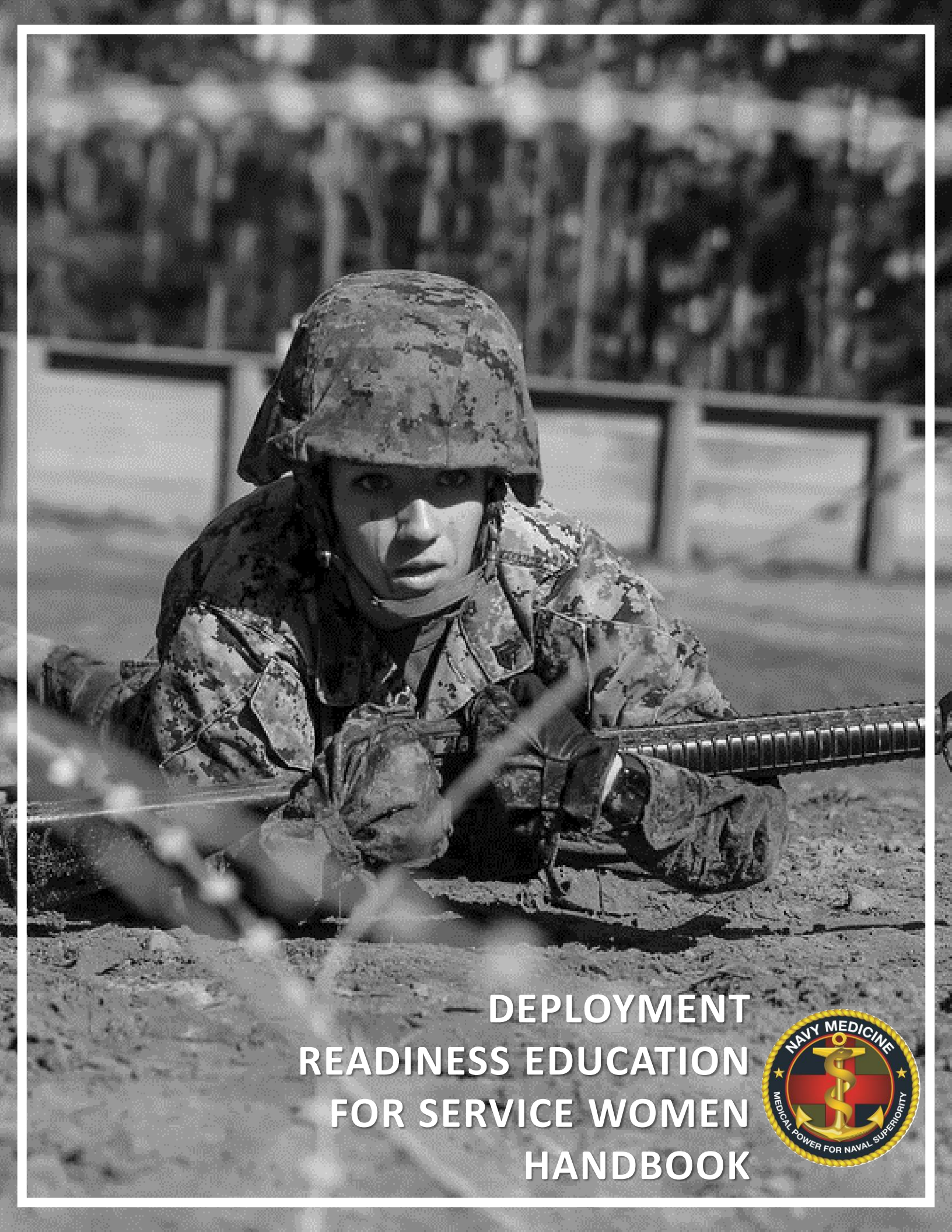


DEPLOYMENT READINESS EDUCATION FOR SERVICE WOMEN HANDBOOK

NAVY MEDICINE

MEDICAL POWER FOR NAVAL SUPERIORITY

Table of Contents

Deployment Readiness Education for Service Women Handbook

I. PREPARING FOR DEPLOYMENT

6	**Knowing your Body**	• *Female Anatomy* • *Vaginal Care* • *Hair Removal* • *Menstrual Cycle* • *Recommended Women's Health Apps* • *Medical Conditions that Cause Irregular Periods* • Common Infections: *Urinary Tract Infection*, *Bacterial Vaginosis*, *Yeast Infections* • *Menopause*
29	**Sexual Health**	• *Five Action Steps to Good Sexual Health* • *Safe Sex* • *Unhealthy Relationships*, *Social Media, and the Internet* • *Sexual Orientation and Health Care* • *Sexual Assault* and *Reporting*
45	**Contraception**	• *Contraception Overview* • *Long-Acting Reversible Contraceptives* • Contraception Methods: *IUDs*, *arm implants*, *vaginal rings*, *the pill*, *the patch*, *the shot*, *male* and *female* condoms, *sterilization* • *Emergency Contraception*
65	**Menstrual Suppression**	• *Menstrual Management* • *Menstrual Suppression*
69	**Sexually Transmitted Infections (STIs)**	• *What is an STI?* • *Preventing STIs* • *STI Testing* • *Common STIs: Symptoms, Diagnosis and Treatment* • *STIs and Pregnancy*
80	**Critical Health Screenings**	• *Critical Health Screenings by Age Group* • *Cervical Cancer and Pap Tests* • *Breast Cancer*

Table of Contents

Deployment Readiness Education for Service Women Handbook

88	**How to Navigate the Military Health System**	• *MHS and TRICARE Overview* • *TRICARE Enrollment* • *Accessing Care: How, When, and Where* • *Contraceptive Walk-In Clinics*
97	**Health Privacy and Confidentiality**	• *Protected Health Information (PHI)* • *Medical Appointments and Privacy* • *Disclosing Pregnancy* • *Confidentiality of Mental Health Care and Substance Abuse Services*
101	**Packing for Deployment**	• *Women's Health Supplies to Pack* • *Best Practices while Deployed*

II. DURING DEPLOYMENT

105	**Physical Health**	• *Musculoskeletal Injuries and Treatment* • *Female Athlete Triad* • *Hydration* • *Nutrition* • *Relative Energy Deficiency in Sports*
113	**Mental Health**	• *Mental Health and Stress Management* • *TRICARE Coverage with Mental Health Care* • *Mental Health Care, Your Clearance, and Confidentiality* • *Common Mental Health Disorders* • *Military Mental Health Resources* • *Eating Disorders*
128	**Motherhood and Deployment**	• *Postpartum Deployment* • *Preparing Your Family* • *Resources for Military Parents* • *Recommended Children's Books* • *Considerations Before Returning from Deployment*

Table of Contents

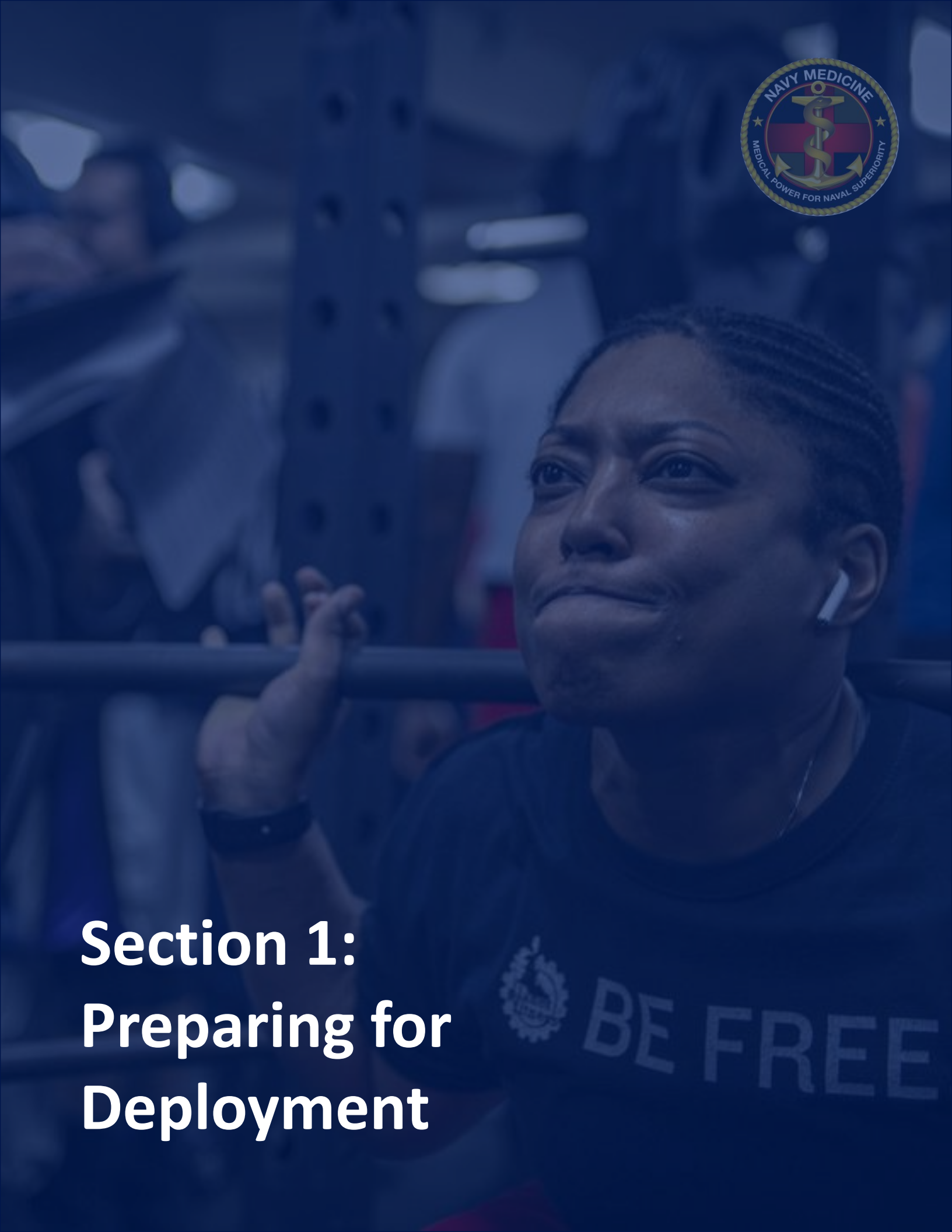
Deployment Readiness Education for Service Women Handbook

III. RETURNING FROM DEPLOYMENT

139	**Pregnancy**	• *Preparing for Pregnancy* • *Pregnancy Overview* • *Pregnancy and Your Career* • *Contraception after Pregnancy and Delivery* • *Miscarriage* • *Infertility and Health Care Coverage for Treatment* • *Breastfeeding*
150	**Abortion**	• *Abortion Access under TRICARE* • *Country Specific Restrictions* • *State Specific Restrictions*
154	**Women's Health Transition Training**	• *Veterans Affairs (VA) Women's Health Transition Training*

DISCLAIMER

The views presented in this handbook do not reflect those of the Department of Defense and any medical information is not intended to replace advice from a professional health care provider. Any mention of specific apps or products does not indicate endorsement but is meant for an example that has worked for others.



Section 1: Preparing for Deployment

Knowing your Body

Female Anatomy

Refer to the information below to learn more about the female body

External Female Anatomy

The **VULVA** includes anything that touches your underwear:

MONS PUBIS (fat pad covered in pubic hair)

LABIA MINORA (inner vaginal lips)

LABIA MAJORA (outer vaginal lips)

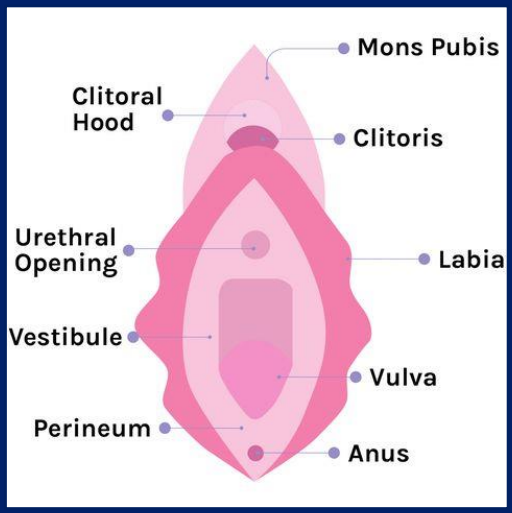
GLANS CLITORIS (portion of clitoris that is visible)

CLITORAL HOOD (fold of skin above clitoris)

URETHRAL OPENING (where urine passes through)

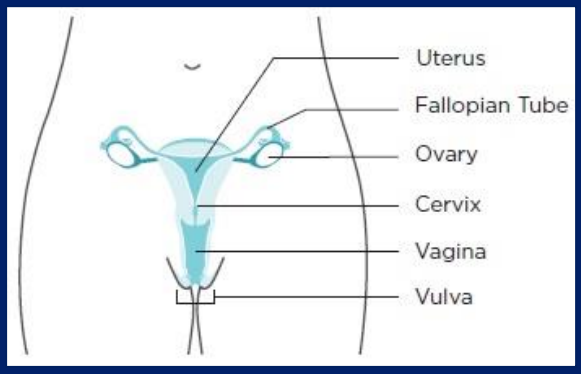
VESTIBULE (the transition zone between the vagina and vulva)

PERINEUM (skin between the vaginal opening and anus)



Vulva Anatomy| *Source: Women's Health Magazine*

Internal Female Anatomy



Female Reproductive system| *Source: CDC*

VAGINA: Muscular, vascular, expandable tube, connects externa genitalia to the cervix, allows access to the uterus via the cervix

CERVIX: Opening to uterus, opens slightly during your period to let blood out

UTERUS: Also known as a womb, muscular and vascular organ responsible for housing and sustaining a pregnancy, inner lining produces monthly period

FALLOPIAN TUBES: Route of passage for egg, where sperm and egg usually meet during conception

OVARIES: Responsible for hormone secretion and releases an egg each month

Female Anatomy

Detailed information on the vulva and vagina

The Vulva

- The vulva **protects both the vagina** and the organ responsible for female orgasm.
- The skin of the vulva becomes thinner, hairless, and becomes more fragile as you approach the transition area between the vulva and the vagina, making the labia minora and vestibule more sensitive to irritation.
- **Specialized sweat glands and oils are produced** from each pubic hair follicle throughout the vulva; when mixed with oils on the skin they create a sweaty odor.
- The multiple secretions create a slightly acidic environment to protect the skin of the vulva against bacteria.

The Vagina

- The vagina is a muscular tube connecting external genitalia to inside the body.
- The vagina is capable of stretching to accommodate a penis or a baby during a vaginal delivery but is completely collapsible at rest.
- The vagina is covered in specialized skin called mucosa with a rich blood supply that **speeds healing**.
- The cellular layers of the vaginal mucosa shed quickly, dumping dead skin cells full of sugar substance into vaginal discharge. These dead skin cells attract and attach pathogens which are then flushed out of the vagina via discharge. These same dead skin cells also feed the good bacteria (lactobacilli) within the vagina, **maintaining an ideal pH and a healthy balance of bacteria**.
- This is why douching is not necessary and can actually remove good bacteria that protects the vagina from infections.

DID YOU KNOW?

- It's **normal for your vagina to have a sweaty odor**. This is because sweat glands and oils produced from pubic hair follicles mix with oils on the skin to create this sweaty odor.
- It's **normal to have some vaginal discharge**. Vaginal discharge is your body's way of cleaning out bad bacteria and feeding good bacteria.
- See page 10 for more information on healthy vaginas and abnormal symptoms.

Vaginal Care

Best practices for maintaining a healthy vagina

Caring for your Vagina

AVOID harsh or scented soaps, douching, steaming, scented products (wipes, sprays, tampons, pads, and special vaginal specific soaps), ill-fitting or abrasive underwear.

CLEAN your groin, mons, labia majora and anus only! If you are prone to infections or irritation, use a mild facial cleanser with a pH of 5 if desired. Avoid antibacterial soaps or scented body wash as they can be irritating.

- If you are using another type of soap and have no complaints, you can continue to use it on the vulva only.

USE ONLY warm water to clean between the labia and vaginal opening. Do NOT clean inside of your vagina with any type of soap or cleanser or wipe.

LEAVE vulva open to air at night when you are comfortable doing so – wear a long t-shirt or loose shorts without underwear.

DO NOT stay in wet or sweaty clothes for long amounts of time to prevent irritation.

USE "free and clear" detergent to clean undergarments and avoid fabric softeners or dryer sheets for these items.

BEST PRACTICES

AVOID

- Scented soaps, wipes, sprays, tampons, pads, and vaginal specific soaps
- Douching
- Steaming
- Ill-fitting or abrasive underwear

DO NOT

- Clean the inside of your vagina with any type of soap or cleansing wipe
- Remain in wet or sweaty clothes for extended periods of time

REMEMBER

- Clean your groin, mons, labia majora and anus only!
- Use only warm water to clean between the labia and vestibule.

Vaginal Care

Detailed information on normal and abnormal vaginal symptoms

A Healthy Vagina

- ✓ Your vagina is a self-cleaning structure.
- ✓ Your discharge is made to help clear harmful bacteria that has found its way inside the vagina. Do not remove it or "clean it out." It is there for a reason.
- ✓ It is not your vagina that creates the odor, it's the sweat glands within the vulvar hair follicles.
- ✓ Vaginal discharge is NORMAL. Approximately 1-4 mL of vaginal discharge in a 24-hour period is completely normal (4 mL is a completely soaked panty liner).
- ✓ Discharge can be clear or white colored, may be yellow tinted on underwear. It can be thick or thin, stretchy or slightly sticky like mucous.
- ✓ If the normal discharge is bothersome to you, wearing a thin panty liner can help absorb the moisture and make discharge less noticeable

Abnormal Vaginal Symptoms

- Change in discharge odor (strong smell of fish, yeast, or another odor)
- Changes in discharge consistency (resembles cottage cheese or looks foamy or frothy)
- Changes in discharge color (appears yellow, green, gray, brown or blood stained)
- Bleeding between periods, after sex, or after menopause
- New pain during sex
- Vaginal itching, swelling, or redness
- New bumps, blisters, or growths in vaginal area
- Painful bulge or mass inside or protruding from your vagina

IS THIS NORMAL?

UNUSUAL VAGINAL DISCHARGE

"I've experienced vaginal discharge before, but it's never been this color. I had my period a few weeks ago, so I don't think it has anything to do with that. Is this normal?"

EXPLANATION

Changes in vaginal discharge odor, consistency, and color are not always normal. You should see a medical provider to determine what caused this change. Your provider will be able to answer any additional questions and prescribe a treatment plan if needed.

Vaginal Care

How to address vulvar dryness

Vulvar Dryness

Causes

- Age (menopause-lack of estrogen)
- Irritation from urinary incontinence (loss of bladder control)
- Irritation from soap, wipes or hair removal
- Hair dryer use on the vulva
- Some types of medications

Symptoms

- Pain during sex
- Irritation

Treatments

- Remove irritant (stop using soap or removing hair)
- Coconut oil or olive oil (applied vaginally and externally)
- Petroleum jelly or A&D ointment (applied to the external areas only)

Vaginal Dryness

Vaginal dryness can be **caused by menopause**, **yeast infection**, **breastfeeding**, or **hormonal contraception** (the Depo Provera Shot, NEXPLANON®). Water based lubricants such can be used to address vaginal dryness and can be used with condoms to prevent breakage. Keep in mind the following when selecting a lubricant:

Lubricant Type	Pros	Cons
Silicon based lubrication	Very long lasting	Is harder to clean up
Water based lubrication	Absorbs quickly	May need multiple applications
Oil based lubrication (like coconut oil)	Smells good and is long lasting	Can stain sheets and weaken condoms

! **Do NOT use petroleum jelly** as a lubricant as it is linked to higher rates of a vaginal infection called bacterial vaginosis (BV).

Vaginal Care

Common myths regarding vaginal care

VAGINAL MYTH	TRUTH
You MUST wear white cotton underwear to prevent vaginal infections.	Wear well fitting underwear of your choosing. Wash in "free and clear" detergent to avoid irritation.
Eating carbs causes yeast infections	None of the foods that you eat change the smell or composition of your vaginal discharge and do NOT make you more susceptible to a vaginal infection.
Baby wipes or flushable wipes are safe to use on the vulva.	These wipes are usually scented, contain irritants and are commonly the culprits in contact dermatitis to the sensitive skin of the vulva. **NOTE**: While on deployment, sometimes a proper shower isn't an option and our female service members are left with only baby wipes for hygiene. If this is the case, choose scent free and use externally only (such as Equate Baby Everyday Clean Wipes Fragrance Free or Up&Up Extra Large Cleansing Washcloths).
Use your hairdryer to completely dry your vulva after a shower for prevention of infection.	This can over dry your vulva and cause disruption of the acidic pH resulting in irritation and subsequent infections.
Bubble baths cause bladder and yeast infections.	Bubble bath and bath bombs often contain scented soaps that can irritate and strip the sensitive skin of the vestibule and vulva, especially before puberty, but they do NOT cause infections. If you currently use these products sparingly and they aren't bothering you, you are fine to continue. If you are having issues with irritation, stop using them and see if the symptoms improve.
Place garlic in your vagina to treat a yeast infection.	Garlic (or yogurt, or parsley or vinegar) is not a proven medical treatment for your vaginal ailments. See your provider for medical treatment.

Hair Removal

Details on leg, under arm, pubic hair and removal

Leg and Under Arm Hair Removal

Some women have personal preferences to remove leg and under arm hair, although there is no medical or hygienic reason for its removal. Options for removal include waxing, shaving, laser hair removal, or chemical depilatories (such as Nair).

Pubic Hair Removal

Pubic hair is in place for a reason (to trap moisture, maintain acidic pH, and serve as a protective barrier for the sensitive skin of the vestibule and vagina) and there is **no medical or hygienic reason for its removal**.

- **Pubic hair removal does not improve the "cleanliness" of a vagina.**
- Shaving pubic hair may increase risk of sexually transmitted infection (STI) transmission.
- Complications with hair removal include ingrown hairs, severe itching as the hair returns, waxing burns, open cuts or abrasions (razor burn or cuts, waxing abrasions), infections from unsanitary salon practices (double dipping wooden sticks in hot wax), contact dermatitis, and increased transmission of STIs, especially HPV and HSV.
- Many women choose to remove pubic hair for personal preference **via waxing, shaving, laser hair removal, or chemical depilatories** (such as Nair). If you choose to remove your pubic hair – know the RISKS!
    - If hair removal does not cause you irritation or other problems, it is fine to continue.
    - If you are struggling with the issues listed above, **try using a trimmer** to keep hair short and see if your symptoms improve. This method prevents injury to skin and avoids small cuts capable of transmitting infections.

IS THIS NORMAL?

RED BUMPS AFTER SHAVING

"I have small, irritated, red bumps on my pubic area that I haven't seen before. Is this razor burn or an STI?"

EXPLANATION

Shaving can cause tender, sometimes itchy, red bumps called razor burn that go away with time. Try using alternative hair removal methods if razor burn occurs frequently. Razor burn bumps look different than symptoms associated with STIs. Reference the section on STIs for more information.

Menstrual Cycle

Detailed information on the monthly menstrual cycle

Whatever you call it...

PERIOD | TIME OF THE MONTH | AUNT FLO | CRIMSON TIDE | SHARK WEEK

Periods are...

- Vaginal bleeding that occurs each month in response to a lack of a pregnancy
- Likely to begin between 12-14 years of age and will stop by 45-55 years of age

For an informational video on the menstrual cycle click here.

Menstrual Cycle Basics

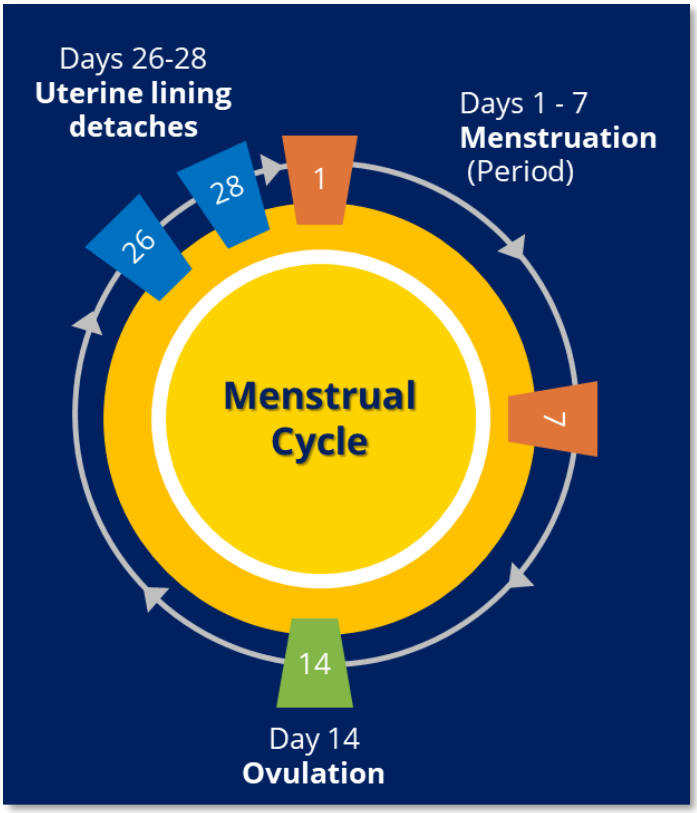
Your menstrual cycle begins the first day of your period (when you start bleeding) and ends at the start of your next period. **Period flow varies depending on the person** and can be light, moderate, or heavy.

