



# Guidance for Presentation Facilitation

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# Agenda



- 1 | Abortion Care in the Military
- 2 | Department of Defense (DoD) and Defense Health Agency (DHA) Responses to *Dobbs vs. Jackson Women's Health Organization*
- 3 | New DoD Reproductive Health Care Policies and Navy Implementation Guidance
- 4 | Navy Bureau of Medicine and Surgery (BUMED) Office of Women's Health (OWH) Resources and Ongoing Efforts
- 5 | Question & Answer Session
- 6 | References and Resources



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# Abortion Care in the Military

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# Barriers to Female Force Readiness

Lack of access to comprehensive reproductive health care risks total force readiness and Naval superiority.



## UNPLANNED PREGNANCY IN THE NAVY AND MARINE CORPS

- **Unplanned pregnancy is one of the largest drivers of non-deployability** in the Navy and Marine Corps, with the military rate of unplanned pregnancy approximately 50% higher than the civilian rate<sup>1</sup>. Survey results demonstrate the **percentage of pregnancies that are planned among active duty Sailors have remained consistent** (59% planned pregnancies in 2016, 55% in 2018, and 54% in 2020), indicating a lack of progress in promoting family planning to support force readiness.
- Service members who give birth can be deferred from operational assignments including deployment, temporary additional duty (TAD), and Permanent Change of Station (PCS), for up to 12 months after delivery.

## BACKGROUND ON ABORTION ACCESS IN THE MILITARY

- *Roe vs. Wade* is a United States Supreme Court case decided in 1973 that **recognized a person's constitutional right to an abortion**. The landmark case was overturned on 24 June 2022 by the United States Supreme Court in the *Dobbs vs. Jackson Women's Health Organization* ruling, decreasing access to abortion care for service members and their beneficiaries.
- Currently, if a service member decides to end a pregnancy that is not due to rape, incest, or life endangerment, the individual must take leave or request special liberty and pay out-of-pocket for the abortion (which can cost between \$300-\$3,000) as well as any necessary transportation, lodging, or translator services.





# TRICARE Abortion Policy

Abortion care is only covered by TRICARE under certain circumstances. To read the full TRICARE policy, please click [here](#).



## TRICARE COVERED ABORTIONS

- Due to the 1976 Hyde Amendment, there are **limitations to the circumstances in which federal funds can be used to pay for abortion care**. As TRICARE is a federal health insurance program, abortions are only covered under certain situations.
- **TRICARE-covered abortions include** abortions for a pregnancy that is the result of rape or incest or a pregnancy that endangers the life of the pregnant service member. Additionally, TRICARE covers medical and mental health services related to the covered abortion.
- To support covered abortion care, a physician must note in the patient's medical record that it is their good faith belief, based on all available information, that the pregnancy was the result of an act of rape or incest.
- In addition to Medical Treatment Facilities (MTFs), covered abortions can also be provided by TRICARE-authorized providers working at hospital outpatient departments, freestanding ambulatory surgery centers.



## NON-COVERED ABORTIONS

- **TRICARE does not cover abortions in all other situations of pregnancy termination.**
- DoD providers can provide counseling and pre- and post-abortion care.



# Navy Abortion Policy

The below policy provides guidance on abortion access and care. To review the full BUMED Instruction (INST) 6300.16A, please click [here](#). To review OCONUS abortion laws, please click [here](#).



## NAVY COVERED ABORTION POLICY BUMED INST 6300.16A

- TRICARE covered abortion services **must be provided within 7 days** from when the patient makes the request. If the MTF cannot perform the procedure, or the provider refuses to provide care on moral grounds, the **facility must refer the patient to a facility that can provide the procedure.**
- Covered abortions may be performed in the continental United States (CONUS) and outside the Continental United States (OCONUS) at Navy MTFs, and **federal funds may be expended for abortions performed in civilian health care facilities.**
- If OCONUS, the **MTF must follow the country's abortion laws.**<sup>2</sup>



# Navy Pregnancy Notification Policies

The below policies provide guidance on pregnancy notification procedures. To review Secretary of the Navy (SECNAV) INST 1000.10B please click [here](#). To review Marine Corps Order (MCO) 5000.12F, please click [here](#).



## NAVY PARENTHOOD AND PREGNANCY POLICY SECNAV INST 1000.10B

- Service members who think they may be pregnant **should promptly confirm the pregnancy** through testing by an appropriate medical provider and informing their Commanding Officer (CO), as appropriate. **The “report within two-weeks” rule no longer applies.**
- Service **members may not serve onboard a ship past the 20th week of pregnancy**; requests to remain onboard operational commands must be received, processed, and adjudicated before the 20th week of gestation.



## MARINE CORPS PARENTHOOD AND PREGNANCY POLICY MCO 5000.12F

- Service members should inform their commands of any unexpected changes in her medical status. Marines are encouraged to consult with a military health care provider (HCP) prior to obtaining abortion services.
- Marines **must notify their CO/Officer in Charge (OIC) of their pregnancy, regardless of outcome, within two weeks of confirmation** and must provide documentation from their HCP on their return to duty.



