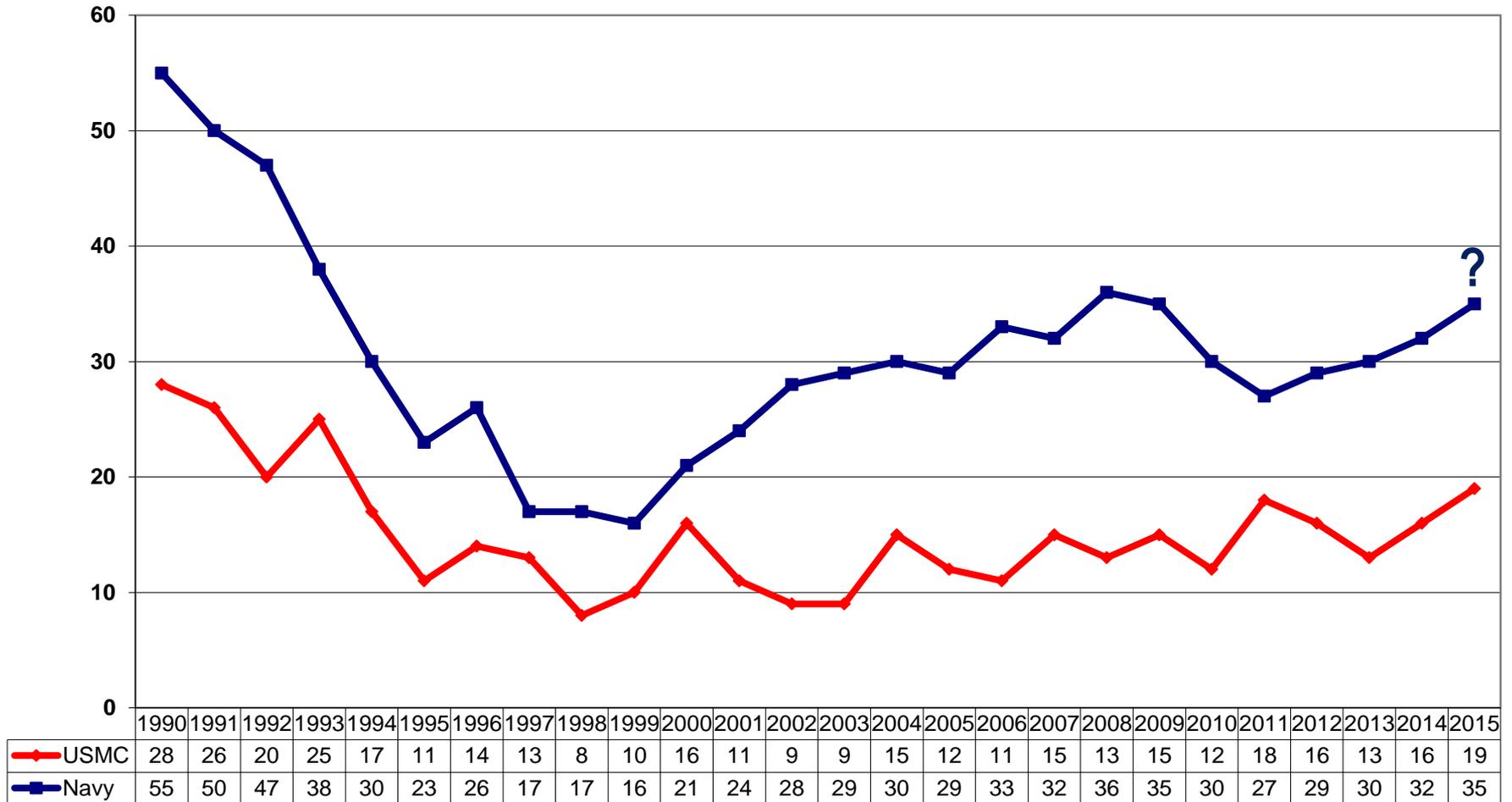


**Abbreviations:** CHC = combined hormonal contraceptive; COC = combined oral contraceptive; Cu-IUD = copper-containing intrauterine device; DMPA = depot medroxyprogesterone acetate; LNG-IUD = levonorgestrel-releasing intrauterine device; NSAIDs = nonsteroidal antiinflammatory drugs.

\* If clinically warranted, evaluate for underlying condition. Treat the condition or refer for care.

† Heavy or prolonged bleeding, either unscheduled or menstrual, is uncommon.