How long is the average cycle? Typically 28 days, but can be anywhere from 21-35 days

How long does a period last? Normally lasts between 2-7 days

What is the average # of pads or tampons used per day?: 3-6 per day

What can I do if my symptoms are uncomfortable? Motrin or Tylenol, heating pad, exercise, or use a hormonal birth control such as birth control pills, Depo-Provera shot, hormonal IUD, NEXPLANON® implant, patches, or vaginal rings



Menstrual Cycle

What is occurring during the menstrual cycle

Day in Cycle	Symptoms	What's happening?
Day 1-7	• Vaginal bleeding • Depression • Irritability • Cramping	Decrease in hormones causes loss of 1-2 oz of menstrual fluid (blood, vaginal discharge, skin cells) per day exiting the uterus through the cervix and vagina. Fluid filled pockets (follicle) containing an egg form within the ovaries.
Day 8-13	• Increase in energy • Calm or relaxed mood	Increase in estrogen after period causes lining of uterus to begin to thicken again. One follicle becomes dominant and increases estrogen levels.
Day 12-15	• Stretchy clear vaginal discharge • Increased vaginal wetness • Increase in libido • Sharp pain with ovulation on one side of belly • Feeling your best emotionally and physically	Uterine lining is thick and ready to support a pregnancy. A mature egg is released from the follicle.
Day 15-24	• Breast tenderness	If egg is fertilized by sperm, embryo travels to uterus and implants on thick lining resulting in pregnancy. The lining of the uterus is at its thickest.
Day 24-28	• Moodiness • Cramping	Unfertilized egg begins to break down, blood flow decreases to the uterus causing lining to break down and shrink.

Changes in Vaginal Discharge during the Menstrual Cycle

Slight musky smell is NORMAL!

Days 1-7 – Menstrual bleeding (**RED** or **BROWN** depending on length of cycle)
Days 6-8 – Dry and minimal, **WHITE** or **CLOUDY**
Days 9-12 – Sticky and increasing in volume, **WHITE**
Days 13-14 – Copious, **CLEAR** or **EGG WHITE** in color, stretchy (ovulation, fertile mucous)
Days 15-17 – Returns to sticky, decreasing in quantity
Days 18- 28 – Dry, minimal

Menstrual Cycle

What period symptoms are abnormal and require provider consultation

Period Complications

See your provider if you are experiencing any of the following:

BLEEDING EPISODES
Bleeding episodes that are less than 21 days apart or more than 35 days apart (start of bleeding to next time that bleeding starts)

MISSING PERIODS
Missing 3 or more periods in a row (more than 90 days without a period)

PROLONGED BLEEDING
Bleeding that lasts more than 7 days

CHANGE IN FLOW
A change in period flow that is much heavier or much lighter than usual

HEAVY PERIODS
Example: soaking through a pad or tampon every 1-2 hours during each period

SEVERE SYMPTOMS
Severe pain, cramping, nausea or vomiting, or mood changes that accompanies periods and interferes with daily activities

BLEEDING OR SPOTTING
Bleeding or spotting between periods, after sex, or after menopause

IS THIS NORMAL?

MISSING PERIOD

"Since beginning a more intense workout routine I have not been getting my period. Is this a problem?"

EXPLANATION

Intense exercise and extreme thinness can reduce levels of hormones enough to prevent or stop monthly menstrual cycles. If you have missed 3 or more periods in a row, talk to your provider.

Menstrual Cycle

What can be done for irregular, painful, or heavy periods

Missed or Irregular Periods

Missed or irregular periods could be due to any of the following:

Contraception: Hormonal forms of birth control (e.g., pills, patch, NuvaRing®, IUD, or NEXPLANON®) can make your period lighter, less painful, or absent, especially if using it to suppress menstrual cycle. For information on how to use contraception to manage or skip periods, click here.

Pregnancy: May result in missed period or short, light cycle

Breastfeeding: Can delay ovulation initially and cause amenorrhea (lack of period)

Menopause: Normal to have lengthened, irregular menstrual cycles (>35 days between episodes of bleeding) in the several years before menopause (i.e., perimenopause, ages 45-55)

Weight/Diet: Change in weight or diet

Stress/Lifestyle: Exercise, travel, illness, deployment, etc. can impact your period and cycle

Painful or Heavy Periods

When you should talk to your provider:

- You are missing days of work due to pain related to periods
- You are soaking a pad or tampon every 1-2 hours during each period
- You have heavy bleeding with added symptoms such as palpitations, fatigue, weakness, or trouble breathing with exercise

IS THIS NORMAL?

PADS VS. TAMPONS

"I have only ever been able to use pads for my period and find inserting a tampon painful."

EXPLANATION

Using pads or tampons is based on personal preference and situation; however, certain things can be done to make tampon insertion easier. Some women find it easier to insert while sitting on the toilet with knees bent, or while standing and putting one foot on the toilet. Do what is comfortable and convenient for you.

Peer Recommended Women's Health Apps

Free, customizable apps for women's health – all available in the Apple Store or on Google Play

Period Tracker Flo, Ovulation Calendar & Pregnancy*

Use for: Period tracking, information on **conceiving,** and **pregnancy tracking**

The app uses two modes: one for tracking and monitoring menstrual cycles and the other for tracking user and baby's health once pregnant. It also offers expert-reviewed reproductive health articles and video courses on health, sex life, menstrual cycles, conceiving, pregnancy, and parenting.

Clue

Use for: Period tracking

This app tracks menstrual cycles, symptoms, and fertility and offers predictions after tracking for two months. Additionally, offers a birth control reminder if needed and articles with recommended information.

Eve*

Use for: Period tracking and information on **sex and relationships**

This app tracks periods and offers predictions for your menstrual cycle. Additionally offers a health log to track mood, sexual activity, and any physical symptoms with recommendations for anything abnormal.

Euki

Use for: Information on **STIs**, **sexuality**, **abortion**, and **miscarriages**

This app is a resource guide on a range of six women's health issues: abortion, contraception, sexuality, miscarriages, pregnancy, and STIs. It walks through basic information, FAQs, and additional resources within each issue.

*Note: These apps include anonymous forum for advice and information shared by peers, not by providers.

Medical Conditions

Medical conditions that impact the menstrual cycle

Some Medical Conditions that Cause Irregular Periods

- Polycystic Ovarian Syndrome (PCOS)
- Endometriosis
- Fibroids or Polyps
- Pelvic Inflammatory Disease (PID)
- Premature Ovarian Insufficiency (POI)
- Endocrine Disorders –Thyroid or Pituitary
- Miscarriage or Ectopic pregnancy
- Uterine Cancer

Further information on these medical conditions can be found below and on the next several pages.

Ectopic Pregnancy

Pregnancy outside of the uterus, typically within the fallopian tube

- Ectopic pregnancy is also known as a “tubal pregnancy”.
- Possible **SYMPTOMS** include pelvic pain and vaginal bleeding with a positive pregnancy test.
- **DIAGNOSIS** is made through medical history, physical exam, laboratory testing, and imaging such as ultrasound.
- **RISK FACTORS** include prior pelvic infections, STIs, prior pelvic surgery or scarring, a pregnancy with an IUD in place, or a prior ectopic pregnancy.
- Can be managed with medications or surgery depending on the size of the pregnancy and severity of symptoms.
- Risks of not treating include life-threatening bleeding. Unfortunately, the loss of the pregnancy is inevitable with an ectopic pregnancy.
- Possible **LONG-TERM SIDE EFFECTS** may include infertility, pain during intercourse, or difficulty conceiving (getting pregnant).
- **May delay your ability to deploy for several weeks**

Polycystic Ovary Syndrome (PCOS)

PCOS is caused by hormonal imbalance (excess testosterone) and insulin resistance (with insulin resistance, the body's cells don't respond normally to insulin, a hormone that helps control the amount of sugar (glucose) in the blood. Glucose can't enter the cells as easily, so it builds up in the blood). This affects your ability to release a monthly egg (delay or shut down of ovulation).

SYMPTOMS include less than 8 periods per year, acne, overweight or gain weight easily (especially in the abdominal area), excess hair growth (upper lip, chin, sideburns, or belly), thinning or balding of hair (head), or difficulty becoming pregnant.

- **DIAGNOSIS** is through lab work, ultrasound, and examination.
- **MANAGED** with birth control pills, weight loss, dietary changes and sometimes other medicines (e.g., spironolactone, metformin).
- **LONG-TERM EFFECTS** include infertility, increased risk of diabetes, high cholesterol, and increased risk of uterine cancer; may need assistance achieving a pregnancy but usually achievable.

Does not hinder ability to deploy if treated.

Medical Conditions

Information on Pelvic Inflammatory Disease.

Pelvic Inflammatory Disease (PID)

An infection of a woman's reproductive tract (uterus, fallopian tubes, cervix, or ovaries) caused by bacteria and often related to an STI.

- **SYMPTOMS** may include lower abdominal pain, fever, foul smelling vaginal discharge, pain during intercourse, pain with urination, irregular bleeding, difficulty conceiving a pregnancy.
- **RISK FACTORS** include previous history of STI, previous diagnosis of PID, age <25 years old, multiple sexual partners, history of douching, or recent IUD insertion.
- **DIAGNOSIS** is through lab work and pelvic examination; managed with antibiotics.
- **PREVENTION** through annual screening for Gonorrhea and Chlamydia, use of condoms for 100% of sexual encounters, practice monogamy (limit your # of sexual partners), avoid douching.
- **LONG-TERM EFFECTS** include infertility, increased risk of ectopic pregnancy, chronic pelvic pain, and painful intercourse.
- May need assistance becoming pregnant due to fallopian tube scarring.

Does not hinder ability to deploy if treated.

Fibroids

Non-cancerous growths (tumors, myomas, leiomyomas) of muscle that grow inside and outside of the uterus.

- Possible **SYMPTOMS** include pelvic pain, heavy periods, abdominal pressure and fullness, constipation, or difficulty conceiving a pregnancy.
- In some people fibroids cause no symptoms and treatment is not needed.
- **DIAGNOSIS** is through physical exam and ultrasound
- **TREATMENTS** include managing symptoms with medications such as hormones, or surgical interventions such as removing the fibroids (myomectomy). Fibroids can be prevented from recurring by removing the uterus (hysterectomy) if you have completed child bearing.
- Fibroids are NOT life threatening but can cause bothersome symptoms.
- Possible **LONG-TERM EFFECTS** include infertility, pelvic pain, pain during intercourse, and abnormal bleeding.
- Fibroids can sometimes make becoming pregnant difficult, but this is not common.

Will not affect ability to deploy if symptoms are managed.

Medical Conditions

Information on Endometriosis

Endometriosis

Caused when specialized tissue, similar to the lining of the uterus, attaches to other organs within the abdomen (bladder, bowel, ovaries, fallopian tubes, outside surfaces of uterus). Tissue grows, breaks down, and bleeds with hormonal fluctuations of your menstrual cycle.

- Possible **SYMPTOMS** include abdominal or pelvic pain before or during periods, during sex, or during bowel movement and difficulty becoming pregnant.
- Diagnosis may be made based upon medical history and exam or with a surgical procedure.
- **TREATMENTS** include managing with birth control pills, hormonal IUD or implant, surgical removal of tissue, and sometimes other medicines (Motrin™, Naproxen™, or Lupron™).
- Symptoms MAY improve significantly with pregnancy, breastfeeding, and continuous contraception use.
- Possible **LONG-TERM SIDE EFFECTS** may include infertility, pain during intercourse, and chronic pelvic pain.

In most cases, does not hinder ability to deploy.

IS THIS NORMAL?

PAIN DURING SEX

"Recently I've been experiencing pain during sex; it's a new pain I haven't felt before."

EXPLANATION

Talk to your provider if you are experiencing unusual pain or discomfort during sex. It could be a sign of pelvic inflammatory disease (PID) or endometriosis.

Common Infections

Learn more about how to diagnose and treat a Urinary Tract Infection below

Urinary Tract Infections (UTIs)

- UTIs are **30x more common in women than men** due to a short urethra, which is closer to the anus and vagina, both full of bacteria.
- A UTI is **CAUSED** by an overgrowth of bacteria within the urethra, bladder, ureter, or kidney.
- Most commonly, a UTI is an infection of the bladder.
- **RISK FACTORS** include being postmenopausal, pregnancy, sexual activity, history of diabetes or kidney stone, or recent use of a urinary catheter

- **SYMPTOMS** include pain with urination, feeling like you need to constantly urinate, urgency of urination, lower abdominal pain, or blood in your urine.
- **DIAGNOSED** through an exam and laboratory testing (urine sample) – no routine screening needed, only if symptoms exist. Urine sample must be a "clean catch" – spread labia, wipe 3 times front to back with antiseptic wipe, urinate in the toilet, catch urine midstream in specimen cup.

- **PREVENTATIVE PRACTICES** include staying well hydrated and practicing good hygiene.
- **TREATMENT** is through antibiotics.
- While some UTIs will resolve on their own without treatment, possible Long term side effects if untreated include progression of infection to the kidney and damage to the urinary tract.

! **Recurring UTIs:** If you have had 2 verified infections in the last 6 months, or 3 verified infections in the last year, speak with your provider about additional options or referral to a specialist.

For more information on UTIs click here.

www.

Common Infections

Learn more about how to diagnose and treat Bacterial Vaginosis

Bacterial Vaginosis (BV)

- The most common **CAUSE** of vaginitis is from bacterial overgrowth and lack of a beneficial bacteria known as lactobacilli.
- BV is **NOT a STI** but sexual activity is a risk factor for developing BV. It is also common after a period.
- BV is **most common in women ages 15-44**, especially those who are sexually active. It is less common in women using birth control containing estrogen (pills, patch, or ring) or condoms.

- Possible **SYMPTOMS** include increased vaginal discharge (gray or white, thin and watery, or foamy), foul fishy odor, vaginal or vulvar burning or irritation, burning with urination.
- It is **DIAGNOSED** through a pelvic exam and laboratory testing (vaginal swabs) – there is no routine screening, testing is only done if you have symptoms.

- **RISK** factors include multiple sexual partners, a new sexual partner, douching, having an IUD in place, and being pregnant.
- **BV is TREATED** with vaginal or oral medications (both require a prescription).
- Possible **LONG-TERM EFFECTS**: Preterm labor if pregnant, increased susceptibility to STIs, recurrent BV infection within 3 months of treatment are common (20-40% of women experience recurrence).
- BV **may be more common among women who have sex with women** (WSW) than women who have sex only with men.
- There is significant evidence to support that BV can be sexually transmitted between women.
- Due to risk of reinfection, if you are a WSW and you have BV, talk to your primary care provider to see if your female sexual partner(s) should be treated too.

For more information on BV click here.

Common Infections

Learn more about how to diagnose and treat yeast infections

Yeast Infections

- 70% of women have had at least 1 yeast infection in their lifetime.
- **CAUSED** by an overgrowth of microscopic fungus (Candida) in the vagina, resulting in inflammation. NOT a STI but can be passed by partners.
- Increased **RISK** in women on estrogen containing contraception, recent use of antibiotics, pregnancy, douching, history of diabetes, medications that suppress the immune system.

- Possible **SYMPTOMS** include increased vaginal discharge (thick, clumpy, white discharge – no odor), severe vaginal or vulvar itching, swelling, burning and/or redness, pain with urination, pain with sex.
- **DIAGNOSED** through a pelvic exam and laboratory testing (vaginal swabs) – no routine screening needed, only done if you have symptoms.

- **TREATMENT** with vaginal cream or oral medications (1, 3, or 7 day over-the-counter (OTC)) methods have similar success. Any topical cream may cause some burning with application. **NOTE: Oral fluconazole (Diflucan) is only available with a prescription.**
- Possible **LONG-TERM EFFECTS**/complications: Increased susceptibility to STIs, recurrent yeast infections within 3 months of treatment are common (5% of women experience recurrence).

For more information on yeast infections click here.

Menopause

What happens during perimenopause and menopause

Perimenopause

The transition between childbearing years and menopause; typically begins in mid to late 40's and lasts an average of 2-8 years (4 years is the average for most women).

- During the transition, irregular amounts of estrogen and progesterone are produced causing **sudden symptoms** and **irregular, unpredictable periods.**
- **SYMPTOMS** may include hot flashes, insomnia, weight gain, vaginal dryness, moodiness or irritability, decreased libido.
- Periods may be heavier, lighter, more often, or less often during this long transition.
- Ovulation will not occur every month, but you may still become pregnant during this time – continue your contraception method.
- If perimenopausal symptoms are bothersome to you, talk to your health care provider as there are medications available that can alleviate some of the symptoms.

Menopause

The absence of a menstrual period for at least 12 consecutive months, signifying the end of a woman's ability to achieve a pregnancy.

- The average age of onset is 51, but anywhere between 45-58 is considered normal.
- Menopause is caused by a decline in ovarian function due to age.
- **SYMPTOMS** include NO menstrual period for 12 or more months, vaginal dryness and irritation, which can cause discomfort with sex, decreased vaginal discharge, and lowered libido (sex drive).
- About 50% of menopausal females develop symptoms associated with decreasing estrogen.
- The skin of the vulva and vagina becomes thin and fragile and loses elasticity and ability to stretch, erectile tissue of the clitoris decreases, pubic hair thins and falls out.
- If menopausal symptoms are bothersome to you, speak to your healthcare provider. Treatments may include hormone replacement therapy (HRT), which is recommended to be used for a short duration and at the lowest possible dose tolerable. There are also non-hormonal options available.

Menopause

Common treatments for menopause symptoms

DO YOU HAVE **VAGINAL SYMPTOMS** RELATED TO MENOPAUSE?

Vaginal Estrogen

- Main treatment for vaginal symptoms
- Increases lubrication, discharge, elasticity, and stretching ability of the vagina
- Comes in the form of cream, rings, vaginal tablets, gel caps (all are placed in the vagina)
- Lower risk of absorption in the blood stream so no increased risk of breast cancer, heart attack, or stroke has been seen with typical use.
- Treatment is optional; follow-up with your provider and take the lowest dose to treat your symptoms for the least amount of time

DO YOU HAVE **HOT FLASHES** RELATED TO MENOPAUSE? ARE YOU WORRIED ABOUT DEVELOPING OSTEOPOROSIS?

Systemic Estrogen

- Main treatment for hot flashes, and can help prevent bone loss
- Not as effective for vaginal symptoms
- Comes in the form of patch, pill, or lotion – used short term
- Required to take progesterone with estrogen to reduce risk of uterine cancer in women
- May increase risk for breast cancer, uterine cancer, stroke, heart attack – talk with your provider to see if you are a candidate for these types of treatments

!

Women with a personal history of breast cancer, heart disease, stroke, or blood clots should not use this treatment

Sexual Health

Five Action Steps to Good Sexual Health

Steps to take for good sexual health

Five Action Steps to Good Sexual Health

1. **VALUE** who you are and decide what is right for you
2. **GET SMART** about your body and protect it
3. **TREAT** your partner well and expect to be treated well
4. **BUILD** positive relationships
5. **MAKE** sexual health part of your health care routine

For more information on using the Five Action Steps for Sexual Health click here.

www.

1 SEXUAL HEALTH STEP #1: Value who you are and decide what is right for you

It starts with believing that each of us is valuable and that we all have the right to be treated with respect and to express who we really are. When we feel good about ourselves, we usually make better decisions; additionally, there can be big benefits — feeling happier and having better relationships and sexual health.

Five Good Reasons to Take Step #1

- Feel more comfortable with who you are
- Respect yourself and others
- Be more confident in your relationships
- Improve your relationships and sexual intimacy
- Enjoy life more

Make it Happen: Tips and Advice

- Improve your self-esteem: Love yourself on the inside (see the "Mental Health" section)
- Improve your body image: Love yourself on the outside
- Embrace your sexual orientation and gender identity (see the "Sexual Orientation and Gender Identity" pages at the end of this section)
- Stand up for yourself: Make YOUR life YOUR own

Five Action Steps to Good Sexual Health

Get smart about your body and protect it

2 SEXUAL HEALTH STEP #2: **Get smart about your body and protect it**

Sex — which can be expressed in many ways — is a natural and positive part of life; it can bring you pleasure, intimacy, and joy. However, it can also bring unwanted things — like sexually transmitted infections (STIs), unplanned pregnancies, and worry. Simple steps can protect you and your partner and help you both enjoy a healthier and more satisfying sex life.

Five Good Reasons to Take Step #2

- Make your sex life more interesting and pleasurable
- Help put your mind at ease
- Reduce your risk of getting STIs, which are very common
- Feel empowered to decide if, when, and how you want to have sex
- Have children if, and when, you want to

Make it Happen: Tips and Advice

- Understand the risks of different sexual activities (pregnancy, STI transmission through vaginal, oral, and anal sex)
- Get up to speed on STIs, including HIV, and the HPV vaccine (see "STIs" section)
- Make SAFE SEX standard practice (see "Safe Sex is Fun Sex" later in this section)
- Get creative. Explore lower-risk options for sexual pleasure and intimacy (see "Get Creative" later in this section)
- Take charge of your birth control to prevent pregnancy and provide menstrual suppression (see "Menstrual Suppression" section)
- Know what to do if you have unsafe sex (see "Contraception" and "STIs" sections)

Five Action Steps to Good Sexual Health

Treat your partner well and expect them to treat you well

3 SEXUAL HEALTH STEP #3: **Treat your partner well and expect to be treated well**

It all starts with our expectations. Do we believe that every one of us deserves to be treated with respect and kindness?

We all have the right to safe, healthy, and satisfying experiences with partners — whether they are short-term hook-ups or on-going relationships. This holds true even if you've had bad experiences with partners in the past. Yet, many of us lack a rulebook or "know how" when it comes to partners.

Five Good Reasons to Take Step #3

- Be more confident talking about sex with your partner
- Have more satisfying and intimate interactions with partners
- Protect your own sexual health and well-being
- Feel more comfortable handling any sexual encounter, even hookups
- Recognize when your partner is being disrespectful and know how to address it

Make it Happen: Tips and Advice

- Treat each other with respect
- Get your partner's consent
- Talk openly and honestly about your sexual desires and boundaries
- Talk about safer sex
- Set digital media boundaries (sharing information or pictures through social media, texting, etc.) (see "Resources" at the end of this section)
- Learn about the warning signs of sexual violence and how to get help (see "Unhealthy Relationships" later in this section)

Five Action Steps to Good Sexual Health

Building positive relationships

4 SEXUAL HEALTH STEP #4: **Build positive relationships**

For most people, good relationships are essential to a happy and healthy life. For many of us, romantic relationships are at the top of the list. Building relationships that are healthy and positive is key to our sexual health and well-being; however, when it comes to this important life skill, many of us don't feel prepared. The good news? It's never too late to learn.

What does a healthy sexual relationship look like?

- You both respect and cherish each other
- You feel safe
- You feel a close, intimate bond
- You can be open and honest with each other
- The relationship feels balanced
- You may have arguments, but you fight fairly
- The relationship brings you joy

Make it Happen: Tips and Advice

- Respect and look out for each other
- Appreciate and allow time for each other
- Make the most of your sex life together
- Talk openly and be willing to compromise
- Disagree fairly, without attacking each other or causing lasting harm
- Recognize the warning signs of an abusive relationship (see "Unhealthy Relationships" later in this section)
- Learn how to handle break ups
- Maintain good relationships with other friends and family

Five Action Steps to Good Sexual Health

Making sexual health a part of your health care routine

5 SEXUAL HEALTH STEP #5: **Make sexual health a part of your health care routine**

Did you know that sexual health services can prevent serious health problems, lifelong illnesses, and even death? Yet, over half of us — both men and women — are not getting these highly recommended services, which can include vaccines, screenings, contraceptives, and counseling. Are you one of them?

Five Good Reasons to Take Step #5

- Think you are not at risk? Think again
- Regular screening is key since many sexually transmitted infections (STIs) do not have any symptoms
- Leading medical organizations recommend that we all get preventive health services
- Health care providers sometimes forget to ask about sexual health
- Establish a life-long habit of looking out for your own sexual health and well-being

Make it Happen: Tips and Advice

- Take charge of your own health - do not leave it to someone else
- At every doctor's visit, ask: Blood Pressure? Immunizations? Sexual Health?
- Talk to your health care provider about being regularly screened for STIs, even if you do not have symptoms, and make sure you have received the HPV vaccine (see "STIs" section)
- Get on top of your birth control before deployment and learn about menstrual suppression options (see "Contraception" section)
- Find a provider who you feel comfortable talking to openly and honestly about sexual health

For suggestions on using the Five Action Steps for Sexual Health click here.

Sexual Health

How to practice safe sex and explore intimacy without sex

SAFE SEX IS FUN SEX!

Using barrier protection, such as dental dams and male or female condoms, can make sex safer and more fun too!

Explore the **family planning aisle at the Exchange** or your **local drugstore** to find:

- Assorted condoms and dams, including different sizes, colors, flavors, textures, materials, and even glow in the dark types.
- Double check the expiration date of your barrier method!
- A variety of lubricants in different flavors and colors, and even "warming" or "cooling" types - just make sure they're okay to use with latex condoms!

