

# NAVY MEDICINE

SPRING ISSUE

Official Magazine of U.S. Navy and Marine Corps Medicine

## ANNIVERSARY EDITION

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Official Magazine of U.S. Navy and  
Marine Corps Medicine

Vol. 105 • No. 3 SPRING ISSUE

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NAVY MEDICINE is the professional magazine of the Navy Medical Department community. Its purpose is to educate its readers on Navy Medicine missions and programs. This magazine will also draw upon the medical department's rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

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#### Guidelines for submission to NAVY MEDICINE.

##### ABOUT NAVY MEDICINE:

NAVY MEDICINE is published quarterly Winter/Spring/Summer/Fall. Please contact Paul Ross (paul.ross@med.navy.mil) for deadline of present issue in progress.

##### SUBMISSION REQUIREMENTS:

Articles must be between 600-1,000 words.

All articles must be present tense/active voice.

Photos must be minimum 300 dpi.

Photos showing action are preferred.

All photos must be accompanied by a caption and photo credit.

##### Subjects considered:

**Scuttlebutt:** Stories about activities at MTFs and the field.

**Photo Album:** Action shots from across Navy Medicine.

**Feature Articles:** Stories featuring interesting contributions of Navy

Medicine to military operations including everything from combat support to Humanitarian Relief/Disaster Response will be considered. Please contact Paul Ross (paul.ross@med.navy.mil) for current theme of issue in progress.

**R & D and Innovations:** Any new processes and/or research and development news.

**Quality Care:** Anything that improves the quality of care for our patients.

**IT, OA:** Any articles showing how Navy Medicine is utilizing the electronic age.

**Shipmates:** Anything interesting about our shipmates working in the health care field in the Department of the Navy.

All submissions must be accompanied by complete contact information for author. In the event there is more than one author please assign one author to be primary correspondent.

#### Feedback Welcome

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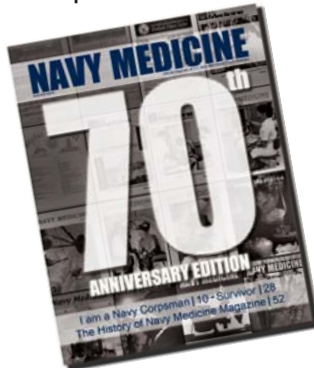
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### On the Cover

On 5 March 1943, Navy Medicine Magazine was born as a 25-page, bi-weekly "digest of timely information" called "The BUMED News Letter." Originally a product of the BUMED Research Division and edited by Capt. William Winthrop Hall, the News Letter served as an information bulletin of "current" Navy medical research and news from the field. In its 70-year history the publication has evolved from a modest black and white letter pressed newsletter to the glossy four-color quarterly it is today. (Graphic by Paul R. Ross)

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Hospitalmen Katie Manuel and Adriana Miranda-Rodriguez make preparations to assist with the insertion of contraceptive implants for female enlisted recruits at the 4th Battalion Aid Station, Marine Corps Recruit Depot Parris Island. (Photos by Regena Kowitz)

# LONG TERM Family Planning

By Cmdr. Dixie Aune, Regena Kowitz, and Michael MacDonald | Naval Hospital Beaufort

**A**n unplanned pregnancy can significantly alter the course of any woman's life, but this is especially true for women serving in the military. When a female

Sailor or Marine has an unexpected pregnancy, the consequences could have a detrimental impact on both her career and the operational readiness of her unit when, after the 20th week of pregnancy, she has to vacate her assignment aboard

ship or as part of a deployed unit. But, with the right education and preparation, every active duty female can make sure that any pregnancy is a planned pregnancy.

One of the benefits of being an ac-



**Cmdr. Dixie Aune, women's health nurse practitioner at Naval Hospital Beaufort who oversees the Well Women's Clinic at the 4th Battalion Aid Station, Marine Corps Recruit Depot Parris Island, inserts a hormonal implant into the arm of a recruit. During the third week of training, female recruits receive comprehensive information about different forms of birth control and are given the option of choosing which method they would like.**

tive duty female is access to a wide array of birth control choices. And yet, according to Michael "Bob" MacDonald, manager of the Sexual Health and Responsibility Program (SHARP) at the Navy and Marine Corps Public Health Center, the rates of unplanned pregnancies among active duty Sailors and Marines, like their civilian counterparts, are much higher than the national objective and higher than women in other western nations.

"Education about contraception is one of the best tools we have to help prevent unplanned pregnancies," said Cmdr. Dixie Aune, women's health nurse practitioner at Naval Hospital Beaufort. Aune also oversees the Well Women's Clinic at the 4th Battalion Aid

Station (BAS), Marine Corps Recruit Depot (MCRD) Parris Island, the only place in the Marine Corps where enlisted female recruits are trained.