Navy and Marine Corps Public Health Center  
**HIV Seroconversion Rates per 100,000 Active Duty Sailors and Marines Tested**  
 source: Navy Bloodborne Infections Management Center, unpublished data



# HIV Treatment and HIV PrEP Operational and OCONUS

- Policy: Assignment of Members Living with HIV
- HIV Treatment Meds and Side-effects
- Operational and OCONUS Assignment of Members Living with HIV
  
- Assignment of Members Using HIV PrEP
- PrEP should not be started for the first time while underway --- members who are already started and stable should be manageable after the initial 3-6 months
- HIV PrEP Meds and Side-effects
- Operational management of Members Using HIV PrEP

MILPERSMAN 1300-1300  
SECNAVINST 5300.30E



# HIV PrEP Eligibility

**Table 1: Summary of Guidance for PrEP Use**

	Men Who Have Sex with Men	Heterosexual Women and Men	Injection Drug Users
Detecting substantial risk of acquiring HIV infection	HIV-positive sexual partner Recent bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive sexual partner Recent bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work  In high-prevalence area or network	HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)
Clinically eligible	Documented negative HIV test result before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function; no contraindicated medications Documented hepatitis B virus infection and vaccination status		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90-day supply		
Other services	Follow-up visits at least every 3 months to provide the following: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STI symptom assessment At 3 months and every 6 months thereafter, assess renal function Every 6 months, test for bacterial STIs		
	Do oral/rectal STI testing	Assess pregnancy intent Pregnancy test every 3 months	Access to clean needles/syringes and drug treatment services

STI: sexually transmitted infection

HIV PrEP Clinical Practice Guidelines (CDC)  
<http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>  
 [accessed 9 July 2015]



# HIV PrEP Overview

- Daily oral tenofovir disoproxil fumarate (TDF) 300 mg and emtricitabine (FTC) 200 mg (**Truvada**) is safe and effective in reducing risk of sexual HIV in adults; recommended as one prevention option for:
  - sexually-active adult MSM at substantial risk of HIV acquisition
  - adult heterosexually active men and women who are at substantial risk of HIV acquisition.
  - adult injection drug users (IDU) at substantial risk of HIV acquisition.
  - discuss with heterosexually-active women and men whose partners are known to have HIV infection as one of several options to protect the uninfected partner during conception and pregnancy so that an informed decision can be about benefits and risks of PrEP for mother and fetus.
- The data on the efficacy and safety of PrEP for adolescents are insufficient.
- HIV infection must be excluded by symptom history and HIV testing immediately before PrEP is prescribed.
- The only FDA approved and recommended regimen for PrEP is daily Truvada.
  - TDF alone can = alternative with IDUs and heterosexually active adults but not for MSM.
- PrEP for coitally-timed or other non-continuous daily use is not recommended.
- HIV infection should be assessed at least every 3 months - Truvada is inadequate therapy for established HIV infection/engender resistance to either or both drugs.
- Renal function should be assessed at baseline and monitored at least every 6 months.
- Risk-reduction services initially and every encounter.



# HIV PrEP Clinical Resources

- HIV PrEP Clinical Practice Guideline (CDC)  
<http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>
- HIV PrEP Clinical Providers Supplement (CDC)  
<http://www.cdc.gov/hiv/pdf/preprovidersupplement2014.pdf>
- HIV PrEP Webinar Series (NACCHO)  
<http://www.naccho.org/topics/HPDP/hivsti/prep.cfm>
- HIV PrEP Clinical Consultation Center (UCSF)  
<http://nccc.ucsf.edu/2014/09/29/introducing-the-ccc=prepline/>
- Webinar HIV PrEP in DoD (Aug 2015)  
<http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>



# HPV Vaccination

- Males and females age 9-26
- HPV2; HPV4; HPV9
- 3 doses over 6 months
- Protects against:
  - 90% of genital warts
  - 70% of cervical cancers and other cancers of the penis, anus, head, neck and throat
- Not offered in boot camps
- Not listed on IMR vaccination list
- Ask at PHA: “Have you started – have you finished?”

**GOT YOUR HPV VACCINATIONS?**

Most cervical cancer (70%) and genital warts (90%) are caused by 4 types of the Human Papillomavirus (HPV)

**9-26**

For men and women aged 9-26

HPV vaccine can help protect you. Ask your Navy Doc.

Available now in Navy medical facilities

Be sure to get all 3 doses. Have you started? Have you finished?

After your vaccinations... HPV vaccine does not protect against all HPV types and does not prevent other sexually transmitted infections (STIs). >> Women should continue getting screened for cervical cancer (regular Pap tests). >> Use condoms correctly and every time if you are concerned about other STIs.