Military Treatment Facilities and **Contraceptive Walk-In Clinics** have condoms available for free.

Some **barracks** also have condoms available – ask around.

Get Creative – Explore Intimacy without Sex

Intimacy and pleasure go far beyond sexual intercourse – there is much to explore that can enrich your relationship with yourself and your partner, without having sex.

- **SPEND QUALITY TIME** together, it builds trust! Listen to music, go to a concert together, exercise or play sports together, take a class, read a book together, or just spend time talking to each other.
- **NUTURE SHARED INTERESTS,** it will enrich your relationship in and out of bed.
- **TOUCH EACH OTHER** in other ways: make out, stroke each other with fingers and fun textures like feathers or fur, learn how to give massages – you will find that your entire body has erotic potential and it is fun to explore each other's bodies.
- **EXPLORE "OUTERCOURSE,"** there are lots of ways to experience orgasm that don't involve having sex: fingers, nipples, toys - just make sure to clean them.
- **GET TO KNOW YOURSELF,** masturbation is a healthy act of self-love that will help you learn more about your own body and discover what feels good; this is information that you can also give to your partner(s). You and your partner can also masturbate together.
- **CHECK-IN** with your partner regularly about what they like and don't like.

Search the internet or head to your local bookstore for more ideas

Unhealthy Relationships

Signs of unhealthy relationships

10 Signs of an Unhealthy Relationship

INTENSITY

Having extreme feelings or over-the-top behavior that feels like too much

JEALOUSY

Lashing out or trying to control one's partner, signaling that jealousy has become unhealthy

MANIPULATION

Trying to control the decisions, actions, or emotions of another

ISOLATION

Intentionally keeping one's partner from friends, family, or others

SABOTAGE

Purposely ruining the reputation, achievements, or success of one's partner

BELITTLING

Making one's partner feed bad about themselves

GUILTING

Making one's partner feel guilty or responsible for their own actions

VOLATILITY

Unpredictably overreacting in a way that makes one's partner feel they need to walk on eggshells or change their own behavior to keep them from lashing out

DEFLECTING RESPONSIBILITY

Making excuses for unacceptable behavior

BETRAYAL

Acting differently with one's partner in comparison to how one acts when their partner is not around

IS THIS NORMAL?

TIME TOGETHER

"My boyfriend wants to spend all of our free time together. He gets upset if I want to spend time with friends, and even makes me feel guilty about texting them or talking on the phone. At first it was nice that he wanted to be together so often, but it feels like I'm sacrificing my other relationships."

EXPLANATION

This behavior exhibits several signs of an unhealthy relationship: jealousy, manipulation, isolation, and guilting. See the section on page 38 to learn how to address an unhealthy relationship.

Unhealthy Relationships

Sexual relationships and harassment over the internet

Unhealthy Sexual Relationships and the Internet

Social media can connect us, but it can also provide a platform for electronic harassment, threats, "sextortion," and cyber stalking

- While it can be enjoyable to have intimate photos of your partner, such photos can be used spitefully in an unhealthy relationship
- If your partner, or anyone, takes explicit photos of you without your consent, that is harassment
- If someone posts explicit photos of you on social media, or otherwise stalks or harasses you, that is ***punishable under the Uniform Code of Military Justice (UCMJ)***

Getting Help for Social Media Sexual Harassment

If you or someone you know experiences sexual harassment or other inappropriate behavior through social media, there is help! Contact:

- Your Command Managed Equal Opportunity manager (CMEO)
- Fleet and Family Services
- Your Command Equal Employment Opportunity (EEO) Office
- Your Command SAPR Office (see "Sexual Assault" section)
- NCIS - either directly or through their website (click here) or the NCIS App

www.

To access Navy's Social Media Handbook click here.

IS THIS NORMAL?

SEXTING

"My boyfriend and I send each other sexual texts, including photos. He's joked before about sharing them with people, and during a fight he threatened to post them if I broke up with him. "

EXPLANATION

This is "sextortion" or blackmail using sexual information or images. It is still considered blackmail if the texts or images were sent consensually, but the recipient decides to share them without consent.

Unhealthy Relationships

Seeking help if you are in an unhealthy relationship

Recognizing and Addressing an Unhealthy Relationship

A relationship can start out alright but later devolve into an unhealthy, or even violent, sexual relationship.

- For more details about the 10 Signs of an Unhealthy Relationship, click here.
- Watch this video from the One Love Foundation to learn more about healthy relationships by clicking here.
- If you think a friend is in an unhealthy relationship, learn how to talk to them about it by clicking here.

IF YOU FEEL LIKE SOMETHING MAY BE **"OFF"** IN YOUR RELATIONSHIP, **TRUST YOUR GUT** AND **GET HELP**!

REACH OUT: Talk to someone you trust. Don't forget your command Chaplain, counselors at Fleet and Family Services, and command SAPR representatives (click here to see the "Sexual Assault" section)

myPLAN APP: Smartphone app designed to help individuals and their friends determine if a relationship is unsafe

TEXT: Get in touch with a peer advocate by texting "loveis" to 22522

LIVE CHAT: Go to www.loveisrespect.org

CALL: 1-866-331-9474

Sexual Orientation & Gender Identity

Resources for LGBTQIA Sailors and Marines

"The U.S. Navy values diversity and we are a better military and stronger nation for it."

Explore Who You Are

Many people become aware of their sexual orientation and gender identity early in life, but sexuality can be fluid and for some, feelings and attraction may change over time.

- Understanding and accepting who you truly are will empower you to lead a happier and more fulfilling life - be honest with yourself
- Exploring these questions can be scary at first, but you are not alone! Many others are working on figuring this out too
- If you are struggling, seek advice from trusted friends and family, **talk to a military mental health provider**, and explore some of the resources below

RESOURCES FOR LGBTQIA SERVICE MEMBERS

Five Action Steps for Sexual Health "**Embrace your sexual orientation and gender identity**" click here.

Modern Military Association of America: **America's largest non-profit organization for the LGBTQ military and veteran community** click here.

SPART*A: **An advocacy group for transgender military members, veterans, and their families** click here.

Human Rights Campaign **"Resource Guide to Coming Out"** click here.

LGBTQIA Health Care

Resources for LGBTQIA Sailors and Marines

Why come out to your provider?

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA) individuals often experience prejudice, stereotyping, harassment, or bullying. This kind of discrimination can be very stressful, which can put you **at risk for depression, anxiety, substance abuse, feelings of loneliness, and even suicide**.

BE OPEN WITH YOUR PROVIDER

about your sexual orientation, sexual behavior, and gender identity. It not only helps your provider to ensure you receive access to the care you need most, but it also helps you!

Each person's needs will differ, but some health issues to discuss with your provider include:

- **Screening for STIs** (to include HIV)
- Routine **gynecologic screenings** including Pap Tests and Mammograms
- Getting **vaccinated for HPV**, Hepatitis A, and Hepatitis B
- Using **condoms or other barrier methods**
- Problems with **sexual function or satisfaction**
- Plans to **adopt** or **conceive** children
- **Mental health** (social stigmas, family rejection, intimate partner violence)
- **Substance abuse** (drinking, smoking, vaping)

See the following links for the top 10 health issues you should discuss with your provider if you identify as Lesbian, Bisexual, or Transgender.

RESOURCES FOR LBGTQIA HEALTH INFORMATION	
Lesbian Health Info (includes "Ask the Doc" email service)	Click here
Lyon-Martin **Health Services**	Click here
Whitman-Walker - **The Mautner Project**	Click here
Howard Brown **Health Center**	Click here
The Fenway Institute – **The National LGBT Health Education Center**	Click here

Sexual Assault

DoD Policy and reporting instances of sexual assault

DoD Policy / DoD Directive 6495.01

- The DoD Sexual Assault Prevention and Response Office (SAPRO) administers **sexual assault-related policy and standards for adoption across the military** to establish resources and protections for all service members.
- SAPRO's policies are gender-responsive, culturally competent, and **recovery-oriented, resulting in medical care and services that support** those who have been victimized.
- In its policy oversight and advisory role, SAPRO aims to establish a comprehensive **trauma-informed response system** that goes beyond traditional approaches and **empowers victims during the reporting process**.

Do you have to report sexual assault?

NO, you do not have to report a sexual assault. Both the decision to report, as well as the type of report you choose, is a personal choice and will be based on your needs and preferred outcome.

- Some victims say reporting and seeking justice helped them recover and gain a sense of control over their lives, while others do not need to engage in the justice process in order to heal.
- **If the victim is more comfortable, they can discuss the sexual assault with a trusted family member, friend, or peer** if they are **NOT** law enforcement or in the victim's chain of command.

! **Disclosing any information** about a sexual assault to a family member, friend, or peer **could effect the type of report a victim can file**. Talk to your SARC/SAPR VA to understand all your options before discussing information with a trusted family members, friend, or peer.

BENEFITS OF REPORTING

Regardless of reporting type, **victims will have the choice** to access the following:

- **Medical Care** [contraception, screening for sexually transmitted illnesses (STIs)]
- Mental Health Services
- **Consultation with a Legal Professional**
- **Chaplain**
- **Sexual Assault Forensic Exam** (SAFE)

Sexual Assault

The two types of reports available to sexual assault victims

WHAT IS AN **UNRESTRICTED REPORT**?

The victim reports the sexual assault to the command Sexual Assault Response Coordinator (SARC), Sexual Assault Prevention and Response (SAPR) Victim Advocate (VA), health care professional, legal personnel, law enforcement, or a member of your chain of command.

- Filing an unrestricted report will **NOT remain confidential** – there will be a **"need to know" notification of the chain of command and the case will be sent to the Naval Criminal Investigation Service** (NCIS) for further investigation.
- Victim can **request protective measures** like Military Protective Orders (Victim Witness Assistance Program) or Expediated Transfer (victim is moved to a new command and/or installation).
- Victim will be **assigned a Victims Legal Counsel (a lawyer)**.
- **An Unrestricted Report CANNOT be turned into a Restricted Report.**

WHAT IS A **RESTRICTED REPORT**?

The victim can **ONLY** report the sexual assault to the command SARC, SAPR VA, or health care professional; **Chain of Command and perpetrator will NOT be notified.**

- No further investigation will occur at the time of the report, but the documentation of the assault will ensure that if the victim chooses to open the case for investigation later (through an Unrestricted Report), they can.
- The victim should avoid discussing the assault with friends until after notification of the SAPR VA, as they may be mandatory reporters.
- The Catch a Serial Offender (CATCH) Program is an opportunity to anonymously disclose suspect information to the DoD to identify repeat offenders. Click here for more info.
- **Service members CAN turn their Restricted Report into an Unrestricted Report at any point.**

Sexual Assault

Pathways of the two types of sexual assault reports

Navy Sexual Assault Response Pathway for Victims

UNRESTRICTED REPORTS

Victim **reports a sexual assault** to SARC, SAPR/VA, health professional, security/law enforcement (military or civilian), legal personnel, or NCIS

SAPR/VA & Response **Coordinator Assigned**

Victim has access to the following **optional support services**: medical care, mental health services, and legal assistance

Naval Criminal Investigative Service (**NCIS**)
Navy Victim **Legal Counsel**
Victim **Witness Assistance Program/** Expedited Transfer

RESTRICTED REPORTS

Victim **reports a sexual assault** to SARC, SAPR/VA, or a health care professional

SAPR/VA & Response **Coordinator Assigned**

Victim has access to the following **optional support services**: medical care, mental health services, and confidential legal consultation

! Restricted Reports can be turned into Unrestricted Reports; however, **once you file an Unrestricted Report it CANNOT become Restricted.**

Sexual Assault

There are many ways to submit a sexual assault report

How to Submit a Report

CALL the DoD Safe Help Line, 1-877-995-5247 (same worldwide via DSN)

TEXT 55-247 (in the United States) or 001-202-470-5546 (OCONUS)

LIVE CHAT Safe Help Line, click here

Provides live, confidential, one-on-one help through a secure instant-messaging platform. The website also contains vital information about recovering from and reporting a sexual assault.

GROUP CHAT Safe Help Room, click here

Group chat service that allows survivors of sexual assault in the military to connect with and support one another in a moderated and secure online environment

APP DoD Safe Helpline

Allows survivors to create a customized self-care plan and access recommended exercises. Self-care plans and exercises can be accessed anytime, even without an Internet connection.

For more information on the DoD Safe Helpline click here, or on the Navy Fleet and Family Sexual Assault Prevention and Response click here.

REMINDERS

Regardless *of how, or if, you choose to report sexual assault,* ***you will be offered the full range of advocacy, medical, and counseling services****.*

Reporting to SARC, SAPR Victim Advocate (VA), or health care personnel first *will allow you to choose either reporting option.*

If you initially file an unrestricted report, ***you cannot change it to a restricted report****. If you initially file a restricted report,* ***you can later change it to an unrestricted****.*

Contraception

Contraception Overview

Contraception (birth control) prevents pregnancy by interfering with ovulation, fertilization, or implantation of the ovary (egg) in the uterus

Contraception is....

- **OPTIONAL:** You do not have to use contraception; it is a personal choice.
- **FREE**: All methods of contraception are available for active duty service women under TRICARE.
- **NOT JUST FOR BIRTH CONTROL:** Contraception can keep your periods consistent, reduce cramps, improve acne, decrease heavy bleeding, and some forms allow you to skip having periods altogether.

Things to Consider

- **Pregnant service women are not deployable during pregnancy and for up to a year after delivery.**
- Contraception is available to all service men and women throughout their career.
- If you have no immediate plans for pregnancy, long-acting reversible contraceptives (LARCs) may be beneficial, particularly prior to deployment as they are highly effective, low-maintenance, and often suppress periods.
- Consult your primary care physician or head to a Contraceptive Walk-In Clinic (ideally a month or more before deploying) to review your medical history and determine what contraceptive options are best for you.

WHERE CAN I FIND MORE INFORMATION?

Download the Free Defense Health Agency (DHA) Decide + Be Ready App

This App explains the basics of different methods of contraception, including effectiveness, how it is used, and side effects. Additionally, the app offers a section on considerations for service women with information on menstrual management and how deployment may affect different forms of birth control.

NOTE: When you search for this App, use the plus sign + (not AND or &)

Contraceptive Methods

Details on the effectiveness and maintenance requirements of different birth control options

More Effective

Less Effective

Contraceptive Methods: Effectiveness and Maintenance

99%+ Effectiveness

Less than 1 pregnancy per 100 women annually

After procedure, minimal maintenance needed in this category

Vasectomy and female sterilization: After a vasectomy procedure, use a backup method for 3 months. These methods are permanent surgical procedures.

Implant and Intrauterine Devices: Effective for 3-10 years. Can be removed at any time, are 99% effective, and require no daily maintenance, making them an optimal choice for remote settings.

Implant (NEXPLANON®)*

IUD*

Vasectomy

Female Sterilization

90 – 92% Effectiveness

6 -12 pregnancies per 100 women annually

Injections: Require repeat injections every 3 months.

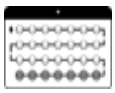
Pill: Take one pill daily (depending on type, can skip the last week and start a new pack to skip period).

NuvaRing®: Keep in place for 3 weeks, remove on 4th week and insert new ring.

Annovera®: Keep in place 3 weeks, remove on 4th week, re-use same ring for 13 cycles.

Patch: Place patch weekly for 3 weeks, then remove for one week.

Injections



Pills

Patch

NuvaRing®

Annovera®

68 – 85% Effectiveness

18 or more pregnancies per 100 women annually

Condoms, Sponge, Withdrawal, Cervical Caps, Spermicides: Use as instructed every time you have vaginal sex.

Condoms: Provide protection against sexually transmitted infections (STIs).

Fertility-Awareness Methods (FAMs): Abstain from sex or use condoms on fertile days (usually days 11-16 of menstrual cycle if periods are regular).

Male Condoms

Female Condoms

Sponge

Withdrawal

Cervical Cap

Spermicides

FAMs

Long-Acting Reversible Contraceptives (LARCs) Overview

Below is a comparison of the different types of LARCs

LARC Benefits

- LARCs are the **most effective reversible options for preventing pregnancy.**
- With a LARC, you are **protected for 3 - 10 years** depending on the option you choose.
- LARCs **require little maintenance** once inserted.
- LARCs may cause you to have shorter, lighter periods, or no periods at all.
- A provider can remove your LARC at any time.

LARC Comparison Chart

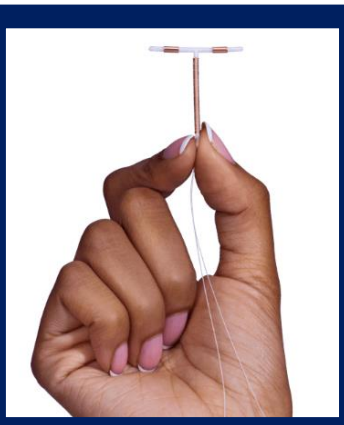
Name	Type	FDA-Approved Coverage	Additional Information
Kyleena®	IUD	5 Years	• 99% effective at preventing pregnancy • Fewer hormones than Mirena®, but more than Skyla® • May have irregular periods or no period
Liletta®	IUD	6 Years	• 99% effective at preventing pregnancy • May have irregular periods or no period at all
Mirena®	IUD	7 Years	• 99% effective at preventing pregnancy • More likely to have irregular periods or no period at all
ParaGard®	IUD	10 Years	• 99% effective at preventing pregnancy • Hormone free • Periods are usually regular or slightly heavier
Skyla®	IUD	3 Years	• 99% effective at preventing pregnancy • Slightly smaller than Mirena®, less hormone dose • May have irregular spotting or no period at all
NEXPLANON®	Implant	3 Years	• 99% effective at preventing pregnancy • May have irregular spotting or no period at all
Annovera®	Vaginal Ring	1 Year	• 97% effective at preventing pregnancy • May have irregular spotting or no period at all

Copper Intrauterine Device (IUD)

Additional information on one of the most effective, longest lasting, and lowest-maintenance contraceptive option

How Do I Use It?

- The copper IUD (ParaGard®) is a T-shaped plastic rod inserted through the vagina into the uterus by a health care provider.
- The copper IUD works immediately after it is placed in you and can be used for 10 years.
- Some people like to check their IUD's string after each period. To check, insert a finger into your vagina and feel for the cervix. (It feels like the tip of your nose.) You should feel the string near your cervix. Do not pull on the string.



ParaGard® | *Source: ParaGard®*

What Else Should I Know?

- You may experience cramps and discomfort during placement and you must wait 24 hours after the IUD is placed before you can use tampons or have sex.
- The copper IUD may be inserted up to 5 days after unprotected sex to prevent pregnancy.
- You will not feel the IUD inside of you.
- You may have cramps and heavy periods with the copper IUD.
- The copper IUD does not protect you from sexually transmitted infections (STIs).
- Be aware that using a menstrual cup with a copper IUD may increase risk of accidental dislodging or expulsion of the IUD. IUD strings should sit inside of the cup and not between the cup and the vaginal wall. Avoid pulling the cup out from the base, this should help to reduce the risk of pulling on your strings.

How Well Does It Prevent Pregnancy?

The copper IUD is more than 99% effective at preventing pregnancy.

Deployment Considerations

- No maintenance required – you don't need to do anything extra to be protected from pregnancy, once your IUD has been inserted
- The copper IUD allows total privacy over your birth control method.
- This method may cause heavy periods and more menstrual cramps, which may be uncomfortable or bothersome while deployed.

PROS OF THE COPPER IUD

- Over 99% effective.
- You are protected from pregnancy for up to 10 years after one insertion.
- No upkeep required.
- A provider can remove your IUD at any point if you wish to change methods or become pregnant.
- The copper IUD has no hormones.

CONS OF THE COPPER IUD

- You may experience cramps and discomfort during placement.
- You may have cramps and heavy periods with the copper IUD.
- The copper IUD does not protect you from STIs.

Progestin Intrauterine Device (IUD)

Additional information on one of the most effective, longest lasting, and lowest-maintenance contraceptive options

How Do I Use It?

- The progestin IUD is a T-shaped plastic rod inserted through the vagina into the uterus by a health care provider.
- The progestin IUD doesn't take full effect until 7 days after it is inserted. For 7 days after your IUD is inserted, use condoms or continue your pills/patch/ring as back-up contraception.
- The progestin IUD works for 3 - 7 years, depending on which IUD you choose.
- Some people like to check their IUD's string after each period. To check, insert a finger into your vagina and feel for the cervix. (It feels like the tip of your nose.) You should feel the string near your cervix. Do not pull on the string.

IUD | *Image source: Centers for Disease Control and Prevention (CDC)*

What Else Should I Know?

- You may experience cramps and discomfort during placement, and you must wait 24 hours after the IUD is placed before you can use tampons or have sex.
- You may have cramps and spotty periods for the first few months.
- You may stop having periods with the progestin IUD.
- You will not feel the IUD inside of you.
- The progestin IUD does not protect you from sexually transmitted infections (STIs).
- Clinical research demonstrates that levonorgestrel-releasing 52 mg intrauterine devices Liletta® and Mirena® are a safe and effective choice for emergency contraception. Talk to a healthcare provider about using Liletta® or Mirena® as emergency contraception.

How Well Does It Prevent Pregnancy?

The progestin IUD is more than 99% effective at preventing pregnancy.

Deployment Considerations

- No maintenance required - you do not need to do anything extra to be protected from pregnancy once your IUD has been inserted.
- The progestin IUD allows total privacy over your birth control method.
- This method may stop you from experiencing a period, which may be beneficial while deployed.

PROS OF THE PROGESTIN IUD

- Over 99% effective.
- You are protected from pregnancy for up to 7 years after one insertion.
- No upkeep required.
- A provider can remove your IUD at any point if you wish to change methods or become pregnant.
- You may stop having periods with the progestin IUD.

CONS OF THE PROGESTIN IUD

- You may experience cramps and discomfort during placement.
- The progestin IUD does not protect you from sexually transmitted infections (STIs).

NEXPLANON® Implant

Additional information on the implant option

How Do I Use It?

- The progestin implant is a thin plastic tube about the size of a matchstick.
- After numbing your skin, a health care provider inserts the implant under the skin of your upper arm.
- You should keep the wound clean and dry for at least 24 hours after you have the implant inserted.
- You should use condoms as back-up during the first 7 days after you get the implant.
- Each implant lasts up to 5 years.

NEXPLANON® | *Source: NY Post*

What Else Should I Know?

- The implant causes periods to change or stop. Most people have off-and-on spotting. Spotting may last until you have the implant removed. This is normal.
- A few people experience mood changes, weight gain, headaches, and/or acne.
- Most implants cannot be seen, but you can feel it if you touch the skin over the implant.
- NEXPLANON® does not protect you from sexually transmitted infections (STIs).

How Well Does It Prevent Pregnancy?

NEXPLANON® is more than 99% effective at preventing pregnancy.

Deployment Considerations

- No maintenance required - you do not need to do anything to be protected from pregnancy once the implant has been inserted.
- NEXPLANON® allows total privacy over your birth control method.
- This method may stop you from experiencing a period, which may be beneficial while deployed.

PROS OF NEXPLANON®

- Over 99% effective.
- You are protected from pregnancy for up to 5 years after insertion.
- No upkeep required.
- A provider can remove NEXPLANON® at any point if you wish to change methods to become pregnant.
- You may stop having periods with NEXPLANON® .

CONS OF NEXPLANON®

- A few people experience mood changes, weight gain, headache, and/or acne.
- You may experience irregular and unpredictable bleeding.
- NEXPLANON® does not protect you from STIs.

Annovera®

Additional information on Annovera®, a reusable vaginal ring

How Do I Use It?

- Annovera® is a reusable, soft, flexible, ring that you insert into your vagina.
- Annovera® should be placed in the vagina and left in place for 21 continuous days and then removed for 7 days, at which time you may experience a period.
- The same ring can be washed and then inserted for another three weeks repeatedly for a full year (13 cycles).
- If Annovera® is out of your vagina for more than 2 hours at one time or at different times that add up to more than 2 hours over the first 21 days of your cycle, then you will need to use another method of birth control, such as condoms or spermicide.

Annovera® | *Source: Annovera®*

What Else Should I Know?

- Annovera® is designed to be worn during sex, but if you prefer, you can remove it for up to 2 hours.
- Annovera® does not require a health care visit for insertion or removal. You can easily remove Annovera® on your own if you change your mind about taking birth control.
- Most women don't feel Annovera® once it is in place in the body.
- Annovera® should be washed with mild soap and water and rinsed and patted dry with a clean cloth towel or paper towel prior to each insertion and at each removal.
- Annovera® does not protect you from sexually transmitted infections (STIs).

How Well Does It Prevent Pregnancy?

Annovera® is 97.3% effective at preventing pregnancy.

Deployment Considerations

- You need to remember to remove and re-insert Annovera® on the appropriate dates.
- You need access to space to wash, insert, and remove Annovera® as needed.
- Annovera® comes with a small case for convenient and discreet storage. It looks like a makeup compact case.
- You may experience a period for the 7 days that Annovera® is not inside your vagina.

PROS OF ANNOVERA®

- Annovera® does not require a health care visit for insertion or removal.
- You can remove and stop using Annovera® at any point if you wish to change methods to become pregnant.
- Annovera® allows you to re-use the same vaginal ring for 13 months.
- Annovera can be kept in place continuously to suppress periods, but you may have some intermittent spotting.