**DoD and DHA**  
**Responses to *Dobbs***  
***vs. Jackson Women's***  
***Health Organization***



# Immediate DoD Response to the Dobbs Ruling

Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, the Under Secretary of Defense reaffirmed that the DoD will continue to ensure access to abortion care. To review the full memorandum, please click [here](#).



## MEMORANDUM HIGHLIGHTS

- Following the *Dobbs v. Jackson Women's Health Organization* decision, the DoD provided an immediate response underscoring the department's commitment to protect the health care needs of service members and their beneficiaries.
- The Supreme Court ruling **does not prohibit the DoD from continuing to perform and pay for covered abortions**, as is consistent with federal law. Therefore, the DoD does not need to comply with state laws restricting access to covered abortion care. Additionally, access to emergency or convalescent leave remains unchanged for all service members.



## LEADERSHIP RESPONSE

After the Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*, **U.S. Under Secretary of Defense Gilbert R. Cisneros, Jr.** stated "as Secretary Austin has made clear, nothing is more important than the health and well-being of our service members, the civilian workforce, and DoD families, and we are committed to taking care of all of our people and ensuring that the entire Force remains ready and resilient."



# DHA Mandated Expansion of Contraceptive Services

On 28 July 2022, the Acting Assistant Secretary of DHA, Ms. Seileen M. Mullen, released a memorandum calling for the **expansion of Walk-In Contraceptive Clinics (WICCs) to all MTFs**. To review the full memorandum, please see the attached PDF.



## MEMORANDUM HIGHLIGHTS

- Per the released memo, every MTF must implement walk-in contraception services that provide non-delayed provision of **contraceptive care on a walk-in basis, without an appointment**, for the full range of non-surgical contraceptive methods for active duty service members. MTFs must offer services at least weekly.
- Contraceptive services provided must include Point-of-Care Testing for pregnancy (if indicated), **prescriptions for short-acting reversible contraceptives**, placement of hormonal and non-hormonal **long-acting reversible contraceptives (LARCs)**, access to written or electronic prescription for short-acting reversible contraceptives (SARCs), and **education on contraceptive methods and their various uses**.
- **WICCs** decrease unintended pregnancy rates, potentially saving the Navy \$15 million annually and 2.7 million lost duty hours annually through the reduction of unintended pregnancies.<sup>2</sup>



## LEADERSHIP RESPONSE

Assistant Secretary Mullen shared, “easy, timely access to contraceptive counseling and the full range of contraceptive methods is crucial to promoting overall well-being and readiness of the force.”



# DHA Response to the Dobbs Ruling

On 28 July 2022, the DHA waived copayment and cost-shares for long-acting reversible (LARC) contraceptives. To review the full memorandum, please see the attached PDF.



## MEMORANDUM HIGHLIGHTS

- The memorandum waives co-pays for off-base care (with TRICARE network provider) for LARCs, such as the placement and removal of intra-uterine devices, contraceptive shorts, and subdermal contraceptive rods for active duty and beneficiaries and **remove co-pays for SARCs for active duty members.**
- The memorandum eliminates cost-sharing for all non-surgical contraceptive methods, such as tubal ligation, for TRICARE Prime and TRICARE Select beneficiaries. The waiver for co-payments for permanent surgical sterilization began on 1 January 2023.



## POTENTIAL IMPACT

- **\$7.21M** estimated to be saved annually, given an expected reduction in the number of pregnancies and associated costs.
- Further, the policy may **reduce unintended pregnancies** and increase time between pregnancies, resulting in **fewer pregnancy and childbirth-related complications.** The elimination of these fees is proposed to result in more effective, **higher-quality health care for service members.**



# DoD Memorandum on Reproductive Health Care

On 20 October 2022, SECDEF released a memorandum on access to reproductive health care. To review the full memorandum, please see the attached PDF.



## MEMORANDUM HIGHLIGHTS

- Secretary Austin directed the DoD to take a series of actions to ensure that service members and their families can access reproductive health care. Per the memorandum, the DoD must:
  - Establish privacy protections** and disseminate guidance for service members, health care providers, and commanders to ensure service members and their families have the time they need to make private health care decisions.
  - Establish travel and transportation allowances** for service members and dependents to access non-covered reproductive health care not available within the local area of a service member's permanent duty station.
  - Create a uniform administrative absence policy** to support access to non-covered reproductive health care, such as in-vitro fertilization.
  - Improve awareness of the resources and support** available for service members and their families to access the DoD's comprehensive contraceptive and family planning services.



## LEADERSHIP RESPONSE

Secretary Austin shared, "There is no higher priority than taking care of our people and ensuring their health and well-being. The DoD will continue to closely evaluate our policies to ensure that we continue to provide seamless access to reproductive health care as appropriate and consistent with federal law."





**New DoD  
Reproductive Health  
Care Policies and  
Navy Implementation  
Guidance**



# Overview of New DoD Reproductive Health Care Policies



The below policies are attached to this brief as PDFs for offline access.