Learn More

June 2013

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The graphic is a purple and white informational poster. At the top, it asks 'GOT YOUR HPV VACCINATIONS?' and states that most cervical cancer and genital warts are caused by 4 types of HPV. It features four shield icons representing HPV 6, 11, 16, and 18. The age group '9-26' is prominently displayed with a row of human figures below it. The text 'HPV vaccine can help protect you. Ask your Navy Doc.' is followed by an icon of a medical facility and the text 'Available now in Navy medical facilities'. To the right, three syringe icons are shown with the text 'Be sure to get all 3 doses. Have you started? Have you finished?'. A QR code and 'Learn More' link are in the bottom left. The bottom right includes the Navy and Marine Corps Public Health Center logo and the text 'PREVENTION AND PROTECTION START HERE' along with the date 'June 2013'.

# Chlamydia Screening

- 5000+ cases annually
- Over 85% asymptomatic in women
- Increases risk of
  - PID
  - ectopic pregnancy
  - sterility
- Screen women (to age 24) annually
- PHA requirement

**Chlamydia** ...did you know?

**Can harm you...**

**#1**  
Most common bacterial sexually transmitted infection in the U.S., the Navy and the Marine Corps

Many young people have a silent infection but don't know it

An untreated infection can lead to pelvic inflammatory disease, and even leave a woman unable to have a baby

5 to 11% of women aged 15-24 seen in U.S. family planning clinics tested positive in 2011. Young men can have silent infections too.

**but doesn't have to...**

Sexually active women up to age 25 should ASK for a test every year

Condoms used correctly and every time reduce the risk

If you have chlamydia, tell your recent sexual partner(s) to get tested

Learn More  
  
June 2013

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# What Can the IDC Do?

- LARC-first screening at Indoc and during PHA
- Ask about HPV Vaccination at PHA
- Annual Ct Screening with PHA (women to age 24)
- Screen for pregnancy and HIV risk:
  - “Plan to have a baby in the next 12 months?”
    - LARC-first Family Planning
  - Sex with men, women or both in the past 12 months?”
    - HIV PrEP consideration for men with Syphilis and MSM
    - Annual syphilis and HIV test for MSM
- Access to condoms and ECP
- Conduct quality all-hands training

FOR ADULT-ONLY CLINICAL SETTINGS IN NAVY MEDICINE

## Ask Navy Medical

...about your sexual health

<p>Not planning on a pregnancy in the next 12 months?</p> <p>Want the most reliable and reversible birth control?</p> <p>Ask about the IUD or implant</p> 	 <p><b>HPV</b> vaccine can help protect men and women up to age 26 from genital warts and cervical cancer. Three shots are needed. Have you started? Have you finished?</p>	<p>Sexually active women up to age 25 should ask for a <b>Chlamydia</b> test every year</p> 
 <p>Do you know when your next <b>Pap</b> test is due?</p> <p>Ask your doc!</p>	 <p>Ask for an <b>HIV</b> test at least every year if you are a man who has sex with men, or if you have sex without a condom with casual partners</p>	<p>It's NOT-2-LATE</p> <p>The Emergency Contraceptive Pill is available without a prescription at every military pharmacy, ship and medical emergency dept.</p> <h3>Plan B</h3>

Learn More



January 2015



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# Resources

- *SHARP*News newsletter
- SHARP website
- HP Toolbox website
  - Message for CO's
  - POD notes
  - Activities
  - Posters / videos / fact sheets
- *SHARP Toolbox* DVD



# Resources - Lectures

- HIV in the Workplace
- HIV in the DoN
- For Ladies Only
- Reproductive Health
- Your Sexual Health



# Every 4 days...

another sailor gets HIV

...since 1985,  
over 4,700  
active duty sailors  
have been infected  
with HIV...



...enough to man  
an aircraft carrier

The most common way HIV is spread is through sex.

- You can't tell for sure if a person has HIV just by looking or asking.
- You can avoid HIV by having no sex, or delaying sex until later in life.
- You can avoid HIV by having sex with only one, faithful, HIV-free partner.
- You can greatly reduce risk by using a condom every time you have sex.

Protect yourself from HIV. We need you.

Learn more - [http://www.nmcpbc.med.navy.mil/healthyliving/sexual\\_health](http://www.nmcpbc.med.navy.mil/healthyliving/sexual_health)



## HIV happens...

### don't let it happen to you.

Each year, over 50,000 Americans get HIV, including about 100 sailors and marines. Abstinence and mutual monogamy can eliminate your risk. Condoms - worn every time - can greatly reduce your risk.