CONS OF ANNOVERA®

- You need to remember to remove and re-insert Annovera® on the appropriate dates.
- Annovera® does not protect you from STIs.
- You may experience a period for the 7 days that Annovera® is not inside your vagina.

Oral Contraception: “The Pill”

See below for information on using birth control pills

How Do I Use It?

- Birth control pills come in a pack, and you take 1 pill every day, at the same time every day.
- There are 2 types of birth control pills (combination pills and progestin-only pills), and many different brands.
- You can start taking birth control pills as soon as you get them, but when you’ll be protected from pregnancy depends on when you start and the kind of pill you’re using. You may need to use a backup birth control method for up to the first 7 days.
- The last pills in 28-day packs of combination pills do not have hormones in them. These pills are called "reminder" or “placebo” pills — they help remind you to take your pill every day and start your next pack on time.

Oral contraception |
Source: Bed Side

What Else Should I Know?

- Skipping your period with the 28-day pill pack is safe and super easy. Just take a pill with hormones every day and skip your hormone-free “reminder” pills to go straight into your next pack.
- If you have a 21-day pack, it’s important to take every pill in a 21-day pack because there are no reminder (hormone-free) pills.
- You may have some bleeding or spotting when you use the pill to skip your period — that’s totally normal. There’s nothing dangerous or harmful about using the pill to skip your period.
- You must take progestin-only pills within the same 3 hours every day to be protected from pregnancy. One type of progestin-only pill has to be taken within the same 24 hours every day to reliably be protected from pregnancy.
- The pill does not protect you from sexually transmitted infections (STIs).
- DHA-PI 6200.02 allows the pharmacy to dispense a year’s worth of contraception if your provider prescribes it, so you do not have to return to the pharmacy every 3 months.

How Well Does It Prevent Pregnancy?

The pill is 91% effective at preventing pregnancy.

Deployment Considerations

- You need enough pills to last the entire length of your deployment, which may require additional packs if you plan to skip the placebo pills in a 28-day pack. (Be sure to ask your health care provider to prescribe additional packs if you skip the placebo week; for example, a year’s worth would be 18 packs)
- You need to remember to take the pill every single day at the same time each day.
- You can easily and safely skip periods with the pill.

PROS OF THE PILL

- The hormones in the pill can reduce menstrual cramps and make your period lighter.
- The pill may also help reduce acne.
- You can easily skip your period while using the pill.
- You can stop taking the pill at any point if you wish to change methods or become pregnant.

CONS OF THE PILL

- You need to remember to take the pill every single day.
- If you forget to take your pill, you may need to use back-up contraception or emergency contraception.
- You will need to refill your prescription, with the frequency depending on your prescription and pharmacy stock.
- The pill does not protect you from STIs.

NuvaRing®

See below for specific information on NuvaRing®, a flexible ring you insert into the vagina

How Do I Use It?

- NuvaRing® is a small, bendable, plastic circle that contains estrogen and progestin (the same hormones in the pill) that you insert into your vagina.
- You leave the ring in your vagina for 3 weeks, remove it for the 4th week, and insert a new ring at the end of the 4th week.
- Most women get their period during the ring-free week.
- Store NuvaRing® at room temperature for up to 4 months after you receive it and throw it away if the expiration date on the label has passed.
- If you put your first ring in within 5 days after the start of your period, you are protected against pregnancy right away.
- If you put your first ring in more than 5 days after the start of your period, you should use condoms as back-up for the first 7 days.

NuvaRing® | *Source: Women's Health Magazine*

What Else Should I Know?

- Because the ring has enough hormones to last 35 days, you can leave it in for a little over 3 weeks to change the ring on the same day of each month (for instance, March 1st, April 1st, May 1st, etc.).
- You can skip a period by removing the old ring at the end of the 3rd week and inserting the new ring on the same day instead of having a ring-free week.
- Don't flush the ring down the toilet, it will clog the toilet.
- NuvaRing® is designed to be worn during sex, If it falls out or you chose to remove it, do not leave it out for more than 3 hours or you may not be protected from pregnancy.

How Well Does It Prevent Pregnancy?

NuvaRing is 91% effective at preventing pregnancy.

Deployment Considerations

- NuvaRing® must be stored at room temperature between 68°F to 77°F (20°C to 25°C). This may be difficult in certain deployed environments.
- You need to remember to remove your NuvaRing® every 3 weeks.
- You will need to ensure that your NuvaRing® supply won't expire while you're deployed.
- You can easily and safely skip periods with NuvaRing®.

PROS OF NUVARING®

- The hormones in NuvaRing® may reduce menstrual cramps and make periods lighter and more regular.
- NuvaRing® may also help reduce acne.
- You can easily skip your period while using NuvaRing®.
- You can take out NuvaRing® at any point if you wish to change methods or become pregnant.

CONS OF NUVARING®

- You need to remember to remove and re-insert NuvaRing® on the appropriate dates.
- You need to store your NuvaRing® supply at the right temperature and replace your supply every four months.
- NuvaRing® does not protect you from sexually transmitted infections (STIs).

Depo-Provera®: "The Shot"

See below for specific information on "The Shot"

How Do I Use It?

- An injection containing progestin is administered by a provider every 3 months (or 12 weeks) in the arm or buttocks.
- You need to use another form of birth control (like condoms) for the first week after getting the shot for the first time. As long as you get your next shots on time, you won't need a backup method of birth control after that first week.

Depo-Provera® | *Source: Planned Parenthood*

What Else Should I Know?

- If you're 2 or more weeks late getting your shot, your doctor or nurse may ask you to take a pregnancy test, or tell you to use emergency contraception if you had vaginal sex in the previous 120 hours (five days).
- Lots of people who use the shot stop getting their period altogether after about a year of using it. This, like all the side effects of the shot, goes away after you stop getting the shot. Your period should go back to normal within a few months after your last shot wears off.
- If you decide that you want to get pregnant right away after you stop getting the shot, you should know the shot may delay your ability to get pregnant by up to 10 months.
- The shot does not protect you from sexually transmitted infections (STIs).

How Well Does It Prevent Pregnancy?

The shot is 94% effective at preventing pregnancy.

Deployment Considerations

- It may be very challenging to maintain regular health care appointments to get the shot every 12 weeks while deployed.

PROS OF THE SHOT

- The shot may make your periods shorter and lighter. After the first 2-3 shots, you may have no period at all. This is normal.
- If you use it correctly, you only have to think about birth control 4 times a year.
- If you do get the shot in a doctor's office, you don't have to deal with packaging or any other evidence of birth control, so nobody has to know that you're using it.

CONS OF THE SHOT

- You may experience extra and/or heavy bleeding & weight gain, especially when you first start using the shot.
- You need to remember to get a shot from a provider or administer one to yourself every 12 weeks.
- The shot doesn't change your ability to get pregnant in the long run, but it can cause a delay of about 10 months in being able to get pregnant after stopping it.
- The shot does not protect you from STIs.

The Patch

See below for specific information on "The Patch"

How Do I Use It?

- Stick a new patch to clean, dry skin on your belly, upper outer arm, buttocks, or back — but NOT your breast.
- Wear the patch for 1 week (7 days), then take off the patch and put on a new one. Each pack will have 3 weekly patches in it.
- Change your patch once a week for 3 weeks straight.
- Be sure to put on a new patch on the same day every week — this will be your "patch change day."
- Always put the patch on clean, dry skin, and don't use lotion, oils powder, or makeup on the skin where you put your patch — they could keep the patch from sticking.
- Check your patch every day to make sure it is sticking.

"The Patch" In Use | *Source: National Health Service UK*

What Else Should I Know?

- You need to use another form of birth control (like condoms) for the first week after you start using the patch.
- Don't wear a patch during the fourth week — that's when you'll get your period. After 7 patch-free days, put on a new patch again. It's really important to put your new patch on right after your patch-free week, or you'll be at risk for pregnancy.
- It is not recommended to skip periods with patch use because it may increase your risk of blood clots.
- If the patch falls off or you forget to change your patch on time, you may need to use back-up contraception for seven days, or use emergency contraception.
- The patch does not protect you from sexually transmitted infections (STIs).

How Well Does It Prevent Pregnancy?

The patch is 91% effective at preventing pregnancy.

Deployment Considerations

- Your patches must be stored at room temperature away from the sunlight.
- If you are in water frequently or sweat a lot, you may have problems with the patch's adhesive, which means it may not provide adequate protection against pregnancy.
- The patch is visible on the skin, so it is not as private as other birth control options.
- You will need an adequate supply of patches to last your deployment; ask your provider to write for the pharmacy to dispense 12 months worth (allowed under DHA PI 6200.02)

PROS OF THE PATCH

- You can remove and stop using the patch at any point if you wish to change methods or become pregnant.
- The path may help with acne, make your periods lighter and more regular, and ease menstrual cramps.

CONS OF THE PATCH

- You need to check your patch each day to make sure it is still sticking and change your patch each week.
- Deployment activities that involve swimming or sweating may make using the patch difficult.
- The patch is visible on the skin, so it is not as private as other birth control options.

Male Condoms

To protect yourself against sexually transmitted infections (STIs), you will need to use a barrier method such as the male condom

How Do I Use It?

- Check the expiration date printed on the wrapper or box.
- Open condoms carefully so you don't damage them — don't use your teeth or scissors.
- Make sure the condom is ready to roll on the right way: the rim should be on the outside so it looks like a little hat, and it will unroll easily.
- Pinch the tip of the condom and place it on the head of the penis. Leave a little bit of space at the top to collect semen
- Unroll the condom down the shaft of the penis all the way to the base.
- Wear the condom the whole time you're having sex.
- After ejaculation, be sure your partner is holding onto the rim of the condom when pulling out of your body.

Male condom | *Source: Stock Photos*

What Else Should I Know?

- Using condoms every time you have oral, anal, or vaginal sex is the best way to reduce your chances of getting or spreading STIs.
- Condoms protect you and your partners from STIs by preventing contact with bodily fluids (like semen and vaginal fluids) that can carry infections.
- Because condoms cover the penis, they help protect against certain STIs like herpes and genital warts that are spread through skin-to-skin contact (but they're somewhat less effective with these because they don't cover all your skin).
- Don't keep condoms in your wallet, as the friction can damage them.
- Because condoms can break, be sure to keep more than one on hand.
- Think about having condoms available so it is not just your partner's
- responsibility.!
- Always check the expiration date and make sure there aren't holes in the packaging before opening your condom. If a condom is torn, dry, stiff, or sticky, throw it away.

How Well Does It Prevent Pregnancy?

Male condoms are 85% effective at preventing pregnancy.

Deployment Considerations

- Condoms must be stored in a cool, dry place away from any sharp objects and direct sunlight.
- Excessive heat and moisture can damage condoms over time.

PROS OF MALE CONDOMS

- Condoms are the only form of birth control that prevent STIs.
- Condoms are easy to find at health centers and convenience stores.
- You don't need a prescription or ID to buy them.
- Adding condoms to your birth control lineup can give you extra pregnancy protection.

CONS OF MALE CONDOMS

- In order for condoms to work well, you have to use them correctly, the whole time, every time you have sex.
- You need to be sure you have a condom with you when you want to have intercourse.
- Condoms are not as effective at preventing pregnancy as other contraception options.

Female/Internal Condoms

To protect yourself against sexually transmitted infections (STIs), you will need to use a barrier method such as a female/internal condom

How Do I Use It?

Female condom | *Source: Very Well Health*

- Check the expiration date on the package, and then open it carefully.
- If you're putting the condom in your anus, remove the inner ring. If you're putting the condom in your vagina, leave the ring in.
- Relax and get into a comfortable position.
- If it's going in your vagina, squeeze together the sides of the inner ring at the closed end of the condom and slide it in like a tampon. Push the inner ring into your vagina as far as it can go, up to your cervix.
- If it's going in your anus, just push the condom in with your finger.
- Make sure the condom isn't twisted. Pull out your finger and let the outer ring hang about an inch outside the vagina or anus.
- Hold the condom open as the penis or sex toy is going into the condom to make sure it doesn't slip to the side between the condom and your vagina or anus.
- If there's semen in the condom, twist the outer ring (the part that's hanging out) to keep the semen inside the pouch.
- Gently pull it out of your vagina or anus, being careful not to spill the semen if there is any.

What Else Should I Know?

- Using condoms every time you have oral, anal, or vaginal sex is the best way to reduce your chances of getting or spreading sexually transmitted infections.
- Condoms protect you and your partners from STIs by preventing contact with bodily fluids that can carry infections.
- Condoms also help protect against certain STIs that are spread through skin-to-skin contact (but they're somewhat less effective with these because they don't cover all your skin).
- Always check the expiration date and make sure there aren't holes in the packaging before opening your condom. If a condom is torn, dry, stiff, or sticky, throw it away.

How Well Does It Prevent Pregnancy?

Female condoms are 79% effective at preventing pregnancy.

Deployment Considerations

- Condoms must be stored in a cool, dry place away from any sharp objects and direct sunlight.
- Excessive heat and moisture can damage condoms over time.

PROS OF FEMALE CONDOMS

- Condoms are the only form of birth control that prevent STIs.
- You can insert the internal condom ahead of time.
- Since all the other condoms out there are worn on a penis, many women love that there's a condom they can control.
- Even if your partner doesn't want to wear a condom, you can still protect yourself.

CONS OF FEMALE CONDOMS

- In order for condoms to work well, you have to use them correctly, the whole time, every time you have sex.
- You need to have a condom with you when you want to have intercourse.
- Some people may feel irritation on their vagina, vulva, penis or anus when they use the internal condom. It's typically just caused by friction, so using a water-based lubricant may help.

Female Sterilization

Female sterilization is permanent and one of the most effective kinds of birth control available

How Do I Use It?

- Tubal ligation is a surgical procedure that permanently closes or blocks your fallopian tubes. When the fallopian tubes are blocked after a tubal ligation, sperm can't get to an egg to cause pregnancy.
- You still get your period after tubal ligation — you just can't get pregnant.
- Most women can safely get sterilized. Your doctor will talk with you about your health to make sure sterilization is right for you.
- You should only get sterilized if you're totally sure you don't want to be able to have kids for the rest of your life.
- Tubal ligation won't protect you or your partners from sexually transmitted infections (STIs).

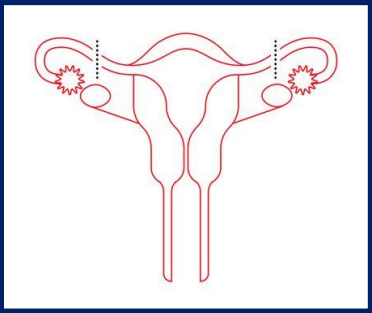


Illustration of tubal ligation | *Source: Planned Parenthood*

What Else Should I Know?

- Reversals are not routinely covered by TRICARE and are rarely performed by military health care providers. If a reversal is done, the procedure is not always successful.
- ***Sterilization may not be a good choice for you if:***
  - There's any chance you'll want to get pregnant in the future.
  - You're being pressured by your partner, friends, or family.
  - You hope sterilization will solve problems that may be temporary — like marriage or sexual issues, short-term mental or physical illnesses, or money problems.

How Well Does It Prevent Pregnancy?

Tubal ligation is 99% effective at preventing pregnancy.

Deployment Considerations

- You may need time to recover from the procedure before a deployment.

PROS OF FEMALE STERILIZATION

- Tubal ligation is permanent and one of the most effective kinds of birth control out there
- After you get sterilized and the doctor says it's safe for you to have sex without birth control, that's pretty much it — you never have to use birth control again.
- Tubal ligation doesn't use hormones to prevent pregnancy. It won't cause menopause, change your periods, or mess with your natural hormones.
- if you choose to have your tubes removed entirely (vs. blocked), it can reduce your risk of ovarian cancer.

CONS OF FEMALE STERILIZATION

- Sterilization is **designed to be permanent** but reversal may be possible.
- You should only get sterilized if you're totally certain you never want to get pregnant for the rest of your life.
- Sterilization does not protect you from STIs.
- Sterilization does not give you the opportunity to practice menstrual suppression.

Male Sterilization

Male sterilization is permanent and one of the most effective kinds of birth control available

How Do I Use It?

- A vasectomy involves cutting each vas deferens (the tube that sperm move through to get to the penis).
- To expose the vas deferens a small puncture is made through the scrotum skin after numbing and then the vas is either cut, tied or clipped. You typically wear a jock strap or supportive underwear and avoid strenuous exercise for seven days.
- You should use a back up contraceptive method until you have had 20 ejaculations (typically 3 months), and a confirmation semen analysis to confirm there are no sperm.

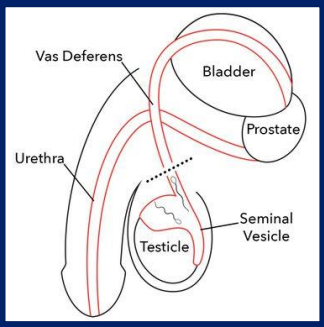


Illustration of vasectomy | *Source: Planned Parenthood*

What Else Should I Know?

- Vasectomies are meant to be permanent — so they usually can't be reversed. You should only get a vasectomy if you're 100% positive you don't want to have a biological child later in life.
- A vasectomy won't protect you or your partners from sexually transmitted infections (STIs).
- ***A vasectomy may not be a good choice for you if:***
  - You may want to have a child biologically in the future.
  - You're being pressured by your partner, friends, or family.
  - You hope a vasectomy will solve problems — such as marriage or sexual problems, short-term mental or physical illnesses, financial stress, or being out of work.

How Well Does It Prevent Pregnancy?

A vasectomy is 99% effective at preventing pregnancy.

Deployment Considerations

- It takes about 3 months for the semen to become sperm-free. The semen must be checked to be sure there are no sperm.
- Men may need time to recover from the procedure before a deployment.

PROS OF MALE STERILIZATION

- Sterilization is permanent and the most effective method of birth control out there for men.
- A vasectomy is really effective because it's designed to be permanent, and you can't forget to use it or mess it up. It prevents pregnancy round the clock for the rest of your life.

CONS OF MALE STERILIZATION

- Sterilization is meant to be permanent.
- You should only get sterilized if you're totally certain you never want to have a biological child the rest of your life.
- Sterilization does not protect you from STIs.
- Vasectomies are super safe, and very few people have complications. But like all medical procedures, there are some possible risks. The most common risks with a vasectomy are minor and treatable.

The Withdrawal Method

The withdrawal method should be paired with another form of contraception if you are trying to avoid pregnancy

How Do I Use It?

- Withdrawal is exactly what it sounds like: pulling the penis out of the vagina before ejaculation (a.k.a. cumming). If semen gets in your vagina, you can get pregnant. So ejaculating away from a vulva or vagina prevents pregnancy. But your partner has to be sure to withdraw before any semen comes out, every single time you have vaginal sex, in order for it to work.
- The best way to make the withdrawal method effective is to use it with another type of birth control (like the ring, pill, or condoms). This way, if there's a slip up, you're still protected.
- The penis has to be all the way out of your vagina before he ejaculates, and then he has to ejaculate away from your vulva and vagina. This sounds like no big deal, but it can actually be difficult lots of the time.

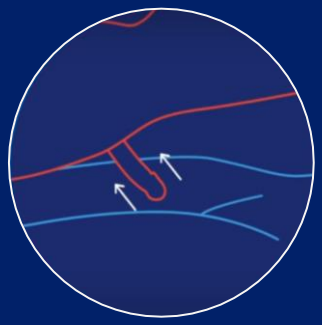


Illustration of withdrawal | *Source: Planned Parenthood*

What Else Should I Know?

- Withdrawal also takes a lot of self-control — your partner has to be willing and able to stop having sex before ejaculating.
- So in order to use the withdrawal method correctly, your partner must know exactly when semen is going to come out of his penis — and he has to be able to withdraw his penis from the vagina before it happens.
- It's important for your partner to understand his body and sexual responses really well, so he can feel when he reaches the point of ejaculation. This can be a big challenge, especially for people who are young or not sexually experienced.
- While withdrawal can prevent pregnancy, it doesn't protect you against sexually transmitted infections (STIs). Some STIs, like genital warts and herpes, are spread through skin-to-skin contact. And STIs like chlamydia, syphilis, or gonorrhea can be carried in pre-ejaculate.
- Sometimes pre-ejaculate (pre-seminal fluid) can contain sperm, so even if your partner withdraws, it may not prevent pregnancy.

How Well Does It Prevent Pregnancy?

The withdrawal method is 78% effective at preventing pregnancy.

PROS OF WITHDRAWAL METHOD

- The withdrawal method is free and always available.
- The withdrawal method is hormone-free and has no side effects.

CONS OF WITHDRAWAL METHOD

- It's hard to withdraw in time. Your partner has to withdraw right around the time those pleasurable sex feelings are the most intense, which many people aren't willing to do when it comes time.
- The withdrawal method is not a good way to prevent pregnancy if you experience premature ejaculation
- Self-control and trust are absolute musts for the withdrawal method. You need to have a healthy relationship, where both partners are equally committed to preventing pregnancy, to use withdrawal correctly.

Fertility Awareness Methods (FAMs)

Practicing fertility awareness can be very challenging and requires a strong personal commitment and time investment

How Do I Use It?

- FAMs help you track your menstrual cycle so you'll know when your ovaries release an egg every month (this is called ovulation).
- The days near ovulation are your fertile days — when you're most likely to get pregnant. So people use FAMs to prevent pregnancy by avoiding sex or using another birth control method (like condoms) on those "unsafe," fertile days.
- There are a few different FAMs that help you track your fertility signs. You can use 1 or more of these methods to predict when you'll ovulate:
  - The Temperature Method: you take your temperature in the morning every day before you get out of bed.
  - The Cervical Mucus Method: you check your cervical mucus (vaginal discharge) every day.
  - The Calendar Method: you chart your menstrual cycle on a calendar.
- It's most effective to combine all 3 of these methods.

Illustration of the fertility awareness method | *Source: Planned Parenthood*

What Else Should I Know?

- The better you are about using FAMs the right way — tracking your fertility signs daily and avoiding sex or using birth control on "unsafe" days — the more effective they'll be. But there's a chance that you'll still get pregnant, even if you always use them perfectly.
- FAMs are most effective when:
  - You work with a nurse, doctor, or counselor who knows FAMs well to learn how to use them correctly.
  - You have the time and discipline to check your fertility signs and chart your cycle every day.
  - You and your partner don't mind avoiding vaginal sex or using another kind of birth control around your fertile days.

How Well Does It Prevent Pregnancy?
FAMs are 68-77% effective at preventing pregnancy.

Deployment Considerations

- A very busy lifestyle makes it very difficult to track the necessary indicators to follow a FAM.
- While deployed, you may not have the time to dedicate tracking your cycle and fertility every single day.

PROS OF FAMs

- Because you're not taking any medicine, they're completely safe and have no side effects.

CONS OF FAMs

- You need to track your cycle every day.
- You have to learn a lot about your menstrual cycle. You have to know when you're ovulating and fertile.
- FAMs don't work as well for people who can't track their fertility signs daily, or aren't willing to avoid having sex on fertile days. They're also not good methods for people with irregular menstrual cycles.
- FAMs do not prevent sexually transmitted infections (STIs).

Emergency Contraception

Emergency contraception is a safe and effective way to prevent pregnancy following an unprotected encounter

What is Emergency Contraception?

- Emergency contraception is birth control you can use to prevent pregnancy up to five days (120 hours) after unprotected sex. It's safe and effective.
- You can get some types of morning-after pills (like Plan B®) without a prescription at drug stores, grocery stores, or health centers.
- For other types of emergency contraception (such as the copper IUD, Paragard ®, the 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.
- The best kind for you depends on a few factors — when you had sex, your weight, whether you're breastfeeding, and what kind is easiest for you to get.

This **quiz** can help you identify the best type of emergency contraception for your situation.

Common Misconceptions about Emergency Contraception

Emergency contraception will harm an already existing pregnancy.	**False!** Emergency contraception prevents you from becoming pregnant in the first place by delaying ovulation and will not harm an existing pregnancy.
Emergency contraception can prevent transmission of sexually transmitted infections (STIs).	**False!** See a health care provider and ask about getting screened if you think you were exposed to an STI.
Emergency contraception can be used as a regular form of contraception.	**False!** Emergency contraception is for "emergency" situations and is not as effective as other contraceptive methods. Consult with your provider about more reliable methods.

REAL LIFE EXAMPLE

ACCIDENTS HAPPEN...

"The condom broke while my partner and I were having sex. I am on the pill, but have missed multiple pills this month due to my crazy duty schedule and general forgetfulness. What can I do to protect myself from pregnancy?"

YOU HAVE OPTIONS

If you had sex without using birth control or made a mistake using your method, there's still a way to prevent pregnancy — but you have to act fast. Head to the nearest pharmacy or grocery store to purchase Plan B® (Plan B® is free at military pharmacies) or contact a health care provider to discuss the copper IUD or ella®. In addition, consider a more reliable birth control method such as a long acting reversible contraceptive (LARC) if you're having difficulty with your current method.

Emergency Contraception

Below is detailed information on the different types of emergency contraception available.