1

## Delayed Pregnancy Notification to Command

- *Extends the timeframe for Service members to inform their command of pregnancy to no later than 20 weeks gestation. Special circumstances may require earlier notification.*

2

## Access to Travel Allowances for Non-Covered Reproductive Health Care

- *Authorizes travel and transportation allowances for service members or dependents to access non-covered reproductive health care. The non-covered reproductive health care is at the patient's expense.*

3

## Access to Administrative Absence for Non-Covered Reproductive Health Care

- *Grants an administrative absence of up to 21 days in order to access, or to accompany a dual-military spouse or a dependent to access, non-covered reproductive health care without taking leave.*



# ***New DoD Policy on Delayed Pregnancy Notification to Command***

On 16 February 2023, SECDEF released a memorandum to standardize and delay mandatory pregnancy notification for service members. To review the full memorandum, please click [here](#).



## **POLICY HIGHLIGHTS**

- Service members who believe they are pregnant should confirm the pregnancy and receive prenatal care as soon as possible, but no later than 12 weeks gestation; however, **service members may delay notification to 20 weeks gestation, unless special circumstances necessitate earlier notification.**
- When a service member chooses to delay command notification of a pregnancy their health care provider will place them in a light duty status without reference to the service member's pregnancy status.
- No later than 20 weeks gestation, the service member will notify their command, and will be placed in a status with limitations specific for pregnancy.



## **PURPOSE & IMPACT**

This policy provides service members the **time and flexibility to make private health care decisions and ensure the viability of their pregnancy** in a manner consistent with the responsibility of Commanders to meet operational requirements while protecting the health and safety of those in their charge.



# DoD Delayed Pregnancy Notification to Command Policy: Navy Implementation

Service-level guidance to implement the DoD Delayed Pregnancy Notification to Command policy was released on 16 February 2023. To review the full ALNAV, please click [here](#).



## POLICY HIGHLIGHTS

- In instances where military duties, occupational health hazards, or medical conditions outweigh delayed notification to command, the service member will be placed in a temporary non-deployable status, with limitations specific to a medically confirmed pregnancy. These instances include the following groups:
  - **Special Personnel** (Naval Aviators, Naval Flight Officers, and Aircrew assigned to duty involving flight operations; Sailors or Marines assigned to diving duty; Sailors on submarine duty; Sailors or Marines assigned or selected to other special duty assignments requiring completion of a Special Duty Assignment physical exam).
  - Sailors and Marines with **acute medical conditions interfering with duty**.



## ADDITIONAL NOTIFICATION EXCEPTIONS

- Sailors and Marines who intend to carry the pregnancy to term and are in receipt of order to:
  - An officer accession program, to include the United States Naval Academy, Naval Reserve Officers Training Corps, or Officer Candidate School, **must inform the program offices no later than 90 days prior to the report date for the program**.
  - A training or educational program that will not be completed prior to the expected delivery date **must inform their commands no later than 90 days prior to the report date for the program**.



# ***New DoD Policy on Travel Allowances for Non-Covered Reproductive Health Care***

On 16 February 2023, SECDEF released a memorandum allotting travel allowances for non-covered reproductive health care. To review the full memorandum, please click [here](#).



## **POLICY HIGHLIGHTS**

- Service members or, eligible dependents, are eligible for travel and transportation allowances to receive non-covered reproductive health care services when timely access to non-covered reproductive health care services are not available within the local area.
- The Service member or dependent must certify in writing the location of the closest available, capable medical facility for the non-covered reproductive health care service.
- Non-covered reproductive health care is at the patient's expense.
- Commanders will protect the privacy of protected health information they receive, and information shall be restricted to personnel with a specific need to know.



## **PURPOSE & IMPACT**

This addition to the Joint Travel Regulation (JTR) **will reduce burden and cost for our Service members and their dependents** who may need to travel greater distances to access reproductive health care.



# DoD Travel Allowances for Non-Covered Reproductive Health Care: Navy Implementation

Service-level guidance to implement the DoD Travel Allowances policy released on 16 February 2023. To review the full ALNAV, please click [here](#)



## POLICY HIGHLIGHTS

- Travel funding is the responsibility of the command authorizing the travel. Commands must adhere to fiscal regulations and may not authorize travel which is not required or for which funding is not available; however, **all levels of leadership are expected to support this policy and prioritize available resources accordingly.** If funding is an issue, commands will work with their chain of command and budget submitting office to obtain additional funds.
- Should a service member or dependent decide not to proceed with non-covered reproductive health care after travel requested in good faith has commenced, the **Department of the Navy (DON) will not recoup travel funds and the service member should expeditiously return.**



## POLICY REPORTING STANDARDS

- The Navy and Marine Corps are directed to provide their plans to track cost and usage of travel and transportation allowances to the Office of the ASN (M&RA) **by 27 March 2023.**
- Tracking and reporting on the following information is required: command name, branch of service, fiscal quarter in which the travel completed, number of travel days used by the service member, total cost.