**Protect yourself.**

To learn more, visit <http://www.nmcpbc.med.navy.mil/healthyliving>

# HIV

...Sailors and Marines should know.

## HIV happens...

# 4

...every 4 days,  
another active duty  
Sailor or Marine  
is diagnosed with HIV.

...to women:  
in the U.S., about 1 of 5 people  
that got HIV last year is a  
woman.



...to men.  
Men who have unprotected sex  
with men are at highest risk  
of getting HIV.  
Men who have unprotected sex  
with women can also get HIV.

## But it doesn't have to...

# Rx

**HIV medicine**  
can greatly reduce your  
risk of getting HIV.  
You can take one pill each  
day - it's called PrEP.

- or -  
You can take HIV pills  
after an exposure - BUT  
you must start within  
72 hrs - it's called PEP.



Condoms used correctly  
and every time  
greatly reduce your risk.



Just pulling out,  
or just asking your partner if  
they have HIV  
are NOT safe strategies.



Ask for an HIV test every year  
if you are  
a man who has sex with men,  
or if you have  
sex without a condom  
with casual partners.



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April 2015



## Do you plan on having a baby in the next 12 months?

Don't want to worry about remembering birth control? This forgettable contraceptive method is over 99% reliable.

- >> Once placed under the skin of your arm by your doctor, there's nothing else you need for birth control.
- >> Lasts for up to 3 years.
- >> Have it removed, and you're ready for a baby.
- >> Most women have fewer, lighter periods.
- >> Irregular bleeding is the most common side effect.

The hormonal implant does not protect against sexually transmitted infections. Use condoms with the implant if you are concerned about STIs.



Photo source: Bob MacDonald; NMCPHC; May 2013

Some birth control methods, like the hormonal implant, are much more reliable than others.

Learn more about your birth control options >



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July 2013



Only 4 of 10 female sailors who became pregnant while in the Navy...

...say their last pregnancy was planned.

Got a plan?

Photo via US Navy contract



...some birth control methods are much more reliable than others

Learn more about your birth control options

<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/larc.aspx>

\*Among surveyed enlisted female sailors. Navy Personnel Research, Studies, and Technology: 2012 Pregnancy and Parenthood Survey, September 2013  
January 2016



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January 2016

## Hormones or no Hormones? You Decide

- >> IUDs are very reliable as birth control - over 99%
- >> Quickly placed.
- >> Very Safe.
- >> Nothing to remember.
- >> Work for 3, 5 or 12 years.
- >> Quick removal and you're ready to have a baby.
- >> OK for women who have never had a baby and for those who have.

The IUD does not protect against sexually transmitted infections. Use condoms with the IUD if you are concerned about STIs.



Photo source: Bob MacDonald; NMCPHC; May 2013

Some birth control methods, like intrauterine devices (IUDs), are much more reliable than others.

Learn more about your birth control options >



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

June 2013



# SHARP Resources - Films

- *Pregnancy and Parenting: Think Ahead* (2013)
- *Types of Contraception* (2012) (Best DoD Training Film for 2012)
- *Chart a Safe Course for Sexual Health* (2013)
- HPV Vaccination (2014)
- *Sexual Risk Assessment* (2013)
- *HIV-STI Prevention Counseling and Sexual Partner Referral* (2013)
- Liberty Brief (1996)
- *HIV and Me* (2006) // HIV Prevention (ecd 2016)
- Male Patient Sexual Risk Assessment (ecd 2016)
- Family Planning Counseling (ecd 2016)



# Closing Thoughts

- IUDs are well tolerated and easily managed
- LARC-first family planning screening at Indoc and during PHA
- HIV Treatment and HIV PrEP are easily managed
- Ask about HPV Vaccination at PHA
- Annual Ct Screening with PHA (women up to age 24)
- Screen for sexual health risk with skilled questions
- Conduct quality all-hands training – resources are available



# Questions, Concerns, Ideas?

Navy and Marine Corps Public Health Center  
Sexual Health and Responsibility Program (SHARP)  
620 John Paul Jones Circle, Suite 1100  
Portsmouth VA 23708



<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx>

e-mail:

michael.r.macdonald2.civ@mail.mil

voice: (757) 953-0974 [DSN 377]



- The slides and audio will be archived on the NMCPHC webpage at: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>
- Thank you for joining us and if you have any questions, please email Bob MacDonald at [michael.r.macdonald2.civ@mail.mil](mailto:michael.r.macdonald2.civ@mail.mil)