Comparing Different Forms of Emergency Contraception

	Copper Intrauterine Device (IUD)	Hormonal IUDs: Liletta® and Mirena®	ella®	Plan B One-Step®
Effectiveness	Most Effective	Most Effective	Highly Effective	Less Effective
When to Use	Up to 5 days after unprotected sex	Up to 5 days after unprotected sex	Up to 5 days after unprotected sex	• Up to 3 days after unprotected sex • Less effective on days 4 and 5, but you can still use it
Who Can Use	All women	All women	• All women (unless breastfeeding) • May be less effective for women with a body mass index (BMI) > 30	• All women (unless breastfeeding) • Likely less effective for women with a BMI > 30
How to Get	Inserted vaginally by a provider	Inserted vaginally by a provider	Need a prescription from your provider	Available to anyone at your local drug store without a prescription
Additional Information	Provides safe and effective birth control for up to 10 years	• Clinical research demonstrates Liletta® and Mirena® are a safe and effective choice for EC. Talk to a healthcare provider about using Liletta® or Mirena® as emergency contraception • Provides safe and effective birth control for up to 7 years	• Must wait 5 days after using ella® to resume hormonal birth control methods including the pill • Use back up method (condoms) if you have sex	• Do not use if you have already used ella® since your last period • Can begin using any form of birth control immediately after taking Plan B®

Menstrual Management and Suppression

Menstrual Management

How to manage your period while deployed

How do I deal with my period while deployed?

Active duty females encounter conditions which make managing your period difficult, including field conditions that make carrying and managing menstrual products (pads, tampons, etc.) challenging and the inability to flush tampons and pads down the toilet on ships. **Consider the options below to make managing your period easier**, or look on the next page for ways to suppress your period.

Menstrual Cups
(DivaCup®)

DivaCup® | *Source: Med Scape*

A menstrual cup is folded and inserted in the vagina for up to 12 hours.

REUSABLE: Patients wash the cup with soap and water and reinsert 2-3 times per day.

DURABLE: Menstrual cups can be used up to 10 years.

Menstrual Discs
(Flex®, Softdish®)

Softdisc® | *Source: Softdis®*

A menstrual disc is folded and inserted in the vagina for up to 12 hours.

DISPOSABLE: Patients dispose of the product and insert a new one after up to 12 hours.

Average use of **8 DISCS per cycle**.

Menstrual Underwear
(THINX®)

THINX® | *Source: She THINX®*

Menstrual underwear collects menstrual blood, keeping the area dry and bacteria-free.

Can hold up to **2 TAMPONS WORTH** of menstrual blood.

Can provide **back-up protection** for tampons and pads

All three menstrual management options listed can be used safely with IUDs, however, menstrual cup use may increase risk of copper IUD expulsion.

Menstrual Suppression

Answers to common questions about suppressing menstruation (skipping your period)

*For service women who menstruate (have a period) while deployed, unscented sanitary pads, tampons, and wipes are critical. However, **there are options to lighten, or even stop, your period**.*

Frequently Asked Questions

Is it **safe to suppress my period**?	It is safe to use birth control methods to prevent periods. It can be beneficial to your health by preventing painful cramps or heavy bleeding, which can lead to anemia (too few red blood cells).
Will skipping my period **cause a "build-up" of blood** in my uterus?	No, as there is no blood building up to begin with to become backed up. Using the method continuously without a break prevents the uterine lining from developing.
Will it **impact my future fertility** to skip periods?	No, skipping periods will not impact your future fertility.
How many months in a row can I skip my period?	It is safe to skip periods indefinitely.
Should I expect any **breakthrough bleeding**?	Yes, you should anticipate unscheduled bleeding and spotting, particularly during the first three months of use; however, this typically improves to 80% – 90% by months 10 - 12 of suppression.
How do I **practice menstrual suppression using oral contraceptives**?	Take hormonally active pills daily indefinitely, skipping the hormone free "reminder" pills to skip your period
How do I **practice menstrual suppression using the NuvaRing®**?	Place a new ring inside the vagina every 3 weeks, skipping the week without a ring to skip your period
If I want to practice menstrual suppression using oral contraceptives, **can I receive more pill packs at one time** to avoid running out of pills earlier?	Yes, the updated Defense Health Agency (DHA) Procedural Instruction on contraceptives states that an extra supply of contraceptives must be dispensed as necessary if menstrual suppression is planned to ensure the service member has enough medication for the entire length of deployment.

Menstrual Suppression

Birth control methods that can be used for menstrual suppression

MENSTRUAL SUPPRESION: The goal of menstrual manipulation should be optimal suppression, which means a reduction in the amount and total days of menstrual flow (period). *In other words, you can use birth control to have shorter, lighter periods, or no periods at all.*

Birth Control Options that MAY Suppress Periods

Oral Contraceptive Pills

Oral contraceptive pills can help regulate periods. To suppress or potentially skip your period entirely, skip the hormone free "reminder" pills and proceed to the next pack.

Hormonal Intrauterine Devices (IUDs)

Hormonal IUDs have various impacts on menstrual cycles. You may experience irregular periods, lighter periods, or no period at all.

Depo-Provera Shot

The Depo-Provera shot is administered by a provider every 3 months. It makes periods shorter and lighter (but can make periods irregular at initiation of use).

NuvaRing®

The NuvaRing® makes periods shorter and lighter. To skip periods, insert a new NuvaRing® after three weeks instead of leaving out the ring during the fourth week.

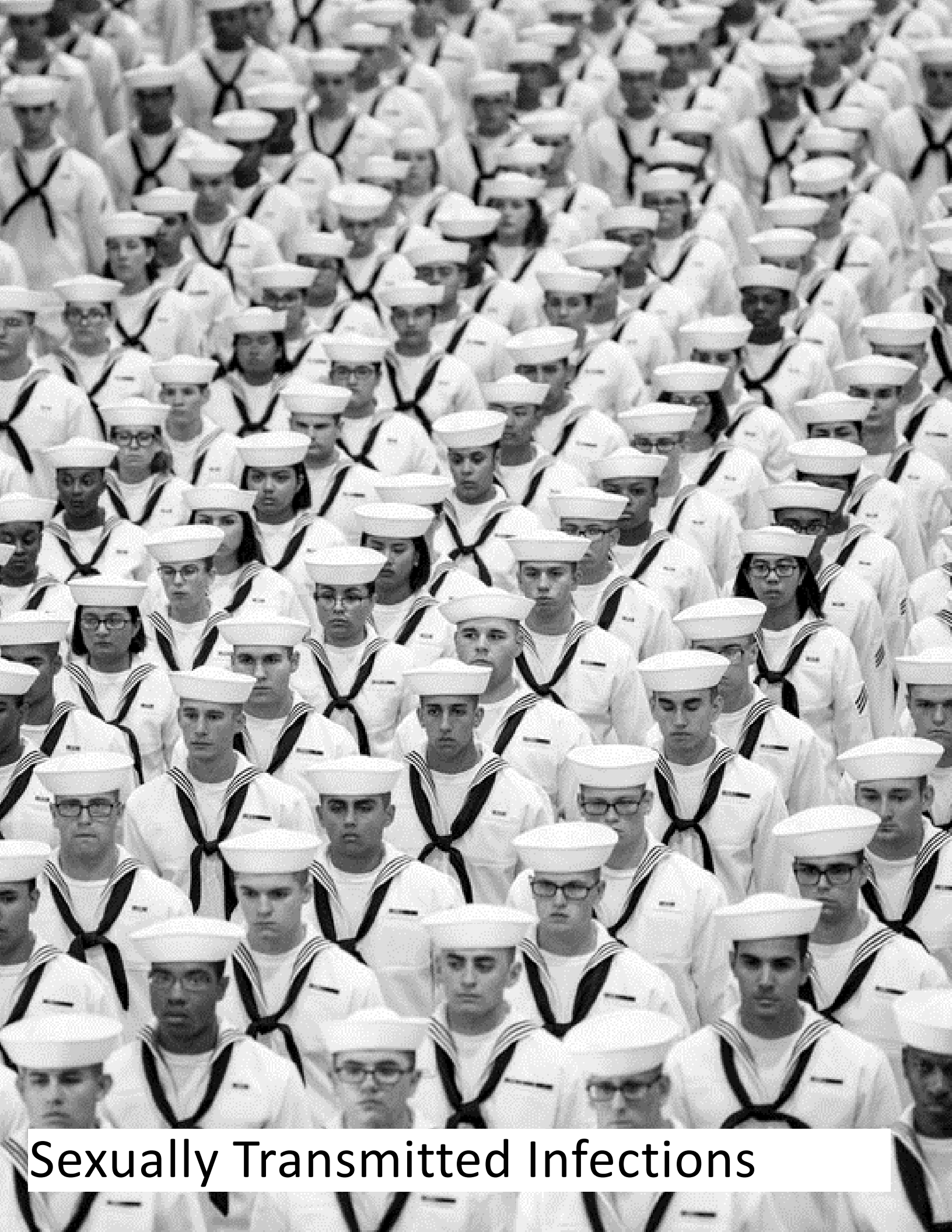
! *The NuvaRing® cannot be in environments over 77°F so is not suitable for deployment in hot environments.*

NEXPLANON®

The NEXPLANON® implant causes periods to change or stop. Most people have off-and-on spotting.

"Talk to your provider to pick the menstrual suppression method that is right for you and your deployment environment!"

See the "Contraception" section for more information about each option



Sexually Transmitted Infections

Sexually Transmitted Infections (STIs)

Below is some general information about STIs

WHAT IS AN STI?

An STI is an infection caused by bacteria, virus, or parasite that is transmitted through sexual contact. These pathogens can be exchanged via skin-to-skin contact or exchange of body fluids including blood, semen, breastmilk or vaginal secretions. STIs were previously referred to as sexually transmitted diseases (STDs) or venereal diseases (VDs) transmitted through vaginal, oral, and anal sex. **Some STIs can be cured and some cannot.**

HOW CAN I TELL IF MY PARTNER HAS AN STI?

Many cases of STIs do not show any symptoms, therefore someone may have a STI and not even know it.

- **ONLY STI TESTING can confirm if someone has a STI.**
- **Do not assume** those in the military do not have a STI, including HIV.
- If one partner has a STI, the **other partner(s) should be told** and screened for the STI and they should not have sex until all partners are effectively treated.

IS THIS NORMAL?

BURNING URINATION

"This morning I went to the bathroom and had a terrible burning sensation when I went pee. I have had the same partner for over a month now and we have not been using condoms. Is this normal?"

SYMPTOMS OF STIs

This is not normal. You should see a medical provider to determine what caused this change. Your provider will be able to answer any additional questions and prescribe a treatment plan if needed.

Preventing and Handling STIs

If you choose to have sex, use a condom or dental dam **EVERY TIME** if:

- **You're with a new partner**
- **You and your partner are not in a committed relationship**
- **You and your partner have multiple partners**
- **You are not on** any other type of **contraception** and do not want to become pregnant
- **You or your partner** have a **chronic STI** such as HIV, Herpes, or Hepatitis

- It is ok to ask your partner, even in committed relationships, to be **TESTED FOR STIs** and see the results to protect yourself before having sex.
- All women aged 25 and younger, or any women with risky sexual behaviors, (i.e., multiple partners) should ask for a **CHLAMYDIA AND GONORRHEA TEST EVERY YEAR**. Young women are screened routinely for chlamydia and gonorrhea because they are more likely to not have symptoms and these infections can cause infertility by scarring the fallopian tubes.
- Men who have sex with men should ask for an HIV and syphilis test at least annually.
- Certain STIs (HIV, Hepatitis B, and Hepatitis C) **must be reported to the Navy and Marine Corps Public Health Center** (NMCPHC). The Center will call your partners if you are diagnosed with an STI so they can also receive treatment.
- If you get a STI, you can still live a happy, healthy life and have a child with proper treatment.

KNOW your STI status and **COMMUNICATE** that status **with partners!**

STI Testing

STIs are common – don't assume service members are STI-free

WHY SHOULD I GET TESTED?

Women suffer more frequent and more serious STI complications than men do. Among the most serious STI complications are pelvic inflammatory disease (PID), ectopic pregnancy (pregnancy outside of the uterus), infertility, chronic pelvic pain, and immunosuppression (HIV). Practice safe sex and get tested for STIs regularly.

KNOW THE FACTS

The **military has significantly higher STI rates** compared to the civilian population for similar demographics, despite free health care, free condoms, and free STI screenings.

STIs are rising dramatically (particularly chlamydia, gonorrhea, and syphilis) for male and female service members.

A **higher percentage of service women** (compared to service men) had a STI in the past year.

The Navy and Marine Corps had the highest percentage of members that had more than one sex partner in the past year. **Multiple partners is one of the risk factors for STIs.**

Some STIs will **SHOW NO SYMPTOMS** but can cause **LONG TERM EFFECTS** like infertility. Get tested for STIs like Gonorrhea and Chlamydia every year. **Talk to your provider for more information.**

STI Testing is **not the same as a vaccination** (shot); just because a female or male service member tests negative in boot camp does not mean they are STI- free forever.

What STIs are women tested for in boot camp?

Gonorrhea (GC)
Chlamydia (CT)
Hepatitis B Virus (HBV)
Human Immunodeficiency Virus (HIV)

What STIs are women NOT tested for in boot camp?

Human Papilloma Virus (HPV)
Herpes Simplex Virus (HSV)
Syphilis
Trichomoniasis (Trich)
(Among others)

Human Papilloma Virus

Human Papilloma Virus health complications and vaccine

Human Papilloma Virus (HPV)

It is spread by skin to skin contact, vaginal sex, anal sex and sometimes oral sex. You can contract HPV without ever having had vaginal intercourse. Most **PEOPLE DO NOT KNOW** they have the infection since there may be no symptoms.

There are many types of HPV, which **can cause different health problems** including:

- Cervical cancer
- Genital warts (can be spread by skin-to-skin contact)
- Cancer of the vagina, anus, head, and neck

HPV is **NOT CURABLE**; however, infection may clear on its own, over time and there are treatments available for symptoms and management of cancer progression.

There is a free HPV vaccine available to male and female service members and their dependents.

HPV in the Mouth | *Source: New England Journal of Medicine*

HPV Warts | *Source: Everyday Health*

HPV Vaccine

The HPV vaccine is extremely safe and protects both you, and your future partners, from getting HPV-related cancer, as well as genital warts.

You may have received the HPV vaccination in childhood - check your medical record. If you did **NOT** receive the HPV vaccine in childhood, **you can get it at your local MTF, and it is covered under TRICARE.**

Ask your provider (OB/GYN, Family Medicine, or IDC) about this vaccine at your next appointment if you are 18-47 years old.

You will need 3 doses of the vaccine for the best protection according to the recommended schedule (1st dose – now; 2nd dose 1– 2 months; 3rd dose – 6 months from the first dose).

Trichomoniasis and Hepatitis

Trichomoniasis symptoms and the three different types of Hepatitis

Trichomoniasis or "Trich"

Trichomoniasis is a STI caused by a parasite and transmitted through oral, anal, and vaginal sex. "Trich" can be cured with an oral antibiotic medication such as Metronidazole.

Symptoms for **WOMEN** include:

- Fishy smelling vaginal discharge
- Genital itching
- Painful urination

Symptoms for **MEN** include:

- Itching or irritation of the penis
- Penile discharge
- Burning with urination

Hepatitis

Hepatitis is a viral infection that attacks the liver. For most people, Hepatitis B and C cannot be cured and can cause liver failure over time. Intravenous drug use is a major risk factor for transmission of Hepatitis B and C through the sharing of needles and any equipment used to prepare and inject drugs, because viruses spread through blood or other body fluids. See the chart below for more information about the different types of Hepatitis.

	HEPATITIS A	HEPATITIS B	HEPATITIS C
Transmission	Through contaminated food or drink	Through oral, anal, and vaginal sex, blood contact, or other bodily fluids such as breast milk	Through oral, anal, and vaginal sex, blood contact, or other bodily fluids such as breast milk
Symptoms	Abdominal pain, low grade fever, feeling tired or nauseous	Most people have none; those that do may feel tired, nauseous, loss of appetite, and yellowing of the eyes and skin	Most people have none; those that do may feel tired, nauseous, loss of appetite, and yellowing of the eyes and skin
Prevention	Vaccine is available at boot camp or first duty station	Hepatitis B: Vaccine is available at boot camp or first duty station	Hepatitis C: No vaccine currently exists

Herpes Simplex Virus

Herpes Simplex Virus transmission, symptoms, and treatment

Herpes Simplex Virus (HSV)

There are two types of HSV: **HSV-1** takes the form of **COLD SORES** on the mouth and **HSV-2** impacts the **GENITALS**. HSV-1 cold sores can spread to the genitals if someone who gets cold sores performs oral sex

HSV-1 | *Source: Medical News Today*

HSV-2 | *Source: Everyday Health*

TRANSMISSION

Transmission of HSV is through oral, anal, and vaginal sex and through skin-to-skin contact with open blisters.

Transmission may occur when an infected person does not have a visible sore, or does not even know the infection is present (viral shedding).

Condoms **REDUCE THE RISK** of getting/spreading genital herpes, but do not eliminate risk.

SYMPTOMS

First outbreak specific symptoms include fever, body aches, headaches, fatigue and the normal symptoms of outbreaks.

DURING OUTBREAKS, one may experience:

- Painful, red bumps (sores)
- Blisters that rupture and spread
- Burning sensation when you pee

Stress and fatigue can trigger outbreaks.

TREATMENT

Herpes is **NOT CURABLE**, but outbreaks can be **TREATED WITH ANTIVIRAL MEDICATION** to lessen discomfort and shorten outbreaks. Many people find that **outbreaks become less severe** and less frequent **over time.**

Gonorrhea and Chlamydia

Service members should be aware Gonorrhea and Chlamydia are often asymptomatic infections, so regular testing is crticial

Gonorrhea and Chlamydia

Gonorrhea and Chlamydia are bacterial STIs that can be transmitted through oral, anal, and vaginal sex. Both Gonorrhea and Chlamydia can be **TREATED** and **CURED** with antibiotics. However, keep the following in mind:

- Some strains of gonorrhea are **resistant to common treatments**.
- Ensure **your partner is treated** and do not have sex until you both are effectively treated.
- Ask your provider for a **follow-up test in 3 months** to ensure treatment was effective (for both STIs).

In many cases there are no symptoms for women and men. When there are symptoms, they are commonly as follows:

SYMPTOMS FOR WOMEN

- Increased vaginal discharge
- Pelvic pain/pain with sex
- Fever
- Pain with urination
- Bleeding after intercourse

SYMPTOMS FOR MEN

- Penile discharge
- Pain with urination (burning)
- Pain or swelling of testicles

Syphilis

Syphilis symptoms and treatment

Syphilis

Syphilis is transmitted through direct contact with a syphilis sore. It is spread through oral, anal, and vaginal sex or through close skin-to-skin contact with an infected area.

Secondary Symptoms of Syphilis | *Source: Body Health*

SYMPTOMS AND TREATMENT

PRIMARY SYMPTOMS

The primary symptom of Syphilis is a single, small, **round, painless sore. around genitals, inside vagina, anus, rectum or mouth.** Sores can appear from **10 - 90 days after sex with an infected person.** Sore can **heal within 3 - 6 weeks** even without treatment (but the infection is **STILL PRESENT**).

SECONDARY SYMPTOMS

After 2 - 10 weeks, a rash on the hands and feet can appear.

LONG-TERM SYMPTOMS

Syphilis causes damage to heart, eyes, brain, nerves, bones, liver, or joints. These symptoms **may occur years or decades** after infection.

TREATMENT

Syphilis is curable with antibiotics. However, **late stages complications are not curable**.

HIV/AIDS

HIV and AIDS transmission, symptoms and common misconceptions

Human Immunodeficiency Virus (HIV)

HIV is a virus that **attacks the immune system** resulting in inability to fight infections. HIV is transmitted through oral, anal, and vaginal sex, blood transfer (i.e., sharing needles), and breast milk. Men who have sex with men and people who inject drugs are at high risk of contracting HIV.

EARLY INFECTION causes a variety of **nonspecific 'flu like' symptoms** such as fever, muscle aches, rash, fatigue, sore throat, and enlarged lymph nodes.

It can take **up to 6 months for HIV to show up on a blood test**, but service members are tested every two years. If you think you may be at risk of HIV (unsafe sex, sexual assault, etc.) get **TESTED IMMEDIATELY**.

Immediate use of antiretroviral medications can prolong life expectancy, but there is no cure.

Acquired Immune Deficiency Syndrome (AIDS)

HIV becomes AIDS when the body's immune system is too weak to fight off infection and the patient is at risk for opportunistic infections (infections that do not normally occur in healthy people). It can **take months or years** (up to 10 years) before HIV infection may develop into AIDS.

COMMON MISCONCEPTIONS ABOUT HIV/AIDS

• HIV/AIDS can be spread through saliva (kissing or sharing drinks)	**FALSE**
• HIV/AIDS can be spread by sharing a toilet seat	**FALSE**
• No active duty military members have HIV/AIDS	**FALSE**
• HIV/AIDS CANNOT be spread through oral sex	**FALSE**
• Women who have HIV/AIDS CANNOT have a healthy child	**FALSE**
• Only men who have sex with men can develop HIV/AIDS	**FALSE**

STIs and Pregnancy

How to have a safe pregnancy with an STI

OVERVIEW OF STIs AND PREGNANCY

If you are pregnant, immediately let your provider know of your STI STATUS to protect the health of your baby.

Many STIs are treatable (Chlamydia, Gonorrhea, Syphilis, Trich), but **early detection and treatment are critical**. In most cases, HPV will not impact your baby's health. You could pass the virus to your baby during pregnancy or delivery, but it is unlikely. Ask your provider about receiving the free HPV vaccination series following your pregnancy.

STI-SPECIFIC INFORMATION

CHLAMYDIA, GONORRHEA, AND SYPHILIS

If untreated, these STIs can lead to Pelvic Inflammatory Disease (PID), which may cause scarring. This scarring can make it more difficult to become pregnant, as well as increase the risk of pregnancy complications. These can also be transmitted to the baby before or during birth which can result in premature birth, birth defects, eye infections (which may cause blindness), and pneumonia.

HERPES SIMPLEX VIRUS–2
(HSV-2 or Genital Herpes)

Let your provider know you have herpes when your pregnancy is confirmed so they can **prescribe you an antiviral (Valtrex) prior to delivery (at 36 weeks).**

If you have an outbreak at the time of labor, the safest solution is a C-section.

HIV/AIDS

Let your provider know you have HIV/AIDS when your pregnancy is confirmed so they can ensure you are on the safest antiretroviral medications and can monitor your pregnancy. HIV positive women should not breastfeed; formula use is recommended instead.