# ***New DoD Policy on Administrative Absences for Non-Covered Reproductive Health Care***

On 16 February 2023, SECDEF released a memorandum allotting administrative absences for non-covered reproductive health care. To review the full memorandum, please click [here](#).



## **POLICY HIGHLIGHTS**

- **Service members may request an administrative absence from their normal duty stations for non-covered reproductive health care without being charged leave, for a period of up to 21 days.** The period of absence will be limited to the minimum number of days essential to receive the required care, and travel needed to access the care, by the most expeditious means of transportation practicable.
- Commanders will not levy additional requirements on the service member (including, but not limited to, consultations with a chaplain, medical testing, or other forms of counselling) prior to approving or denying the absence.
- Service members may need to disclose a minimum amount of health information necessary for commanders to authorize the administrative absence.



## **PURPOSE & IMPACT**

This policy provides service members the ability to request an administrative absence from their normal duty stations **without being charged leave**, ensuring service members are able to access reproductive health care regardless of where they are stationed.



# DoD Administrative Absence for Non-Covered Reproductive Health Care: Navy Implementation

Service-level guidance to implement the DoD Administrative Absence policy released on 16 February 2023. To review the full ALNAV, please click [here](#).



## POLICY HIGHLIGHTS

- Active duty service members, including Reserve Component members when on active duty orders for 30 or more consecutive days, may be granted an administrative absence to receive, or to accompany a dual-military spouse or a dependent who receives, non-covered reproductive health care.
- Command Officers (COs) will **limit health information required to the minimum amount necessary to ensure eligibility and be reasonably sure the duration of the time authorized meets this criteria.**
- If the CO denies the request, the Sailor or Marine may appeal the request to the next level of leadership.
- If a service member decides not to proceed with the non-covered reproductive care, the **DoN will not charge the time away as leave and the member should expeditiously return to the unit.**



## POLICY REPORTING STANDARDS

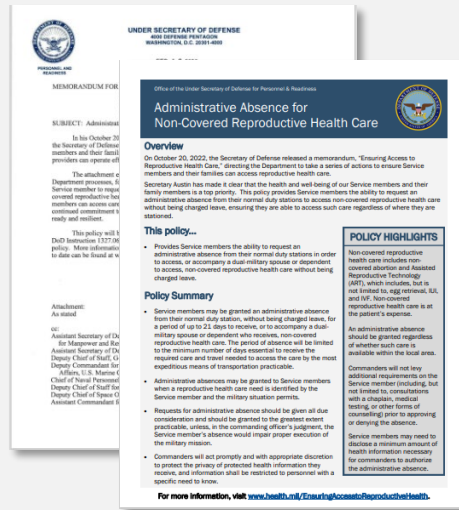
- The Navy and Marine Corps are directed to provide plans to track days used for administrative absence to the ASN M&RA by 27 March 2023.
- Reports will not include Personally Identifiable Information (PII) or Health Insurance Portability and Accountability Act (HIPAA) information and will not disclose the type of non-covered reproductive health care.



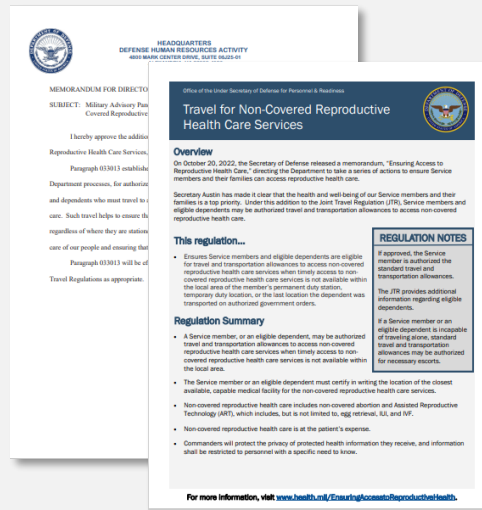


# Key Resources to Support New DoD Policies

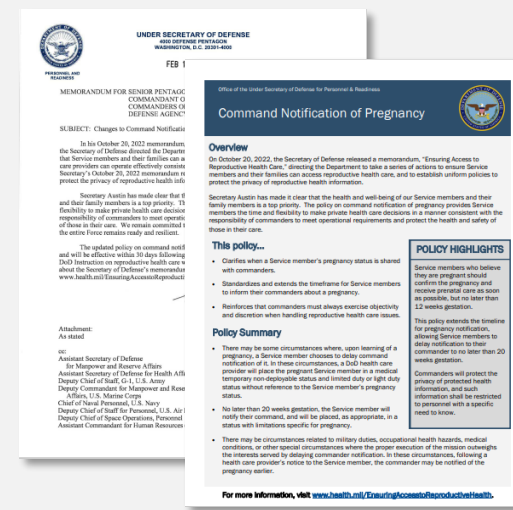
Please review the following resources created to support service members, providers and leaders understanding of the new DoD reproductive health care policies.