"One of the best places to begin educating active duty females about preventing unplanned pregnancies is at the beginning – while they are still in boot camp and still in a learning mode," said Aune.

Aune and her staff at the 4th BAS have developed a comprehensive sexual health education program. During the third week of training, all female recruits attend a women's health education session at the clinic where they are provided information on different forms of contraception, including long acting reversible contraception (LARC).

According to Aune, LARCs, which include intrauterine devices and contraceptive implants, are one of the most reliable methods available to active duty females for preventing unplanned pregnancies.

"LARC methods should be among the first choice of recommendations for most women," said Aune. "They offer top level effectiveness, high rates of satisfaction, and no need for daily adherence."

LARCs are over 99 percent effective, unlike short-acting reversible contraceptives (SARC) such as the pill, transdermal patch, or vaginal ring. SARCs offer less reliability with typical effective rates ranging from only 72 to 94 percent.

Hospitalman Kati Manuel, one of the



**Cmdr. Dixie Aune, women's health nurse practitioner at Naval Hospital Beaufort who oversees the Well Women's Clinic at the 4th Battalion Aid Station, Marine Corps Recruit Depot Parris Island, provides information about contraceptives to female recruits.**

Sailors who works at the 4th Battalion Aid Station (BAS), agrees about the importance of educating female recruits. "If we get them the education and the birth control of their choice while they are still fresh and new in basic training, we are making a huge impact on the outcome of their decisions in the future."

In addition to educating recruits about birth control, Manuel herself has chosen to use a contraceptive implant, a form of LARC, specifically for its long-acting effects.

"I ran into days where I completely forgot to take my pill, throwing off my cycle and any actual protection the pill offers," said Manuel, who has been using LARC for the past year.

"I am rather new to the Navy and want to focus one hundred percent on

my job and my mission," Manuel said.

On training day 57, the recruits who decided earlier to get the LARC return to the clinic to have the implant placed. Before the procedure, the recruits are given detailed information about the specific hormonal implant they will receive, educated on potential side-effects, and offered an opportunity to ask questions, either as part of the group or one-on-one with a health care provider.

According to Aune, the recruits and active duty females she sees in clinic want to make the right decisions when it comes to family planning. "We, their health care providers, have to provide them with the tools to do so – the education and access to the contraceptive of their choice."

Pfc. Qunesha Patrick, an active duty Marine currently stationed at MCRD

Parris Island, decided that a LARC was the right choice of birth control for her while still a recruit at 4th Battalion last year. After trying several different forms of birth control, including the pill and the patch before arriving at boot camp, she decided that a more long-term solution would provide the best protection. Her choice, like Manuel, was a hormonal implant, a single rod containing etonogestrel that is placed under the skin of the upper arm and is effective for three years.

"I know I want kids, but right now isn't a good time with me being new to the Marine Corps," said Patrick. "I need time to think about my career and focus on getting promoted."

In addition to educating recruits, MacDonald believes it's also important to educate the female Sailors and Ma-

“Military service and motherhood are enjoyable and completely compatible when adequately planned.”

- Cmdr. Dixie Aune



Cmdr. Dixie Aune provides information about contraceptives to female recruits. While at MCRD Parris Island, the only place in the Marine Corps where enlisted female Marines are trained, all female recruits receive comprehensive information about women’s sexual health and different birth control options.

rines who have moved past boot camp as well as Navy health care professionals about the benefits of LARCs while dispelling myths.

“The principle challenge to increasing LARC use may be a gap in information,” said MacDonald. “There are still some myths about the safety of IUDs and a lack of information about the easy availability of IUDs that may prevent some women from even asking their doctor about them. Making sure our female service members and Navy health care professionals more fully understand 21st century LARCs may increase their usage and reduce the incidence of unplanned pregnancies.”

Aune agrees that it’s important to address the misconceptions that health care providers may have about LARC use that may serve as a barrier to access.

“In actuality, complications of IUD’s and the contraceptive implants are rare,” said Aune. “LARC use has proven not only to be very reliable at preventing unplanned pregnancies, but also more cost effective than traditional choices. Despite this, many patients continue to be offered more traditional methods such as birth control pills, which are user dependent and far less reliable.”

According to MacDonald, the American College of Obstetricians and Gynecologists (ACOG) recently published

information stating that LARC devices are among the most effective methods of reversible contraceptives and one of the best methods for reducing the rates of unintended pregnancies.

“Military service and motherhood are enjoyable and completely compatible when adequately planned,” said Aune, who has served on active duty for 23 years and is herself the mother of three. “We, as Navy health care providers, just need to make sure we do our part by providing the information and resources to help our active duty females make the family planning choices that are best for them, right for their career, and support mission readiness.”+