Critical Health Screenings

Critical Health Screenings

Recommended screenings for service women in their 20s

Recommended Health Screenings in your 20s

20

CERVICAL CANCER Screening every 3 years if normal (more often if abnormal) beginning at age 21

SEXUALLY TRANSMITTED INFECTIONS (STIs) Screening every year, and Gonorrhea/Chlamydia testing yearly up to age 26, and afterwards if at risk

30

BLOOD PRESSURE and **BMI** Screening every year, blood pressure should be less than 130/85. A normal weight BMI is between 18.5–24.9. *(Access a BMI calculator here)*

ANEMIA Screening with complete blood count (CBC) at least every 5 - 10 years

40

MENTAL HEALTH Screening to include questions about anxiety, depression, substance abuse, assault of all types (sexual assault, domestic abuse, etc.), post-traumatic stress disorder (PTSD), and suicidal/homicidal ideation

50

VACCINATIONS Should include the HPV vaccination series (if not already received) based on recent CDC guidelines

Annual **MUSCULOSKELETAL (MSK) INJURY** Screening to note any conditions that limit activity or impact sleep

60

CONTRACEPTIVE COUNSELING annually

Annual screening for potential concussive and **TRAUMATIC BRAIN INJURY** (TBI) history in the last 12 months, including exposure to blasts, object hitting head, or any falls. *Possible ongoing symptoms include headache, dizziness, memory problems, balance problems, nausea and/or vomiting, difficulty concentrating, irritability, visual disturbances, and ringing in the ears.*

BEST PRACTICES

- Maintain a healthy BMI
- Know your family history
- Exercise 3-5x per week
- Limit alcohol intake
- Stop smoking/vaping
- Get plenty of sleep
- Take a daily vitamin with at least 400 mcg of folic acid
- Track your menstrual cycle
- Get annual vaccines (i.e., Influenza)
- Consider contraception options to prevent pregnancy and practice menstrual suppression
- Use condoms to prevent STIs
- Ger regular screening for STIs if any new partners or multiple partners

Critical Health Screenings

Recommended screenings for service women in their 30s

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Recommended Health Screenings in your 30s

CERVICAL CANCER Screening with HPV Test and pap test every 5 years if normal (more often if abnormal)

SEXUALLY TRANSMITTED INFECTIONS (STI) Screening including Gonorrhea/Chlamydia testing as needed with risk factors (multiple partners, new partner, recent diagnosis of other STI)

BLOOD PRESSURE and **BMI** Screening every year, blood pressure should be less than 130/85 *(Access a BMI calculator here)*

ANEMIA Screening with complete blood count (CBC) at least every 5 - 10 years

MENTAL HEALTH Screening to include questions about anxiety, depression, substance abuse, assault of all types (sexual assault, domestic abuse, etc.), post-traumatic stress disorder (PTSD), and suicidal/homicidal ideation

Recommend **HPV VACCINATION** series (if not already received)

CONTRACEPTIVE COUNSELING annually

Annual screening for potential concussive and **TRAUMATIC BRAIN INJURY** (TBI) history in the last 12 months, including exposure to blasts, object hitting head, or any falls. *Possible ongoing symptoms include headache, dizziness, memory problems, balance problems, nausea and/or vomiting, difficulty concentrating, irritability, visual disturbances, and ringing in the ears.*

BEST PRACTICES

- Maintain a healthy BMI
- Know your family history
- Exercise 3-5x per week
- Limit alcohol intake
- Stop smoking/vaping
- Get plenty of sleep
- Take vitamin with at least 400 mcg of folic acid daily
- Track your menstrual cycle
- Get annual vaccines (i.e., Influenza)
- Consider contraception options to prevent pregnancy and practice menstrual suppression
- Use condoms to prevent STIs
- Get regular screening for STIs if any new partners or multiple partners
- Consider family planning – complications with pregnancy and potential infertility are more common after age 35

Critical Health Screenings

Recommended screenings for service women in their 40s

Recommended Health Screenings in your 40s

20

CERVICAL CANCER Screening with HPV Test and pap test every 5 years if normal (more often if abnormal)

STI Screening including Gonorrhea/Chlamydia testing as needed with risk factors (multiple partners, new partner, recent diagnosis of other STI)

30

Track your **MENSTRUAL CYCLE** and expect changes in length and flow, as well as vaginal dryness, sleep disturbances, hot flashes, and weight gain during peri-menopause

MAMMOGRAM Discuss breast cancer screening with your provider depending on risk factors

40

MENTAL HEALTH Screening to include questions about anxiety, depression, substance abuse, assault of all types (sexual assault, domestic abuse, etc.), post-traumatic stress disorder (PTSD), and suicidal/homicidal ideation

50

BLOOD PRESSURE and **BMI** screening each year, blood pressure should be less than 130/85 *(Access a BMI calculator here)*

CHOLESTEROL Screening every 10 years starting at age 40

DIABETES Screening every 3 years if overweight or obese

60

ANEMIA screening with complete blood count (CBC) at least every 5 - 10 years

Recommend **HPV VACCINATION** series until age 46 (if not already received)

Annual screening for potential concussive and **TRAUMATIC BRAIN INJURY** (TBI) history in the last 12 months, including exposure to blasts, object hitting head, or any falls. *Possible ongoing symptoms include headache, dizziness, memory problems, balance problems, nausea and/or vomiting, difficulty concentrating, irritability, visual disturbances, and ringing in the ears.*

BEST PRACTICES

- Know your family history
- Use condoms to prevent STI's
- Exercise 3-5x per week
- Limit alcohol intake
- Stop smoking/vaping
- Get plenty of sleep
- Annual Vaccines (i.e., Influenza)
- Maintain a healthy BMI
- Consider continued contraception options to prevent pregnancy and practice menstrual suppression
- Get regular screening for STIs if any new partners or multiple partners
- Take a daily prenatal vitamin / daily vitamin with calcium and vitamin D

Critical Health Screenings

Recommended screenings for service women in their 50s

Recommended Health Screenings in your 50s

20

CERVICAL CANCER Screening with HPV Test and pap test every 5 years if normal (more often if abnormal)

30

SEXUALLY TRANSMITTED INFECTIONS (STI) Screening including Gonorrhea/Chlamydia testing as needed with risk factors (multiple partners, new partner, recent diagnosis of other STI)

Track your **MENSTRUAL CYCLE** and expect changes in length and flow, as well as insomnia, hot flashes, and weight gain during peri-menopause

40

MAMMOGRAM Every 1-2 years beginning at age 50

MENTAL HEALTH Screening to include questions about anxiety, depression, substance abuse, assault of all types (sexual assault, domestic abuse, etc.), post-traumatic stress disorder (PTSD), and suicidal/homicidal ideation

50

BLOOD PRESSURE and **BMI** Screening each year, blood pressure should be less than 130/85 *(Access a BMI calculator here)*

CHOLESTEROL Screening every 10 years starting at age 40

DIABETES Screening every 3 years if overweight or obese

COLONOSCOPY every 10 years beginning at age 50

60

Annual screening for potential concussive and **TRAUMATIC BRAIN INJURY** (TBI) history in the last 12 months, including exposure to blasts, object hitting head, or any falls. *Possible ongoing symptoms include headache, dizziness, memory problems, balance problems, nausea and/or vomiting, difficulty concentrating, irritability, visual disturbances, and ringing in the ears.*

BEST PRACTICES

- Know your family history
- Use condoms to prevent STI's
- Exercise 3-5x per week
- Limit alcohol intake
- Stop smoking/vaping
- Get plenty of sleep
- Get annual vaccines (i.e., Influenza)
- Maintain a healthy BMI
- Consider Zoster vaccine for shingles
- Get regular screening for STIs if any new partners or multiple partners
- Take a daily vitamin with calcium and vitamin D
- Consider screening for menopausal symptoms

Critical Health Screenings

Recommended screenings for service women in their 60s

Recommended Health Screenings in your 60s

20

CERVICAL CANCER Screening with pap and HPV Test every 5 years if normal (more often if abnormal), can stop at age 65 if screenings have been normal

30

SEXUALLY TRANSMITTED INFECTIONS (STI) Screening including Gonorrhea/Chlamydia testing as needed with risk factors (multiple partners, new partner, recent diagnosis of other STI)

MAMMOGRAM Every 1-2 years beginning at age 50, may discontinue at age 75 if low risk and no history of abnormal results

40

MENTAL HEALTH Screening to include questions about anxiety, depression, substance abuse, assault of all types (sexual assault, domestic abuse, etc.), post-traumatic stress disorder (PTSD), and suicidal/homicidal ideation

BLOOD PRESSURE and **BMI** screening each year, blood pressure should be less than 130/85 *(Access a BMI calculator here)*

50

CHOLESTEROL Screening every 10 years starting at age 40

DIABETES Screening every 3 years if overweight or obese

COLONOSCOPY Every 10 years beginning at age 50 through age 75

OSTEOPOROSIS Bone density screening every 5 years beginning at age 65, or more often with risk factors

60

Annual screening for potential concussive and **TRAUMATIC BRAIN INJURY** (TBI) history in the last 12 months, including exposure to blasts, object hitting head, or any falls. *Possible ongoing symptoms include headache, dizziness, memory problems, balance problems, nausea and/or vomiting, difficulty concentrating, irritability, visual disturbances, and ringing in the ears.*

BEST PRACTICES

- Maintain a healthy BMI
- Use condoms to prevent STI's
- Report any post-menopausal bleeding to a provider immediately
- Take a daily vitamin with calcium and vitamin D
- Annual Vaccines (i.e., Influenza)
- Know your family history
- Exercise 3-5x per week
- Limit alcohol intake
- Stop smoking/vaping
- Get plenty of sleep

Cervical Cancer and Pap Test

An overview of cervical cancer and ways to prevent it

Cervical Cancer Overview

Some strains of human papillomavirus (HPV), which is sexually transmitted, cause cervical cancer. Only women can get cervical cancer, but **men can spread HPV.** Cervical cancer is the 4th most common type of cancer for women worldwide, but because it takes awhile to develop, it is also **highly preventable.**

Pap Test

Cervical cancer can be prevented by regular screening with the pap test and by receiving the HPV vaccine. During the test, the provider will insert use a specialized piece of equipment to visualize your cervix through your vagina and use a swab to collect a sample of cells from the cervix.

Females who have had a **pap test outside of the military medical system within the past year may be exempt** from having another.

Although the Pap Test was formerly required annually, it is now recommended as follows:

Age 21- 30: Every 3 years if previous pap tests were normal (more often if abnormal)

Age 31-65: Every 5 years with HPV testing if previous pap tests were normal (more often if abnormal)

Pap test results **should be provided to you within 30 days**; if you do not receive any results, you can call your provider's clinic, use the secure messaging patient portal to contact your provider or obtain your results here.

HPV VACCINE

Talk to your provider about the 3-series HPV vaccine if you need to **start the series** OR **complete the series**.

After you receive the 1st HPV vaccine, the 2nd vaccine will be completed 1-2 months later, and the 3rd vaccine will be completed 6 months after the 2nd vaccine.

Typically, **your provider** (or provider's clinic) **will contact you for abnormal pap test results to explain** if you need follow-up testing.

Ensure your Pap Test is up to date before deploying, factoring in the time needed to schedule an appointment and obtain results (2+ months out).

Breast Cancer

An overview of breast cancer and risk factors

BREAST CANCER OVERVIEW

*Most of the time, breast cancer is **treatable if caught early**.*

Breast cancer screening is done through a **MAMMOGRAM** beginning between ages 40 - 50 years old. Speak with your provider to learn more. Practice **BREAST AWARENESS**: report any new lumps, bumps, flaking, skin discoloration or new nipple discharge to your provider.

Breast cancer affects 1 in 8 women in their lifetime.

RISK FACTORS

- Never having a baby
- Never breastfeeding
- Going through menopause at an older age
- Having your first period at a younger age
- Having your first child at an older age
- Older age
- Use of postmenopausal estrogen
- Family history of breast, ovarian, pancreatic, or prostate cancer
- Elevated BMI
- Smoking
- Alcohol use

How to Navigate the Military Health System

The Military Health System (MHS)

Learn more about MHS and TRICARE

MHS Overview

- MHS ensures 1.4 million active duty and 331,000 reserve-component personnel are healthy and can complete their national security missions.
- MHS trains all active and reserve medical personnel to be ready to provide medical support of operational forces worldwide.
- MHS provides medical benefits to more than 9.5 million active duty personnel, military retirees and their families.

TRICARE Overview

- TRICARE combines resources of military hospitals (51) and clinics (424 medical and 248 dental) with civilian health care networks (261,000 network and 199,000 non-network providers).
- TRICARE offers several health plan options that provide comprehensive health coverage, to include dental care, and includes prescription medications.

How do I access care?

- Through the MHS and TRICARE, care is provided through three regional contractors (both CONUS and OCONUS) that provide local contact and benefit information.
- **You will enroll yourself and your family into TRICARE upon arriving to your first command.**
- When you change duty stations, your eligibility for coverage does not change, but you need to update your location information in the Defense Enrollment Eligibility Reporting System (DEERS) and with TRICARE if your regional area has changed.

Regional Contractors

Regional contractors deliver care across the MHS

WHAT DO REGIONAL CONTRACTORS DO?

- Regional contractors provide information for both providers and patients located a significant distance away from a medical treatment facility (MTF).
- You can always speak to a regional contractor representative to tell you where to receive authorization for certain types of care so you don't have to pay out-of-pocket, even if in remote settings.
- Regional contractor representatives can also support you during a permanent change of station (PCS) if you need to transfer your medical records or any medical appointments between regions.
- Regional contractor representatives can also connect you to the Nurse Advice Line to ask medical questions.

REGIONAL CONTRACTORS AND THEIR CONTACT INFORMATION

- East, West and Overseas (anywhere outside the US is overseas)
- East Region (Humana Military) 800-444-5445 www.humanamilitary.com
- West Region (Health Net) 844-866-9378 www.tricare-west.com
- Overseas (International SOS) www.tricare-overseas.com
  - Eurasia-Africa Area 877-678-1207
  - Latin America and Canada Area 877-451-8659
  - Pacific Area 877-678-1208/1209

PHARMACY AND DENTAL PROGRAM CONTRACTORS AND CONTACT INFORMATION

- Pharmacy Contractor (Express Scripts) 877-363-1303 www.express-scripts.com/TRICARE
- Active Duty Dental Program Contractor (United Concordia) 866-984-2337 www.addp-ucci.com
- TRICARE Dental Program Contractor (United Concordia) CONUS Toll Free: 844-653-4061 OCONUS Toll Free: 4060 www.uccitdp.com

Managing TRICARE Enrollment

Managing your coverage

I am active duty. Do I need to do anything to enroll and are there fees?

- All active duty service members are automatically enrolled in TRICARE Prime and will never pay out-of-pocket for any type of care within the TRICARE network.
- Family members and other beneficiaries may choose other TRICARE plans and may incur out-of-pocket fees depending on the plan they choose.

How does TRICARE Prime work?

- You have an assigned Primary Care Manager (PCM) who will provide most of your care.
- The option to change your assigned PCM is location-dependent. You can submit a request for a different provider here.
- Your PCM will refer you to specialists for care that they can cannot provide. Regional contractors will manage referrals and authorizations.

Who can be my PCM?
A Primary Care Physician (PCP), Nurse Practitioner (NP), Physician's Assistant (PA), General Medical Officers (GMOs), Certified Nurse Midwife (CNM), Flight Surgeon, Undersea Medical Officer (UMO), or Independent Duty Corpsman (IDC) can serve as your PCM.

How much will I pay under TRICARE Prime?

- **Active duty service members do not need to pay for any TRICARE health services.**
- Active duty members do not need to pay an annual deductible or any copays for in-network health care, including care received from a specialist, urgent care, referrals, emergency room visits, or inpatient care at a hospital.
- Active duty family members may need to pay when using network pharmacy or TRICARE Home Delivery services.
- There is no cost for services received at a military medical treatment facility (MTF).

How do I update my TRICARE account information?

Use MilConnect to make any of the following updates:

- Update personal contact information
- Update your name
- Manage beneficiary health care plans
- Update family members
- Obtain proof of health coverage
- View health coverage
- View identification card information
- Retrieve correspondence with care providers
- Transfer education benefits
- Look up and change your assigned PCM

Enrolling Your Family in TRICARE

Setting up coverage for your loved ones

ADDING FAMILY MEMBERS TO TRICARE

- To register your family for TRICARE coverage, you must enroll them into the Defense Enrollment Eligibility Reporting System (DEERS).
    - Active duty service members are automatically registered in DEERS.
- To register your family members in DEERS, you must first visit your duty station's local identification card office to receive their identification documents.
    - Find your local office and make an appointment here.
- Once your family members have received their identification cards and you have enrolled them in DEERS, you can enroll your eligible family members in TRICARE through MilConnect.

TRICARE PRIME AND TRICARE SELECT

- TRICARE Prime and TRICARE Select are the primary TRICARE options for active duty service members and their families.
- TRICARE open enrollment dates run from the second week of November to the second week of December. This is your ONLY chance to change or update your TRICARE plan outside of a qualifying event, such as permanent change of station (PCS) orders, births, deaths, marriages, and divorces.

TRICARE Prime

- Active duty Personnel are automatically enrolled in TRICARE Prime.
- TRICARE Prime is a managed care option health plan, like a health maintenance organization (HMO), which has a network of providers and medical facilities.
- This military health plan centers around receiving care within a given network of medical facilities and providers, called a Prime Service Area.
- You may incur additional costs if you seek care outside of the provider network.
- TRICARE Prime Remote works like TRICARE Prime for active duty service members and their families assigned to geographical regions where there is no military health facility nearby.

TRICARE Select

- TRICARE Select is a fee-for-service health plan, which is like a preferred provider organization (PPO).
- You will pay a set fee (copayment) or percentage (cost-sharing) every time you see a provider, but it will be less for in-network providers than out-of-network providers.
- Unlike TRICARE Prime, TRICARE Select allows you to self-refer for any specialty service at a TRICARE-approved clinic for the initial visit (ex: dermatology, gynecology, orthopedics, rheumatology). However, you may still need to get authorization through the regional contractor for some specialty services.

Accessing Care

See below for answers to frequently asked questions (FAQs) about accessing care

What are my options to get seen quickly?

- Different access standards depend on the type of care needed and current location (at a medical treatment facility (MTF) or forward-deployed).
- **Emergency Care:** Go to the nearest emergency room (ER) or call **911 immediately**. Call your primary care manager (PCM) or regional contractor within 24 hours following a visit to the ER.
- **Urgent Care:** For conditions such as sprain, sore throat, or rising temperature; expect an urgent care appointment **within 24 hours**, even if traveling.
- **Routine Care:** Includes general office visits for the treatment of symptoms, chronic or acute illness and disease, and follow-up care for an ongoing condition; expect a routine care appointment **within 7 days.**
- **Specialty Care:** Includes treatment for specific physical, mental, or behavioral health conditions (i.e., expect a specialty care appointment **within 4 weeks** or 28 days).
- **Preventative Care:** Includes health screenings, tests, and examinations (pap exams, mammogram, blood work, contraception) during regular office visits; expect a preventive care appointment **within 4 weeks** or 28 days.
- *NOTE: If there is any concern about receiving a medical appointment in a timely manner, particularly in relation to an upcoming deployment, please contact your Primary Care Manager (PCM) immediately.*

Can I Choose to be Seen Out of Network?

- Service members can call their regional contractor to get authorization in some circumstances for out-of-network service if they are not near an MTF.

Can I go to Urgent Care or a Minute Clinic?

- While family members covered by TRICARE Prime can seek care at an Urgent Care location, active duty service members must be seen by their PCM first or be referred out.
- Do not go directly to Urgent Care or a Minute Clinic without prior authorization.

Can I go to the ER?

- Emergency services are covered in circumstances where acute symptoms are of sufficient severity that a "prudent layperson" could reasonably expect the absence of medical attention would result in serious health risks or death.
- Call your PCM or Regional TRICARE Office within 24 hours of your emergency visit so a retroactive referral can be placed to ensure a bill is not generated to you for services.

When to Seek Care

Some health concerns can wait, while others must be addressed right away

What are some examples of when I should go to sick call?

- You have a fever or flu like symptoms (severe cough that lingers more than two weeks, difficulty swallowing, cannot keep any food down for several days).
- You have lost weight suddenly and without explanation.
- You have an unexplained rash that is not going away.
- Your bowel movement or urination has changed (bloody or black stools, diarrhea, excessive urination, painful urination).
- Bright flashes interrupt your vision (outside of migraines).
- You notice changes in your vaginal discharge which may be yellow or green, chunky in consistency, or foul-smelling.

What are some examples of when I should call 911?

- You are choking.
- You are unable to breathe.
- You experienced a head injury and experienced fainting or confusion.
- You sustained an injury to your neck or spine and are experiencing numbness or inability to move.
- You encountered an electric shock or lightning strike.
- You have a severe burn.
- You are experiencing severe chest pain or pressure.
- You have a seizure.

When should you make an appointment with your Primary Care Manager?

- You have abnormal bleeding, cramps, or pain before or during your period or during sex.
- You missed your period or are experiencing tender swollen breasts, nausea with or without vomiting.
- You are experiencing extreme fatigue.
- You are experiencing chronic pelvic pain.
- You have vaginal itching, swelling, or dryness.
- You have new bumps, blisters, or growths in the vaginal area.
- You are interested in obtaining contraception.
- You are interested in menstrual suppression.
- You need the Human Papilloma Virus (HPV) Vaccine.
- You have been feeling anxious, depressed, or overly exhausted.

When should you go to the Emergency Room?

- You have a persistent high fever (above 103º).
- You are short of breath (not due to exercise, high altitude, or extreme temperature).
- You have a serious laceration or other bleeding.
- You are experiencing severe abdominal or pelvic pain.
- You are experiencing extreme confusion.
- You are experiencing suicidal thoughts.
- You suspect you have a concussion following a head injury (you may have difficulty concentrating, headache, irritability, and change in sleep patterns).
- You develop unexpected symptoms/side effects after a procedure, immunization, or starting a new medication.

Beyond Primary Care

Learn about accessing resources beyond your Primary Care Manager (PCM)

Is there someone I can talk to for medical advice after hours or on weekends?

- You can always call the Nurse Advice Line! The Nurse Advice Line offers 24/7 support through the phone and over video chat and online chat. Call 1-800-TRICARE to speak to someone directly.
- If you are deployed, your operational platform will have a 24/7 on-call provider. This provider has 24/7 access to a region-specific provider advice line as well as a supervising senior medical officer (SMO) or specialist to assist with any medical situations.

I want to see a specialist for women's health services or specialized care; do I need to see my Primary Care Manager (PCM) first?

- If your PCM is trained to provide women's health services, you will go to them for routine screenings.
- In many areas, especially close to military treatment facilities (MTFs) or clinics, there may be a Contraceptive Walk-in Clinic (PINC Clinic) available for same-day contraceptive services.
- Discuss your options to seek specialist care with your PCM.

Can I see a female provider for my women's health needs?

- You may **request a PCM change online** by submitting a form online at MilConnect, or calling milConnect directly. For active duty service women who would like a female PCM, it will depend on the availability at your current location.
- You will receive notification from TRICARE to view your PCM information online at milConnect approximately 7–10 business days after the request is processed.
- You can ask your PCM to place a referral to see an OB/GYN specialist.

I want to apply for a special training opportunity, community, or deployment. What provider will I see for physical clearance?

- Speak with your PCM and leadership; they can arrange for you to be seen by the appropriately qualified physician if your command supports your application.
- Some of these special duty physicals can be performed on deployment, if the required testing, labs, and physicals can be completed within the required time.

Are there any health services that are NOT covered by TRICARE?

- Typically services and supplies that are not medically or psychologically necessary for the diagnosis or treatment of a covered illness, injury, or for the diagnosis and treatment of pregnancy or a child's health. You can find the full list of services NOT covered by TRICARE here.

Contraceptive Walk-In Clinics (PINC)

Same-day, no-appointment-necessary access to contraception

What is a Walk-In Clinic?

- You can go to a Contraceptive Walk-In Clinic without an appointment to learn more about contraception and get a prescription for contraception the same day.
- Contraception Walk-In Clinics are a great option if you don't want to wait for your routine physical to discuss your contraceptive needs.
- Call your duty station's health facility to ask about the location and hours of the Contraceptive Walk-In Clinic at your command.

What is Offered at a Contraceptive Walk-In Clinic?

- Education on contraception options, family planning, and sexual health.
- Counseling to help you determine the best method of contraception for you.
- Long Acting Reversible Contraceptives (LARCs) including intrauterine devices (IUDs) and the subdermal implant Nexplanon®).
- Short Acting Reversible Contraceptives (SARCs) including birth control pills, the patch, vaginal rings, and the shot.
- Emergency contraceptives as needed following an unprotected sexual encounter.

If you don't see your local MTF listed: There are new Contraceptive Walk-In Clinics (PINC Clinics) opening all the time, so call your local health care facility to ask if they have a site!

Locations with Contraceptive Walk-In Clinics
United States Naval Hospital (USNH) Guam
USNH Okinawa
USNH Rota
USNH Sigonella
USNH Yokosuka
Naval Hospital (NH) Jacksonville
NH Pensacola
NH Twentynine Palms
Naval Medical Center (NMC) Camp Lejeune
NMC San Diego
NMC San Diego, Naval Training Center (NTC)
Naval Health Clinic (NHC) Cherry Point
NHC Hawaii (Makalapa at Joint Base Pearl Harbor)
NHC Lemoore
NHC Oak Harbor
NHC Quantico
Naval Branch Health Clinic (NBHC) Mayport
NBHC Kearny Mesa
NBHC Sewell's Point
Fort Belvoir Community Hospital
Fort Bragg Womack Army Medical Center
Parris Island 4th Battalion Aid Station (Recruits)
Lovell Federal Health Care Center (Great Lakes)
Marine Corps Air Station (MCAS) Miramar
Walter Reed National Military Medical Center

Health Privacy and Confidentiality

Health Privacy and Confidentiality

Learn more about the protections that safeguard your personal health information

What is Protected Health Information (PHI)?

PHI is information that can be linked to an individual person and is transmitted or maintained by electronic means or any other form. PHI includes your electronic medical records or a paper hospital chart.

What is the Health Insurance Portability and Accountability Act (HIPAA)?

HIPAA is a policy passed in 1996 to develop regulations protecting the privacy and security of certain health information.

Is my PHI still protected in the military and during deployment?

YES! However, HIPAA *does* allow PHI of Armed Forces personnel to be disclosed under special circumstances – referred to as the "Military Command Exception".

Military Command Exception Circumstances apply to health information that impacts the following:

- Fitness for duty determinations such as flying or operating heavy machinery.
- Fitness to perform certain assignments such as overseas billets.
- Other activities necessary for the military mission.

FREQUENTLY ASKED QUESTIONS

Who can access my health information?

People taking care of you in a medical setting (doctors, nurse practitioners, physician assistants, hospital corpsmen) can access medical information needed for your care.

Who can providers share my health information with?

Only the Commanding Officer (CO), or someone the CO has named IN WRITING to be authorized to receive health information for the command pertinent to mission completion.

Does my CO need to be notified every time I seek care?

Your CO does NOT need to be notified of routine care visits such as:

- *Accessing birth control*
- *Sexually Transmitted Infections (STIs)*
- *Vaginal infections*
- *Urinary Tract Infections (UTIs)*

Health Privacy and Confidentiality

You have rights to protect your personal health information

What Protections Exist to Safeguard my PHI?