[Administrative Absence Policy & Fact Sheet](#)



[Travel for Non-Covered Reproductive Health Care Policy & Fact Sheet](#)



[Delayed Pregnancy Notification Policy & Fact Sheet](#)

DoD Resources	LINK	Naval Resources	LINK
Frequently Asked Questions on new DoD policies	<a href="#">CLICK HERE</a>	ALNAV on Delayed Pregnancy Notification policy	<a href="#">CLICK HERE</a>
Access to all new policies and guidance	<a href="#">CLICK HERE</a>	ALNAV on Travel and Administrative Absence policies	<a href="#">CLICK HERE</a>



# OWH Resources and Ongoing Efforts



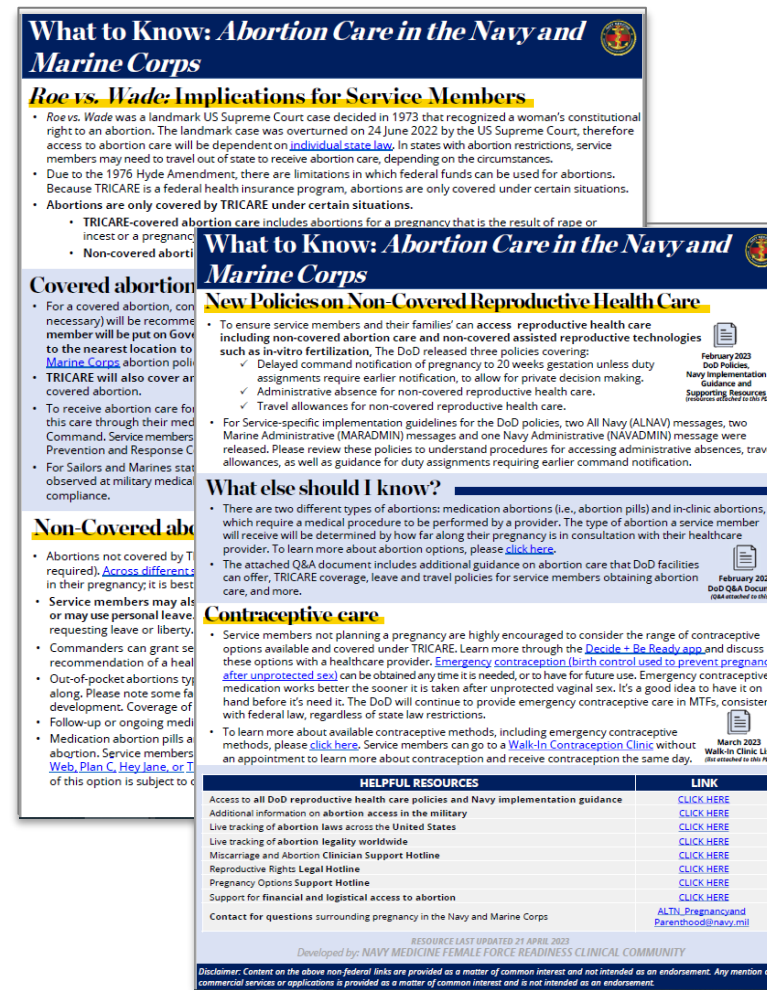
# Abortion Care Handout

This resource provides background on abortion care in the military and current abortion care options through military and civilian care.



## ABORTION CARE EDUCATION

- The What to Know: *Abortion Care in the Navy* Handout includes information on abortion care in the Navy to inform service members on their current options. This handout:
  - Describes the different types of contraceptive care and what is covered under TRICARE.
  - Highlights the difference between a TRICARE covered abortion vs. a non-TRICARE covered abortion.
  - Provides resources on abortion laws across the United States and worldwide to keep service members informed on the changing policy landscape.
  - The handout is available [here](#) on the Women’s Health Webpage.



### What to Know: *Abortion Care in the Navy and Marine Corps*

#### **Roe vs. Wade: Implications for Service Members**

- Roe vs. Wade was a landmark US Supreme Court case decided in 1973 that recognized a woman’s constitutional right to an abortion. The landmark case was overturned on 24 June 2022 by the US Supreme Court, therefore access to abortion care will be dependent on individual state law. In states with abortion restrictions, service members may need to travel out of state to receive abortion care, depending on the circumstances.
- Due to the 1976 Hyde Amendment, there are limitations in which federal funds can be used for abortions. Because TRICARE is a federal health insurance program, abortions are only covered under certain situations.
- Abortions are only covered by TRICARE under certain situations.
  - TRICARE-covered abortion care includes abortions for a pregnancy that is the result of rape or incest or a pregnancy loss.
  - Non-covered abortion

### What to Know: *Abortion Care in the Navy and Marine Corps*

#### **New Policies on Non-Covered Reproductive Health Care**

- To ensure service members and their families’ can access reproductive health care including non-covered abortion care and non-covered assisted reproductive technologies such as in-vitro fertilization, The DoD released three policies covering:
  - Delayed command notification of pregnancy to 20 weeks gestation unless duty assignments require earlier notification, to allow for private decision making.
  - Administrative absence for non-covered reproductive health care.
  - Travel allowances for non-covered reproductive health care.
- For Service-specific implementation guidelines for the DoD policies, two All Navy (ALNAV) messages, two Marine Administrative (MARADMIN) messages and one Navy Administrative (NAVADMIN) message were released. Please review these policies to understand procedures for accessing administrative absences, travel allowances, as well as guidance for duty assignments requiring earlier command notification.

#### **What else should I know?**

- There are two different types of abortions: medication abortions (i.e., abortion pills) and in-clinic abortions, which require a medical procedure to be performed by a provider. The type of abortion a service member will receive will be determined by how far along their pregnancy is in consultation with their healthcare provider. To learn more about abortion options, please [click here](#).
- The attached Q&A document includes additional guidance on abortion care that DoD facilities can offer, TRICARE coverage, leave and travel policies for service members obtaining abortion care, and more.

#### **Contraceptive care**

- Service members not planning a pregnancy are highly encouraged to consider the range of contraceptive options available and covered under TRICARE. Learn more through the [Decide + Be Ready app](#), and discuss these options with a healthcare provider. **Emergency contraception (birth control used to prevent pregnancy after unprotected sex)** can be obtained any time it is needed, or to have for future use. Emergency contraceptive medication works better the sooner it is taken after unprotected vaginal sex. It’s a good idea to have it on hand before it’s needed. The DoD will continue to provide emergency contraceptive care in MTFs, consistent with federal law, regardless of state law restrictions.
- To learn more about available contraceptive methods, including emergency contraceptive methods, please [click here](#). Service members can go to a [Walk-In Contraception Clinic](#) without an appointment to learn more about contraception and receive contraception the same day.

HELPFUL RESOURCES	LINK
Access to all DoD reproductive health care policies and Navy implementation guidance	<a href="#">CLICK HERE</a>
Additional information on abortion access in the military	<a href="#">CLICK HERE</a>
Live tracking of abortion laws across the United States	<a href="#">CLICK HERE</a>
Live tracking of abortion legality worldwide	<a href="#">CLICK HERE</a>
Miscarriage and Abortion Clinician Support Hotline	<a href="#">CLICK HERE</a>
Reproductive Rights Legal Hotline	<a href="#">CLICK HERE</a>
Pregnancy Options Support Hotline	<a href="#">CLICK HERE</a>
Support for financial and logistical access to abortion	<a href="#">CLICK HERE</a>
Contact for questions surrounding pregnancy in the Navy and Marine Corps	<a href="mailto:ALTN_PregnancyandParenthood@navy.mil">ALTN_PregnancyandParenthood@navy.mil</a>

RESOURCE LAST UPDATED 21 APRIL 2023  
Developed by: NAVY MEDICINE FEMALE FORCE READINESS CLINICAL COMMUNITY  
Disclaimer: Content on the above non-federal links are provided as a matter of common interest and not intended as an endorsement. Any mention of commercial services or applications is provided as a matter of common interest and is not intended as an endorsement.



# Plan B® Patient Guide

This resource provides background on how service members can access and take Plan B®, and important things to know about its use.



## PLAN B® PATIENT GUIDE

- The What to Know: Accessing Plan B® resource highlights that service members can access Plan B® over the counter, at any military pharmacy.
  - Details how service members should take the medication after unprotected sex.
  - Describes alternative emergency contraception options available to service members including Copper Intrauterine Device (IUD), Hormonal IUDs, and ella®.
- The Plan B® Patient Guide is available on the Women's Health Website [here](#).

**PATIENT GUIDE**  
**What to Know: Accessing Plan B®**

Plan B® is a form of emergency contraception; birth control you can use to prevent pregnancy after unprotected sex.

**How do I get it?**

- Plan B® (or a different birth control that works) is available at all military pharmacies.
- Tricare beneficiary patients can receive Plan B® without a prescription and without a form.
- A form will be completed for you. Non-beneficiary patients can also get Plan B® without a prescription, but it usually costs about \$100.
- Sometimes the medication is available at the pharmacist or store clerk.

**How do I take it?**

- ✓ Take the medication as soon as you would any other pill, safe to continue taking your birth control (such as a combined pill).
- ✓ Medication should be used no later than 72 hours after unprotected sex.

**What else should I know?**

**ALWAYS AVAILABLE:** You may not be turned away when you request within the same two-day period. You may be assisted in seeking family planning services or other ongoing forms of birth control.

**HOW IT WORKS:** The medication prevents pregnancy from an unprotected intercourse. It does not abort an unplanned pregnancy or terminate an ongoing pregnancy. Check the expiration date on the packaging.

**PICK-UP OPTION FOR PARTIAL PAYMENT:** You can pick up your medication at a military pharmacy. They will card of the eligible female beneficiaries.

*Developed by: NAVY MEDICINE*

**PATIENT GUIDE**  
**What to Know: Accessing Plan B®**

Other forms of emergency contraception (birth control you can use to prevent pregnancy after unprotected sex) are available to service members.