- If someone requests information on your health, they can only receive the information if the health information falls under Military Command Exception (your health concerns are relevant to the mission) **AND** the individual has been designated in writing by your Commanding Officer (CO) to receive health information for the command pertinent to mission completion.
- If your PHI has been shared outside of the parameters listed above, reach out to one of the following resources:
    - Legal office at your command
    - Privacy office at your command
    - Health and Human Services

Medical Appointments and Privacy

- Command authorities may require notification of medical appointments for mission purposes, such as assignment coverage.
- Your command can request an appointment sheet to show when your medical appointments are scheduled. This sheet may also show what type of clinic you will be seen at, **but you do not have to tell your command why you are going to the appointment.**

Pregnancy

Once you have confirmed your pregnancy with a health care provider…

- Notify CO or Officer in Charge (OIC) of pregnancy as you feel comfortable based on viability of pregnancy.
- If pregnancy is confirmed while deployed, your provider may be obligated to report the pregnancy to your CO or OIC after a certain number of weeks as your leadership may need to request special permission to have a pregnant service woman at their duty station.
- Enlisted service women ranked E-3 and below will return to the continental United States if stationed outside of the continental United States and unmarried.

Health Privacy and Confidentiality

Learn more about privacy surrounding mental health care services

What Protections Exist if I Seek Mental Health or Substance Abuse Services?

- The fact that mental health services were accessed by a service member cannot be disclosed to a service member's Commanding Officer (CO) unless there is a serious concern related to one of the following:
  - Risk of harm to self
  - Risk of harm to others
  - Risk of harm to mission
  - Need for inpatient care
  - Entering or exiting a formal treatment program for substance misuse
- In addition, if Command leadership has requested a mental health evaluation, they will be aware of the intervention.

Who can I access mental health care from?

- Service members have access to a range of mental health providers including:
  - Mental health providers at medical treatment facilities (MTFs) such as psychiatrists, psychologists, and clinical social workers
  - Deployment Resiliency Counselors (DRCs)
  - Chaplains
  - Counselors through Fleet and Family Support Center (FFSC)
  - Counselors through Marine Corps Community Services (MCCS)
  - Embedded Mental Health (eMH) providers
- The mental health services you access will not be disclosed to your commanding officer unless here are concerns surrounding risk of harm to yourself, risk of harm to others, risk of harm to mission, or need for inpatient care of any kind.

Packing for Deployment

Women's Health Supplies for Deployment

What to pack for deployment

What to Pack for Deployment?

All deployments are different; use this list of suggestions for what to pack during deployment and tailor it to your specific environment and preferences. Items with an asterisk (*) are suggested specifically for ground deployments.

- ❑ Routine Navy seabag uniform items
- ❑ Sports bras and **exercise attire** (and whatever else you need to workout like headphones, armband for phone, sports watch etc.)
- ❑ **Extra underwear** and wool or boot **socks** (in case the ship's laundry is backed up)
- ❑ **Quick drying towels** (ex. microfiber towels)
- ❑ Shower shoes (flip flops or crocs* if on a ground deployment due to rough terrain)
- ❑ Civilian attire and a small backpack (for liberty ports)
- ❑ Padlock or combination lock (for your rack and locker)
- ❑ Phone card (to call home)
- ❑ Ditty mesh bag (for soiled laundry items)
- ❑ Alarm clock (to wake you up for watch duty)
- ❑ **Entertainment** (download music, movies, books to a phone, laptop, or tablet)
- ❑ Robe to wear to and from showers
- ❑ Snow goggles or baclava to protection during sandstorms*
- ❑ Camping air mat*
- ❑ Backup flashlight or headlamps*
- ❑ Non-perishable snacks
- ❑ Shampoo, conditioner, and body wash (consider all-in-one liquid soaps to make showering faster)
- ❑ **Scent-free hygiene wipes** (ex. baby wipes) to use as shower replacement if necessary
- ❑ Hand sanitizer
- ❑ Toilet paper (pack in plastic baggies)*
- ❑ Brush/comb and hair clips or elastics
- ❑ Body lotion
- ❑ Lip balm
- ❑ Deodorant
- ❑ Toothpaste
- ❑ Pads, tampons, or **sanitary cup** (silicone and easily washable)
- ❑ **Plastic baggies** to transport feminine products until you can dispose in a biobag (do not flush tampons down toilets on ships)
- ❑ Female Urination Device* (for use if you have a lot of gear on)
- ❑ Perineal Irrigation Bottle*
- ❑ **Collapsible shower caddy**
- ❑ **12 month supply of prescription drugs** (birth control, chronic pain medications, one-time dose of UTI medication to use until can access medical etc.)
- ❑ Non-prescription items: yeast infection treatment, antifungal cream, **pain medication**, condoms, **sea-sickness medication**, melatonin etc.
- ❑ Corn starch (for keeping areas of the body dry)
- ❑ **Daily women's health multivitamins** with calcium, Vitamin D, and iron supplements (the ship can compromise immune system)
- ❑ Sunscreen and bug spray
- ❑ Cough drops
- ❑ Pack blister first aid kits

*When appropriate, consider **morale booster items** like decorations or birthday cards for holidays and birthdays!*

Women's Health Tips Deployment

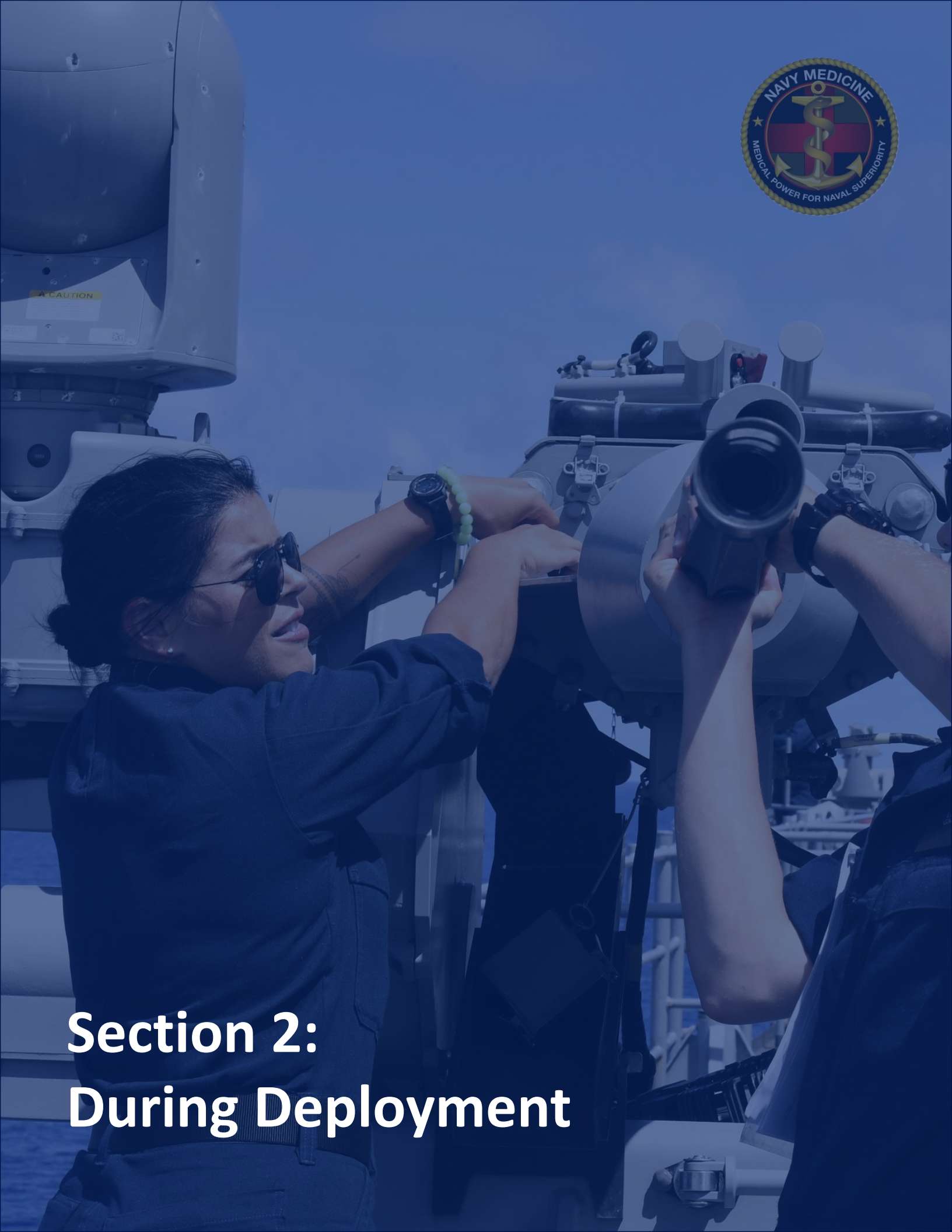
Suggestions for packing and preparing for deployment

GENERAL **PREPARATION TIPS**

- Discuss **prescription supplies** with your provider, all prescription medications should include a **12-month supply**.
- Set up a **recurring Amazon order** right before deploying and have supplies delivered to your location (i.e., ship, base, etc.) 2-3 months later.
- Put your **mail on hold** by contacting the US Postal Service or forward your mail to a friend. Learn more here.
- **Automate payment** for as many bills as possible.
- Consider **power of attorney** for specific items or actions (not global power of attorney) to a trusted friend or family member.
- Disconnect your **car battery** if you have a car, or ask a friend to periodically run the car to avoid the battery dying.
- Consider who will take care of any pet(s) if you have them.
- For all **non-prescription items**, pack a **2-3-month supply**.
- Download **books, music, and movies** onto your phone, tablet, or laptop as there will be minimal internet access.
- Note: Some OCONUS locations have large exchanges [i.e., Naval Support Activity (NSA) Bahrain] so longer term supplies may not be needed.

PACKING **TIPS** AND **TRICKS**

- Pack your seabag or ruck sac **using packing cubes**, with each cube containing a day's worth of clothes (uniform, t-shirt, undergarments) so that they are easily accessible when you are on the move.
- Have at least **one day's worth of clothes separated at the top of your bag** for quick access so you don't have to unpack your entire bag for a change of clothes.
- Keep **toiletries in a collapsible shower caddy** at the top of your bag for quick access.
- Never pack electronics in your seabag because the screens will crack.
- Line your seabag with a large trash bag to waterproof it because your bag may get rained on.
- Pack **items in plastic bags to waterproof** and organize.



Section 2:
During Deployment

Physical Health

Musculoskeletal Health

Learn more musculoskeletal injuries and their treatment

Musculoskeletal (MSK) Injuries

- Soft-tissue injuries caused by sudden or sustained exposure to repetitive motion, vibration, or awkward positions.
- Can affect the muscles, nerves, tendons, joints, and cartilage in your upper and lower limbs, neck, and lower back.
- Non-battlefield injuries (MSK-related) are more common causes for medical air evacuations (MEDEVACS) out of deployed settings than battlefield injuries.

Prevention is the Best Cure

- Contact your local Command Fitness Leader, Fit Boss, or Wellness Center for a baseline fitness assessment before beginning a new training program.
- Start a new training program slowly, asking for help with form or adjustments when you need it.
- Don't "push through the pain;" see a medical professional for an evaluation if you think you have an MSK injury.

Physical Therapy (PT)

- Approximately 100 Active Duty Navy Physical Therapists (PTs) are stationed at the following locations: boot camp, Officer Candidate School, Military Treatment Facilities (MTFs), onboard all aircraft carriers, with Naval Special Warfare units and Marine Corps Special Operations Command, and within platforms at Kandahar and Djibouti.
- PTs are trained to treat all MSK injuries and provide injury prevention classes.
- PT is covered by TRICARE; ask your Primary Care Manager (PCM) or Independent Duty Corpsman (IDC) about a referral if you have an injury.

Additional Physical Health Specialists

Specialist Care	TRICARE Coverage	Access
Occupational Therapy	Covered by TRICARE	Available at most MTFs, ask your PCM for a referral
Nutritionist/Dietician	May be covered by TRICARE	Available at most MTFs, ask your PCM for a referral
Osteopathic Manipulative Therapy	Covered by TRICARE	May be done by your PCM or ask for a referral
Aquatic Therapy	Covered by TRICARE if medically necessary	Very limited availability at MTFs
Acupuncture and Chiropractic Care	Not covered by TRICARE	Increasingly available at MTFs

Female Athlete Triad

Learn more about the female athlete triad and maintaining peak performance

What is the Female Athlete Triad?

- Low energy availability with or without disordered eating.
- Menstrual dysfunction: changes in periods or missing periods.
- Low bone mineral density.

What does it mean?

- Energy availability (EA) is the amount of energy remaining after exercise for all other physiological functions each day.
  - You must eat enough to cover what you burn during exercise AND what your body needs to function for the remainder of the day.
  - You may have low EA by not eating enough due to time constraints or lack of nutritional knowledge. Athletes also may not have the necessary appetite to promote food intake after intense exercise.
- Menstrual dysfunction can be an irregular cycle, or your period stops completely (amenorrhea).
- Low bone mineral density puts you at higher risk for bone stress reactions and stress fractures.

Complications of the Triad

- Change in periods can lead to infertility
- Decreased immune function
- Stress fractures, most commonly in the tibia
- 2 - 4x greater risk for amenorrhea

WHAT CAN I DO ABOUT IT?

- Rest
- Increase Vitamin D and Calcium intake
- Eat a balanced diet with adequate calories based upon your level of activity, consult a nutritionist for more information
- Report cardinal signs to your provider such as decline in performance, change in mood, dramatic weight loss, frequent injury, and change in menstrual cycle

Signs of a Stress Fracture

- Localized pain: it hurts “right here”
- Insidious onset: no fall, slip, or trip. It’s not an acute injury
- Aggravated by repetitive weight bearing exercise (running, jumping, marching)
- Relieved with rest

Hydration

Hydration is critical to overall health and peak athletic performance

Hydration is Key to Winning the War

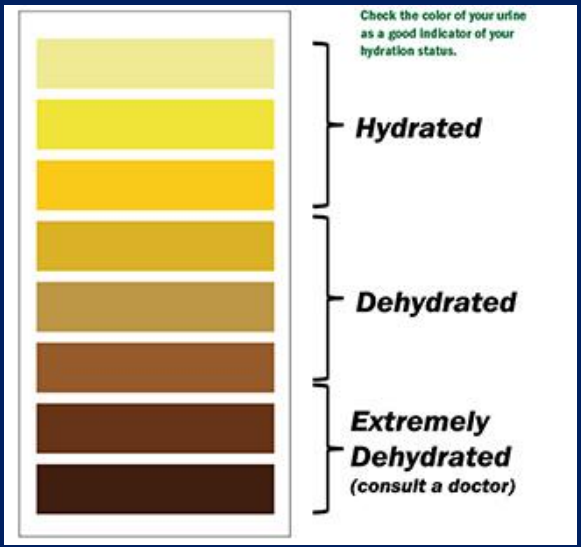
MISSION CRITICAL

You can survive for weeks without food, but you can only live for days without water.

- As a nutrient, water is essential to life. It helps replenish fluid loss, regulate temperature, protect organs, keep joints moving, transport other nutrients throughout your body, and eliminate waste.
- The amount of water that your body needs is based on a variety of factors, two of which are body weight and physical activity. You must meet your hydration needs daily, because your body loses water through regular activities such as sweating, urinating, and breathing.
- The average woman needs to drink 2 - 2.5 L of water per day (~ 8 glasses of water), not a gallon!
- It is important to note that if you are thirsty, your body is already dehydrated.

Hydration and Urination

- The best way to determine your hydration status is to evaluate your urine color. Check out the chart to the right.
- Do you feel like hydrating means too many trips to the bathroom? Urination devices are recommended during trainings and deployments in remote settings; consider a (1) SheWee, (2) Go Girl, or (3) Venus to Mars.



Hydration and Urination Chart| *Source: navyfitness.org*

Tips to Meet Your Hydration Needs

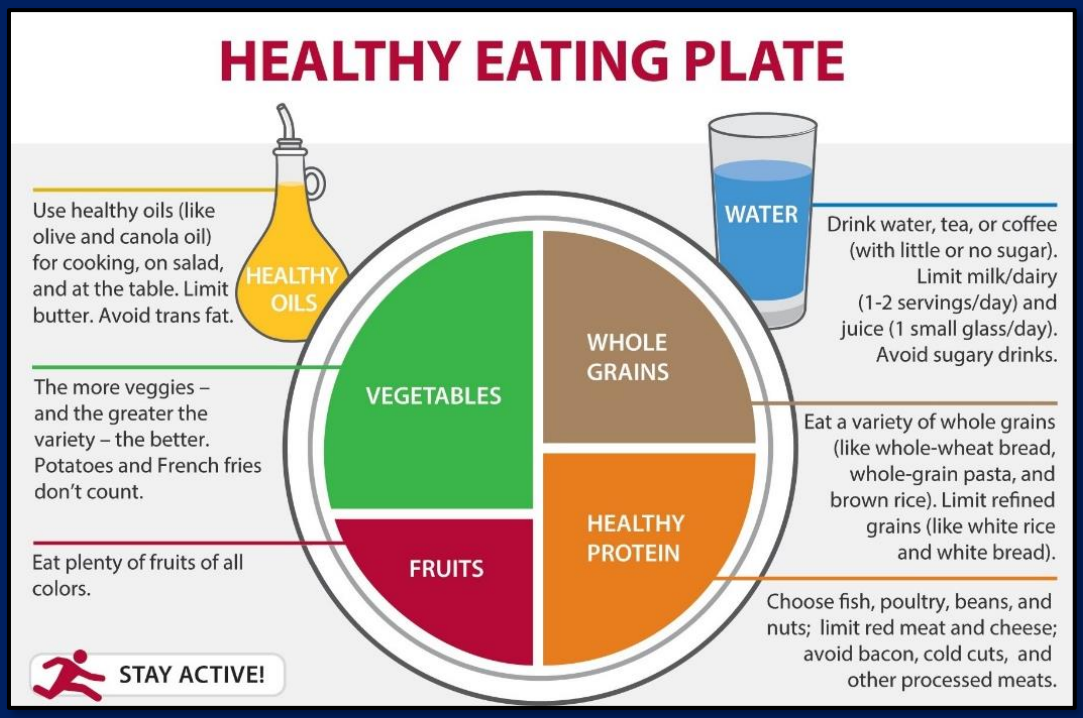
- ✓ Make hydrating a priority – carry a water bottle to drink on the go
- ✓ Choose water over sugar-sweetened, caffeinated, or alcoholic beverages
- ✓ Add lemon, lime, or cucumber to your water to enhance the taste

Nutrition

Good nutrition is essential to a healthy life and optimal physical performance

Energy Balance

- It is important to consider the "energy balance" of your physical activity and energy consumption. The energy that you use through daily activities (sleeping, breathing, moving around) should equal the energy (food and drink) that you consume when trying to maintain your weight.
- Resources like Choose My Plate can help you customize a healthy nutrition plan based on your activity level, age, weight and height.



Example of a balanced plate| *Source: Choose My Plate*

Nutrition and Lifestyle

- Overall, a healthy plate should consist of vegetables, fruits, whole grains, healthy protein, and some healthy oils.
- **If you have a low activity lifestyle:** Focus on portion control and nutrient-dense, whole foods (more vegetables) to maintain energy balance.
- **If you have a moderate activity lifestyle:** Follow the healthy eating plate recommendations with a balance of the four main food groups and healthy oils in moderation.
- **If you have a high activity lifestyle:** Make sure you are getting enough whole grains and protein. Grains are the quickest energy source, and protein is essential for building and repairing muscle.

Nutrition

See below for advice on maintaining a healthy eating lifestyle

Tips to Excel with Proper Sports Nutrition

Eat at least five servings of various colored fruits and vegetables per day.

One serving is approximately the size of a baseball. Fruits and vegetables are filled with the energy and nutrients necessary for training and recovery. Plus, these antioxidant-rich foods will help you combat illness like a cold or flu.

Choose whole grain carbohydrate sources.

Look for whole-wheat bread or pasta and fiber-rich cereals. Limit the refined grains found in sugary cereals & white breads.

Look for lean protein options.

Choose healthy sources of protein such as chicken, turkey, fish, eggs, nuts, and legumes.

Practice portion control to avoid overeating.

Controlling your portions means sticking to a set amount of food in one sitting. The right amount depends on your calorie and nutrient needs. Practicing portion control means eating until you're full but not uncomfortable. The average woman needs between 1,800 – 2,500 calories per day. One Meal-Ready-to-Eat (MRE) can contain 2,000 -3,000 calories! Consider eating half of the MRE as your full meal.

BEST PRACTICES

- Eat at least five servings of various colored fruits and vegetables per day.
- Choose whole grain carbohydrate sources.
- Choose healthy (lean) sources of protein.
- Stay hydrated.
- Remember that portion control is critical to weigh management.
- Minimize added sugar and processed foods.

Stay hydrated!

Try drinking a full glass of water before you eat and another in the middle of your meal. Filling your belly with water will naturally make you less likely to overeat. In addition, you may be confusing your body's thirst and hunger cues.

IS THIS NORMAL?

ALWAYS HUNGRY

"I know I need to watch the size of my portions, but I'm always hungry! Why do I never feel full? Is this normal?"

CHOOSE THE RIGHT FOODS

Highly processed foods do not provide the same rich, nutritional value as fresh foods. Choose fresh vegetables and fruits (high in fiber) and pair them with lean protein to keep you feeling full longer. Also remember to drink plenty of water, as your body can confuse thirst and hunger when dehydrated.

Relative Energy Deficiency in Sports

Learn more below about recognizing and treating Relative Energy Deficiency in Sport (RED-S).

RED-S can result from not getting enough energy through what you eat, using too much energy through exercise, or both. It impacts your overall health and wellbeing as well as your military readiness.

What is it?

RED-S is diagnosis or concept that means y**our body has too little energy available**. Available energy depends on **energy-in (food)** and **energy-out (exercise)**. Low energy availability can **affect your body** in these ways:

- Decreased endurance
- Increased injury risk
- Decreased training response
- Impaired judgement
- Decreased coordination
- Decreased concentration
- Irritability
- Depression
- Decreased muscle strength

Talk to your provider if you think you have these symptoms.

Why does it matter?

Military personnel with **high levels of activity** and physical appearance expectations are **at risk for RED-S**. Additionally, females are at greater risk, although any gender service member can have RED-S. Service members with too little energy available (those with RED-S) are **not able to perform at their physical or mental best,** impacting their health and mission readiness.

What can I do about it?

PREVENTION: **Balance your energy intake** (food) with **energy output** (exercise). If you are participating in high-activity training or exercising a lot, make sure to consume enough calories through nutrient dense foods. Check out the Navy Nutrition Program on the Navy Personnel Command website for more information on healthy eating.

TREATMENT: Talk to your provider if you think you have RED-S or have noticed some of the symptoms. They can work with specialists in sports medicine, nutrition, and mental health to **create a treatment plan that is right for you**. Seeking help will **help get you back to peak health** and readiness.

Additional Resources

Check out these resources for more information on maintaining your physical health

Navy and Marine Corps Public Health Center (NMCPHC)

- Offers evidence-based information and tools for service members to learn more about practicing a healthy lifestyle and protecting their physical health.
- Includes resources for quitting smoking, responsible alcohol use, healthy eating, active living, reproductive and sexual health, and more.
- Click here to explore resources from NMCPHC.

Operation Supplement Safety (OPSS)

- Provides information on ingredients found in dietary supplements that are prohibited by the Department of Defense (DoD).
- Check the list to understand what supplements are approved and what to avoid.
- Banned ingredients may be found in dietary supplements such as:
  - Bodybuilding and Performance-Enhancement Supplements
  - Energy Drinks
  - Protein Powders
  - Weight-Loss Supplements
- Click here to explore resources from OPSS.

Visit your Local Wellness Center

- The Wellness Center should be located within your base fitness center or within base hospital or branch health clinic.
- The Wellness Center may offer physical training, physical therapy, massage therapy, strength training, and group exercise classes.
- There may be a nurse stationed at your local Wellness Center who can provide information on staying healthy at home and in deployed settings.

Mental Health

Mental Health and Stress Management

How to manage your mental health and deal with stress

Mental Health Wellness

You likely spend time and energy on improving your physical health, but what about your mental health? Feeling **STRESSED** and **ANXIOUS** before, during, or following a deployment is quite **common** and **being proactive about seeking help** is a good thing!

TRICARE mental health services are **ALWAYS AVAILABLE** to you and your family to help manage stress, family concerns, depression, grief, anxiety, or a mental health crisis.

Anyone who is active duty can self-refer to a psychologist, psychiatrist, licensed clinical social worker (LCSW), deployed resiliency counselor (DRC), or an embedded mental health provider (eMH).

Stress Management

Service members who are stressed often turn to coping strategies that are not effective or complicate their problems, such as smoking, drinking, eating too much, or not eating enough. Instead, **consider the following options**:

- **EXERCISE** regularly (consider joining a sports team or training for a race).
- **EAT** a **HEALTHY**, balanced diet (limit junk food).
- Get **ADEQUATE SLEEP** (poor sleep is a risk factor for weight gain and depression).
- Maintain **HEALTHY SOCIAL CONNECTIONS** (face to face, not just on the internet).
- Practice **DESTRESSING TECHNIQUES** (such as yoga, meditation, breathing, massage, tai chi, or any other hobbies that help you relax).

It is perfectly normal to reach out to a family member, friend, chaplain, or provider if you need additional help. **BE PROACTIVE** and **SEEK HELP** while problems are small to prevent them from becoming overwhelming!