- 1 Copper Intrauterine Device (IUD)**
  - Most effective at preventing pregnancy for all women if inserted **within 5 days after unprotected sex**.
  - Must be inserted vaginally by a provider.
  - Once inserted, it provides safe and effective birth control for up to 10 years.
- 2 Hormonal IUDs (Liletta® and Mirena®)**
  - Must be inserted vaginally by a provider.
  - Clinical research has demonstrated that Liletta® and Mirena® are a safe and effective choice for emergency contraception.
  - Once inserted, it provides safe and effective birth control for up to 7 years.
- 3 ella®**
  - Highly effective at preventing pregnancy if taken **within 5 days after unprotected sex**.
  - Requires a prescription from your provider.
  - Not recommended for women who are breastfeeding or have a body mass index (BMI) greater than 30. After taking ella® you should wait 5 days before resuming use of hormonal birth control method, including the pill. During this period, use a back up method such as condoms if you have sex.

**What's the difference?**

- ✓ For other types of emergency contraception (such as the copper IUD, Paragard®, 52-mg levonorgestrel-releasing IUDs, Liletta® and Mirena®, or ella® morning-after pill), **you need an appointment with or prescription from a health care provider.**
- ✓ Along with acting as an emergency contraceptive, copper and hormonal IUDs will also provide you **with long-term, no-maintenance required birth control**, ensuring that you will be preventing pregnancy in the future.
- ✓ Copper and hormonal IUDs may be a more effective emergency contraceptive method than Plan B® or ella® for breastfeeding women or women with a BMI greater than 30.

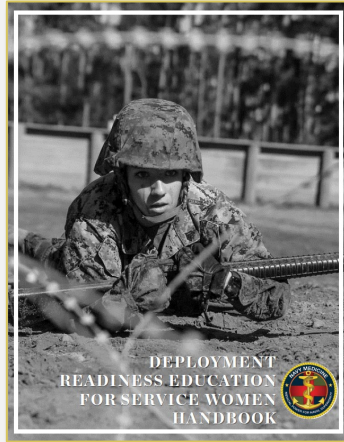
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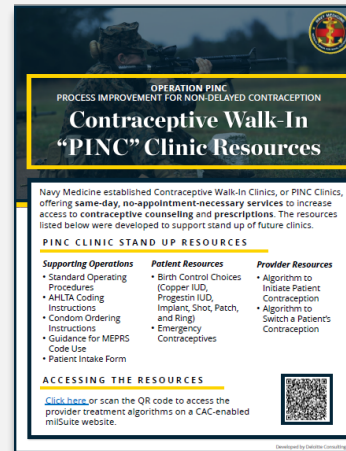


# Key Women's Health Resources

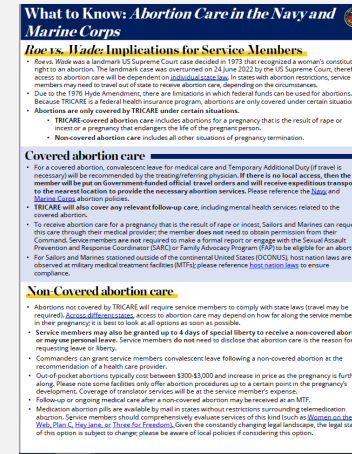
The below women's health resources were designed to support service members' access to care and increase leadership awareness of female medical readiness needs. To access the Navy Medicine Women's Health Webpage, please click [here](#).



Deployment Readiness Education for Service Women (DRES) [Handbook](#) and [Mobile App](#)



[Walk-In Contraception Clinic Stand-Up Materials](#)



[What to Know: Abortion Care in the Navy and Marine Corps](#)

HELPFUL RESOURCES	LINK
Additional information on <b>abortion access in the military</b>	<a href="#">CLICK HERE</a>
Live tracking of <b>abortion laws</b> across the <b>United States</b>	<a href="#">CLICK HERE</a>
Live tracking of <b>abortion legality worldwide</b>	<a href="#">CLICK HERE</a>
Support for <b>financial and logistical access to abortion</b>	<a href="#">CLICK HERE</a>
Find an abortion provider	<a href="#">CLICK HERE</a>



# Ongoing BUMED OWH Efforts

The BUMED OWH will continue to drive initiatives that increase service members' access to abortion care, an essential service that supports the advancement of the female force and total force readiness.



*The OWH continues to identify and implement impactful solutions to increase service members' awareness of current policies and available resources and promote access to care. The needs of service members are addressed through a two-pronged approach to ensure their health and medical readiness needs are prioritized at the **leadership level and implemented at the deckplate.***

1

## Policy Review

Advocating for policy revisions to modify leave approval processes to **reduce risks to readiness and increase retention** for service members who experience all pregnancy outcomes and increase access to reproductive health care in all environments.

2

## Resource Sharing

**Increasing the dissemination of patient education resources** on abortion care, including what can be provided within the Military Health System (MHS), how to access care, and what to consider when accessing civilian care.



# Question & Answer Session



## Q&A Session



How can unit commanders show further support for service members seeking reproductive care, including abortion care?

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How can resources be further distributed to ensure service members receive up to date guidance?

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What other real or perceived barriers to reproductive care exist for service members?  
How can they be addressed?





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# References & Resources

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# References and Attached Resources



## References

1. Embedded Women's Health Provider Pilot Data, October 2020 – June 2021
2. Defense Manpower Data System, 2018 –2020

## Attached Resources

1. SECDEF Memorandum on Ensuring Access to Essential Women's Health Care Services for Service Members, Dependents, Beneficiaries, and DoD Civilian Employees
2. SECDEF Memorandum on Administrative Absence for Non-Covered Reproductive Health Care
3. SECDEF Memorandum on Changes to Command Notification of Pregnancy
4. SECDEF Memorandum on Travel for Non-Covered Reproductive Health Care Services
5. Fact Sheet for SECDEF Memorandum on Administrative Absence for Non-Covered Reproductive Health Care
6. Fact Sheet for SECDEF Memorandum on Changes to Command Notification of Pregnancy
7. Fact Sheet for SECDEF Memorandum on Travel for Non-Covered Reproductive Health Care Services
8. Frequently Asked Questions for All Policies on Non-Covered Reproductive Health Care
9. ALNAV 017/23 on the SECDEF Memorandum on Changes to Command Notification of Pregnancy
10. ALNAV 018/23 on the SECDEF Memorandum on Travel and Administrative Absence for Non-Covered Reproductive Health Care
11. NAVADMIN 058/23 for All Policies on Non-Covered Reproductive Health Care
12. MARADMIN 111/23 to Update Pregnancy Notification Policy
13. MARADMIN 110/23 on Non-Covered Reproductive Health Care Permissive Temporary Additional Duty and Travel Allowances Policies
14. Light Duty Chit Template for Masking Pregnancy Status to Command
15. Standard Pregnancy Notification Memorandum
16. Naval Walk-in Contraceptive Clinic List
17. DHA Memorandum on Walk-in Contraception Services at Military Medical Treatment Facilities
18. DHA Decision Paper Waiving Medical Contraceptive Copayments



# Additional Resources



Additional Resources	Link
1. TRICARE Abortion Policy	<a href="https://tricare.mil/CoveredServices/IsItCovered/Abortions">https://tricare.mil/CoveredServices/IsItCovered/Abortions</a>
2. BUMED INST 6300.16A	<a href="https://www.med.navy.mil/Portals/62/Documents/BUMED/Directives/Instructions/6300.16A.pdf?ver=p29gcLY11QZ47jc1Wbzi5Q%3D%3D">https://www.med.navy.mil/Portals/62/Documents/BUMED/Directives/Instructions/6300.16A.pdf?ver=p29gcLY11QZ47jc1Wbzi5Q%3D%3D</a>
3. SECNAV INST 1000.10B	<a href="https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Policies_and_Instructions/Policies_and_Instructions_Pregnancy_and_Parenthood_SECNAVINST_1000.10B.pdf">https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Policies_and_Instructions/Policies_and_Instructions_Pregnancy_and_Parenthood_SECNAVINST_1000.10B.pdf</a>
4. MCO 5000.12F	<a href="https://www.marines.mil/Portals/1/Publications/MCO%205000.12F%20CH-1.pdf?ver=EkemY6DS_RJW2XpYZOFZPA%3d%3d">https://www.marines.mil/Portals/1/Publications/MCO%205000.12F%20CH-1.pdf?ver=EkemY6DS_RJW2XpYZOFZPA%3d%3d</a>
5. Global Abortion Laws	<a href="https://reproductiverights.org/maps/worlds-abortion-laws/">https://reproductiverights.org/maps/worlds-abortion-laws/</a>
6. Abortion Care Handout	<a href="https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Abortion/Abortion_Care_Handout_03NOV2022.pdf">https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Abortion/Abortion_Care_Handout_03NOV2022.pdf</a>
7. Plan B® Patient Guide	<a href="https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Contraception/Plan_B_Patient%20Guide_v4_2.pdf">https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Contraception/Plan_B_Patient%20Guide_v4_2.pdf</a>
8. DRES Handbook and App	Handbook: <a href="https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Contraception/DRES_Handbook_vF_JAN2022.pdf">https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Contraception/DRES_Handbook_vF_JAN2022.pdf</a>
	Mobile App: <a href="https://mobile.health.mil/dres/#/">https://mobile.health.mil/dres/#/</a>
9. Walk-in Contraception Clinic Stand-Up Materials	<a href="https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Provider_Resources/PINC_Clinic_Resources_Flyer_FNL.pdf">https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Provider_Resources/PINC_Clinic_Resources_Flyer_FNL.pdf</a>
10. Cultural Competency Training Guide	<a href="https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Resources_for_Leadership/Cultural-Competency-Training-Guide-FNL.pdf">https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Resources_for_Leadership/Cultural-Competency-Training-Guide-FNL.pdf</a>