Mental Health Care

How to seek help and what is covered by TRICARE

WHEN SHOULD I SEEK HELP?

Just as you would see a cardiologist if you have a heart condition, a mental health provider can assess, diagnose, treat, and make appropriate referrals as needed.

If mental health concerns (such as stress, depression, grief, anxiety, etc.) **start to interfere with your daily life, seek help**. Mental health treatment works, and recovery is possible. **Pursuing mental health support will not end your career. In fact, it's a sign of strength!**

WHAT DOES TRICARE COVER?

TRICARE covered mental health services include, but are not limited to:

- Cognitive Behavioral Therapy (CBT)
- Family Counseling/Therapy
- Gender Dysphoria
- Opioid Treatment Programs
- Support Groups
- Outpatient Counseling/Therapy*
- Postpartum Depression
- Prescription Drugs for Anxiety/Depression
- Substance Use Disorder Treatment

*Outpatient Counseling/Therapy for mood disorders (anxiety, depression, bipolar disorder, adjustment disorder)

For information on TRICARE covered mental health service click here.

Mental Health and Your Clearance

Learn more below about mental health treatments and impacts on your clearance

Will Seeking Mental Health Services Impact My SECURITY CLEARANCE?

- People can seek mental health treatment and still have a long and successful military career. **Mental health counseling and/or treatment in and of itself is not a reason to revoke or deny a clearance.**
- Standard Form (SF) 86 (the Questionnaire for National Security Positions) asks about mental health issues because certain "emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness."
- You can **say "no" to having received mental health treatment** on the SF 86 if it includes the following:
  - *Strictly for a marital, family, or grief issues not related to violence by you*
  - *Strictly related to adjustments from service in a military combat environment.*
  - Note - this would include marital counseling, family therapy, grief counseling, and any "adjustments" in a combat environment can even include a PTSD diagnosis if it is combat-operational related.

Between 2006 and 2016 only one in 35,000 individuals were denied or lost a security clearance due to a mental health diagnosis.

! **Ask your PCM or Embedded Mental Health (eMH) provider** if you have questions pertaining to specific mental health diagnoses and the impact on your specific job/rate.

Mental Health Confidentiality

Details of mental health services that are documented or kept completely confidential

What mental health services are RECORDED or DOCUMENTED in my medical record?

- Emergency Department Or **Emergency Room** Visit
- Internal **Behavioral Health Consultant** (IBHC)
- Outpatient **Behavioral Health** Department
- **Substance Abuse Rehabilitation Program** (SARP)
- Inpatient **Psychiatric Admission**
- Visit to the **Embedded Mental Health Provider** (eMH)

What mental health services are COMPLETELY CONFIDENTIAL and do not get added to my medical record?

- Speaking with someone at **Military OneSource** (includes 8 free counseling sessions)
- Speaking with a **chaplain**
- Speaking with someone from **Fleet and Family Services**
- Speaking to a **Deployment Resiliency Counselor** (DRC)
- Speaking with a **Caregiver Occupational Stress Control** (CgOSC) team member
- **In some cases, speaking with an Embedded Mental Health Provider** (eMH), depending on the issue or diagnosis

Mental Health

Common mental health diagnoses for service women

MENTAL HEALTH AND IMPACT ON SERVICE WOMEN

Serving in the military is a great honor but can also create significant stress *– Boot Camp/OCS, PCS, being away from home for the first time, gender isolation, lack of community or support, marital stress from separation, and long hours are all major stressors in a service woman's life.*

You are not alone...

According to a study by the Armed Forces Health Surveillance Branch (AFHSB), **mental health diagnoses were more frequent in female active duty service members than male active duty service members.**

ANXIETY AND DEPRESSIVE DISORDERS were 1.4 to 1.9 times more frequently diagnosed in active duty service women compared to active duty men. The prevalence of depression among female service members ranged from 4.3% - 7.5%.

PERINATAL DEPRESSION (PND), which includes both prenatal and postpartum periods, is estimated to be as high as 24% in female service members (compared to ~14% in the civilian population). The highest prevalence of PND symptoms (16.6%) was found in female service members who deployed after childbirth and experienced combat exposure.

TOP MENTAL HEALTH DIAGNOSES for women include:

- Depressive and Anxiety Disorders
- Post-traumatic Stress Disorder (PTSD)
- Adjustment and Personality Disorders
- Eating Disorders

! All of these diagnoses are completely treatable. Seek support EARLY, as soon as you realize there's an issue you cannot manage on your own.

Adjustment Disorder

Adjustment disorder is common for people dealing with change

Adjustment Disorder

- Adjustment disorder, sometimes referred to as situational depression, is an **abnormal and excessive reaction** to an identifiable life stressor.
- These disorders are **common for people dealing with change** (which happens all the time in the military).
- Adjustment disorders were diagnosed more than 2x as often in active duty service women compared to active duty men.

- **Adjustment disorders are stress-related conditions.** Joining the military, problems at work, going away to school, an illness, a breakup/divorce, death of a close family member, or any number of life changes can cause stress.
- **Most of the time, people adjust to such changes within a few months;** however, if you have an adjustment disorder, you continue to have emotional or behavioral reactions that can contribute to feeling anxious or depressed.
- **SYMPTOMS may include** frequent crying, loss of appetite, trouble sleeping, difficulty concentrating, feeling jittery or anxious, or avoiding work or social functions.

- You don't have to tough it out on your own, though. **TREATMENT** can be brief and it's likely to help you regain your emotional footing.
- **Make an appointment with your PCM to discuss treatment options with can include counseling and/or medications.**

Post-traumatic Stress Disorder

Female service members are at higher risk for PTSD, but there are treatment options

Post-traumatic Stress Disorder (PTSD)

- **Female service members are at a higher risk for post-deployment PTSD** than male service members.
- Results from female veterans' studies show a significant predictive relationship between deployment-related traumatic stressors (combat operations, sexual assault, sexual harassment, gender isolation, and worrying about family back home), and PTSD outcomes.

SYMPTOMS include:

- **Behavioral:** agitation, irritability, hostility, hypervigilance, self-destructive behavior, or social isolation
- **Psychological:** flashback, fear, severe anxiety, or mistrust
- **Mood:** loss of interest or pleasure in activities, guilt, or loneliness
- **Sleep:** insomnia or nightmares
- **Also Common:** emotional detachment or unwanted thoughts

If you think you may have PTSD, immediately **MAKE AN APPOINTMENT WITH YOUR PCM** who will refer you to a specialist to further discuss treatment options such as prescription medication or psychotherapy techniques including:

- **Prolonged Exposure** (PE): Teaches you how to gain control by facing your negative feelings. It involves talking about your trauma with a provider and doing some of the things you have avoided since the trauma. Click here to learn more.
- **Cognitive Processing Therapy** (CPT): Teaches you to reframe negative thoughts about the trauma. It involves talking with your provider about your negative thoughts and doing short writing assignments. Click here to learn more.
- **Eye Movement Desensitization and Reprocessing** (EMDR): Helps you process and make sense of your trauma. It involves calling the trauma to mind while paying attention to a back-and-forth movement or sound (like a finger waving side to side, a light, or a tone). Click here to learn more.

These treatments work! Anyone can experience stress reactions after a traumatic event (such as a combat injury or sexual assault). **It is when you avoid seeking help that the problem can develop into a disorder.**

Traumatic Brain Injury

See your provider immediately if you think you have TBI

Traumatic Brain Injury (TBI)

- Service members **can sustain a TBI during day-to-day activities** (such as playing sports or participating in recreational events), **military training** (a fall), and **during deployment** (blast injuries).
- Most TBIs sustained by military members are classified as mild TBI, also known as a **concussion**.

SYMPTOMS include:

- **Cognitive:** amnesia, inability to speak or understand language, mental confusion, difficulty concentrating, difficulty thinking and understanding, inability to create new memories, or inability to recognize common things
- **Behavioral:** abnormal laughing and crying, aggression, impulsivity, irritability, lack of restraint, or persistent repetition of words or actions
- **Mood:** anger, anxiety, apathy, or loneliness
- **Whole body:** blackout, dizziness, fainting, or fatigue
- **Eyes:** dilated pupil, raccoon eyes, or unequal pupils
- **Muscular:** instability or stiff muscles
- **Gastrointestinal:** nausea or vomiting
- **Speech:** difficulty speaking or slurred speech
- **Visual:** blurred vision or sensitivity to light
- **Also common:** persistent headache, a temporary moment of clarity, bleeding, bone fracture, bruising, depression, loss of smell, nerve injury, post-traumatic seizure, ringing in the ears, or sensitivity to sound

- If you think you have a TBI, **IMMEDIATELY GO TO THE EMERGENCY ROOM OR URGENT CARE** to discuss further treatment options such as **how long you should rest/refrain from certain activities**, as well as possible medication and/or surgery.
- Immediately after a concussion, you should **avoid any activity that is physically demanding**, including heavy lifting, exercise, organized sports, as well as activities that require a lot of concentration. Most people who have sustained a concussion will need to refrain from any intense activities for 7 - 10 days.

Suicide

Getting help if you are considering suicide

SUICIDE

- Compared to civilian women, service women are 2x – 5x more likely to take their own lives. One veteran's administration (VA) study found that the number of suicides committed in women veterans increased by 40% from 2000 to 2010.
- The suicide rate for service women is increasing at twice the pace of male service members.
- Among the many reasons for the dramatic rise in suicide among service women, there is one primary cause that stands out: **sexual trauma, particularly incidences of harassment and rape while stationed overseas.**

You are not alone! How to Get Help:

If you are struggling with a darkness inside, feeling hopeless, depressed, alone, that no one cares, or it will never get better, it may seem like the only way out is to end your life. This is not the case.

No, YOU ARE NOT ALONE! You do not need to suffer in silence. You can get help! There are people who care about you, and you can get better! Look on the next page for resources and people that you can reach out to for help.

For information
click here.

Military Mental Health Resources

There are many military resources available to you

WHAT **MILITARY HEALTH RESOURCES** ARE AVAILABLE?

AT THE HOSPITAL OR MTF

- Emergency Department, 24/7 access to a provider who will provide a mental health consultation
- Chaplain
- Caregiver Occupational Stress Control (CgOSC)
- Internal Behavioral Health Consultant (IBHC), in Medical Home Port/ Marine-Centered Medical Home
- Unit Primary Care Manager (could help minimize access to care delays)
- Outpatient Behavioral Health Clinic
- Inpatient Behavioral Health (if available, depends on location)

ON BASE:

- Fleet and Family Support Center (FFSC)
- Marine Corps Community Services (MCCS)
- Military Family Life Counselors

WHILE DEPLOYED (ship, Riverine Command, ground unit, air wing, logistics, submarine, special warfare, etc.)**:**

- Chaplain
- Deployed Resiliency Counselor (DRC)
- Unit Mental Health Psychologist, Psychiatrist, Psych Nurse Practitioner, or Social Worker
- Many commands have embedded mental health support assigned to the unit. Check with your leadership to find out what is available locally.

Mental Health Resources

Military and non-military contacts

Navy Chaplain Care	Click here
Psychological Health Resource Center	Click here
GiveAnHour	Click here
U.S. Department of Veteran's Affairs	Click here
Wounded Warrior Project	Click here
Military Crisis Line	Click here Call 1-800-273-8255 Text 838255
Get Head Strong	Click here
Military OneSource	Click here
Psychological Health Center of Excellence (PHCoE)	Click here
My Navy Portal, Sailor and Family Support	Click here
Navy and Marine Corps Public Health Center	Click here
Psychological Health Outreach Program	Call 1-866-578-7467

! If you do not feel good about the first mental health provider or counselor you see, consider **asking for a second opinion**.

Eating Disorders

Facts and resources related to eating disorders

Eating Disorders

Eating disorders are a **daily struggle** for 10 million females and 1 million males in the United States. The incidence of eating disorders is over 20 times higher in active duty females than in active duty males. **Learn more about specific eating orders on the next few pages.**

Resources

If you are worried that you may have an eating disorder, the following should be avoided:

- Any websites about people's personal experiences, this can often lead to a pro-Anorexia stories
- Any diet plan that especially eliminates whole food groups (e.g., Keto, Paleo, Atkins, etc.)
- Any "cleanses" of the body (juicing, lemonade diet, etc.)

Books

Life Without Ed *by Jenni Schaefer*

The Body Image Workbook *by Thomas Cash*

How to Train a Wild Elephant *by Jan Chozen Bays* (a book on mindfulness)

Articles

The "Eating Disorder" Voice

This Ancient Philosophy Is What We Desperately Need In Our Modern Lives

Surviving and thriving after a 6-year battle with an eating disorder

Websites

National Eating Disorders Association

The Renfrew

Gurze-Salucore Eating Disorders Resources Catalog

Anorexia

- Anorexia is a serious psychological disorder characterized by a reduction in appetite or total aversion to food (**NOT EATING AT ALL**) that leads to low energy.
- Individuals with anorexia, most often young woman, **begin by dieting** to lose weight.
- If you notice any of the following **SIGNS** in another service woman –- extreme weight loss, fatigue, insomnia, dizziness, thinning hair, and/or bluish discoloration of fingers – encourage her to see her provider.

- **If you think you may be anorexic, make an appointment with your provider immediately.**
- **TREATMENT** options include counseling/therapy, medications, and nutrition education.

- Anorexia has the **highest fatality rate of any mental illness**; it is estimated that 4% of anorexic individuals die from complications of the disease.

Bulimia

- Bulimia is an emotional disorder **involving distortion of body image** and an **obsessive desire to lose weight** in which large amounts of food are consumed in a short period of time (less than 2 hours) followed by feelings of guilt or shame, depression, misuse of laxatives, self-induced vomiting, purging, fasting, or over-exercising.
- For an official bulimia diagnosis, an individual must have these behaviors at least once a week for three months.
- Bulimia can stem from an original fixation on eating 'clean' or eating 'healthy.'
- If you notice any of the following **SIGNS** in another service woman–- anxious during meals, takes frequent trips to the bathroom after meals, seems isolated or withdrawn, change in teeth color, erosion of front teeth, or callouses on fingers – **encourage her to see their provider.**

- **If you think you may be bulimic, make an appointment with your provider immediately.**
- Treatment options include counseling/therapy, medications, nutrition education.

- It is estimated that up to 4% of females in the United States will have bulimia during their lifetime. 3.9% of these bulimic individuals will die from complications related to the disorder.

Motherhood and Deployment

Deploying After Giving Birth

Postpartum deployment regulations

Postpartum Deployment

Navy and Marine Corps personnel are **non-deployable for 12 months postpartum** (after giving birth) (National Defense Authorization Act Fiscal Year 2020). For Navy Personnel this includes any assignment that may separate the birthparent from the infant for more than one day (OPNAVINST6000.1D). However, Navy and Marine Corps may request to deploy sooner than 12 months postpartum if they so wish.

Breastfeeding and Deployment

For information related to breastfeeding and deployment see any of the below resources:

Resource	Link
BUMED Instruction 6000.14B, **Support of Women in Lactation and Breastfeeding**	Click here
Tips for shipping breastmilk (from Breastfeeding in Combat Boots Website)	Click here
Breastmilk pumping tips (from Breastfeeding in Combat Boots website)	Click here
TRICARE **Breast Pump Benefit**	Click here

Preparing Your Family

How can you prepare your family for your deployment

How can you prepare your spouse/partner for your deployment?

1. Ensure your spouse/partner has **all the necessary contacts for support** including **PROVIDERS, BABYSITTERS, TEACHERS** etc. and make sure those contacts also know you are deploying.
2. Discuss with your spouse/partner/support system how to **keep your pre-deployment home schedule as similar as possible** during the deployment (i.e., meals, bath time, bedtime). Children **thrive on routine.**

How can you prepare your child for your deployment?

DISCUSS DEPLOYMENT EARLY: Discuss your deployment with kids as early (~ 3 months ahead of time) and often as possible! Depending on the child's age, it may be difficult for him/her to understand but discussing your deployment ahead of time **gives your child time to think of questions and prepare**.

DESCRIBE WHAT YOUR LIFE WILL BE LIKE: Tell your child what your everyday life will be like when you are deployed; include where you will eat, what your job is like, etc.. This will **give them a mental image** of what you are doing on deployment, so they have some context. The more children know about your anticipated deployment the better – this **will prevent them from creating their own scenarios and what ifs**.

If you will be on a ship, **CONSIDER TAKING THEM THERE** to show them your new home and workplace.

Show your children your full battle gear before deploying so they will know you are protected.

RECOMMENDED READING

Many service women find reading Women at War helpful before deploying, specifically the following chapters:

"Women, Ships, Submarines, and the US Navy"

"Mothers in War"

"Human Sexuality and Women in the Area of Operations"

Preparing Your Family

What you can do to support your family pre-deployment

BUY or ORDER | What can you buy or order to support your family before you deploy?

- **POLAROID CAMERA** to take pictures of yourself to send back home
- A **WORLD MAP** to add pins to where you anticipate you will be
- The **free SESAME STREET VIDEO SERIES**, "Preparing Kids for Deployment," through their website

CREATE | What can you create or make to support your family before you deploy?

- **Create a special game that your kids can play with you remotely**. For example, print an 8x11 picture of your face and tape it to a popsicle stick. Your kids can then take a picture with your photo on the stick at special events (i.e., holidays, school play, sporting events) and send to you.
- **Create a unique tracker counting down weeks/months until you return** so they can visualize time and know there is a return date. Consider having a special event to celebrate "one month down" until your return like a pizza party on the last weekend of each month.
- **Create a "thinking of you" or "hug me" pillow or doll**.
- **Record a good morning/good night message** (can use spouse or partner's iPhone) to watch each day. Also, consider recording messages for special occasions like birthdays/holidays.
- **Record a video of you reading a book** – you can utilize the "United Through Reading" resource provided by Chaplains.

Preparing Your Family

Proactively creating family care and communication plans

CREATE A FAMILY COMMUNICATION PLAN

EXPLAIN (if age appropriate) that there may be days when the phones are not working, but that you will try to call that week when you can.

TRY TO CALL once a week on a set day if possible (daily will be nearly impossible and can upset the home routine if you cannot call).

CONSIDER WRITING LETTERS throughout deployment and pack needed items (envelopes, colored markers, stickers, etc.). Consider **buying "special" items for the kids to send you letters as well**. Anything you can involve them in for planning for the deployment will help them understand and prepare.

DOWNLOAD WHAT'S APP for free texts and calls when you have access to Wi-Fi.

EMAIL or **SKYPE** when you have access to internet or Wi-Fi.

CREATE a "thinking of you" or "hug me" **pillow or doll**.

For information on Fleet and Family Support Programs click here.

REVIEW THE FAMILY CARE PLANS

It is required for **single parents** and **dual-active duty parents** to review and fill out Family Care Plans to ensure adequate dependent care arrangements.

- For Navy click here
- For Marine Corps click here

IS THIS NORMAL?

CHILDREN WORRIED ABOUT PARENT DEPLOYMENT

"My daughter gets really agitated and anxious every time my upcoming deployment comes up. I've tried to reassure her but as it gets closer, its getting worse."

PREPARING YOUR FAMILY

This is entirely normal and taking steps to prepare your children for your deployment will help the transition. Talk to your child about how you will be in communication with them and how often. Share age appropriate details about your deployment, including showing your battle gear and everything you have to keep you safe.

Resources for Military Parents

Parenting resources for military families

Babies on the Homefront App: Click here

This app provides military and veteran parents **ideas for enhancing everyday moments with their baby or toddler**. Parents will find lots of material to add to their toolbox of strategies, including:

- **Behavior Tips** – Ideas for handling those tougher parenting moments like tantrums, or those unique challenges like missing a deployed parent
- **Play Time** – Ideas for creating activities
- **At Ease** – Information and ideas on self-care

Parents can personalize the app with their baby's picture and create a photo gallery of their child's moods in Feeling Photos. To make it even easier, parents can sort the information by their young child's age and specify their situation as At Home, Leaving Soon, Deployed, Home Again, a Veteran, or visiting a hospital.

Military OneSource (MOS): Click here

MOS supplements existing family programs by providing a website and a **worldwide, 24 hour, seven-day-a-week information and referral telephone service** to ALL active duty, Guard and Reserve soldiers, and deployed civilians and their families. MOS services are provided at **no-cost**.

Parent-to-Parent Workshops: Click here

The Military Child Education Coalition provides **informative and interactive workshops to groups or organizations in the local community**. The length of workshops are usually between twenty minutes and an hour and can be tailored to meet the group's needs.

Participants receive high quality resources and materials that will **assist them in their role as their child's best advocate**. Workshops are available for different levels including the following: parents of young children, parents with elementary school age children, parents of middle and high school students, and parents of any age child.

Parent to Parent teams are located near a number of military installations. The team members have personal expertise backed by research. They share practical ideas, proven techniques, and solid resources to support the military parents/guardians of transitioning school-age children.

Resources for Military Parents

Parenting resources for military families

Welcome Back Parenting: Click here

To help every member of the family learn how to live and thrive within that different, post-deployment "normal," this Welcome Back Parenting guide has been developed by *Welcome Back Veterans*, a national public awareness initiative to help America's returning war veterans and their families. **This guide is geared toward families with one parent who has recently returned from a military deployment**. It is designed to help you address some of the fundamental issues faced by families like yours, and includes information about partner relationships, parenting, and the different stages of child and family development from pregnancy through raising teenagers.

The guide also **includes a resource section** filled with recommended books and websites that you may find helpful, and a referral section containing community referrals you and your family may wish to access along the way.

VA Parenting for Service Members & Veterans: Click here

This **free online course** provides parents with tools that strengthen parenting skills and helps them reconnect with their children. The course:

- Helps parents deal with both everyday problems and family issues that are unique to the military lifestyle.
- Features stories from actual veteran/military families, interactive activities, and practical parenting tips.
- Is anonymous and registration is not required. No personal information is ever requested or stored by the website.

ZERO TO THREE: Click here

ZERO TO THREE conducts many projects that support the health and development of infants, toddlers, and their families. Through these, ZERO TO THREE brings the expertise and knowledge of their organization–and field–to bear on very young children. ZERO TO THREE's work ranges from supporting very young children in military families with a deployed parent to promoting early literacy skills and operating the Early Head Start National Resource Center. Resources come in a variety of formats, from e-learning, to articles, to a podcast series.

Recommended Children's Books

Below is a list of books recommended to read for your children before and during deployment

Recommended Children's Book by Age Group

Title	Author	Age
Over There (Board Book, free from Military OneSource)	Dorinda Silver Williams	0 – 3
Mommy's Deployed	Bridget Platt	0 – 10
My Mommy is a Marine	Alia Reese	Infant – Preschool
Mommy, You're My Hero!	Michelle Ferguson-Cohen	Infant - Preschool
My Mother's Pearls	Sally Huss	2 – 8
My Mother's Wings	Sally Huss	2 – 8
Brave Like me	Barbara Kerley	4 – 8
My Mom is Going Away, but She Will be Back One Day	James and Melanie Thomas	4 – 8
My Air Force Mom	Mary Lee	4 – 8
Pilot Mom	Kathleen Benner Duble	4 – 8
Sometimes We Were Brave	Pat Brisson	4 – 8
Love, Lizzie: Letters to a Military Mom	Lisa Tucker McElroy	4 – 8
Where is My Mommy?	Mary Kilgore MSW and Mitchell Kilgore MSW	4 – 8
Military Mommy	Carol Dabny	Preschool - 12
Flexible Wings	Veda Stamps	8 – 12
When Your Mom Goes to War	Maryann Makekau	8+
Where Were You?	Tracy Hancock	All Ages

Recommended Children's Books

Below is a list of books recommended to read for your children before and during deployment

Further Recommended Children's Books by Age Group

Title	Author	Age Group
I'm a Hero Too! (Mommy version)	Timothy P Dunnigan	Age 2 - 8
Hero Mom	Melinda Hardin	Age 5 - 7
My Mom Hunts Submarines	Julia Maki	Young children
My Mommy Wears Combat Boots	Sharon McBride	Young children
Grandpa, What If?	Sandra Miller Linhart	Young children
I'm Here for You Now (Board Book) Free from Military OneSource	Janice Im et al	Young children
Momma's Boots	Sandra Miller Linhart	Young children
Mommy Wears a Uniform	Shunsee Wilson	Young children
Just till Mommy Comes Home	Loriann Kinney	Young children
Mommy is in the Military (Free Book to Customize and Print)	www.myownstory.com	Young children

You can create a free, customizable book for your child called "Mommy is in the Military." The book can include your and your child's names, your child's gender, and other information about your service. The book is most suitable for ages 2 – 10**.** **Click here for more information.**

Returning from Deployment

Things you can do to help the transition back to family life post-deployment

What can you consider before returning from a deployment?

CONSIDER YOURSELF a "guest in your own home" when you return from deployment.

Despite trying to keep the kids on a routine while you are deployed, **the ROUTINE WILL CHANGE**, so be prepared for this change and **try not to alter their new routines** too much or too fast.

CREATE NEW FAMILY ROUTINES and roles but give yourself and your family a grace period for things to happen.

BE PATIENT with your kids; they are experiencing a wide range of emotions too and are adjusting to your return. They may unexpectedly act out or have an attitude regarding your return. Openly discuss these feelings with them.

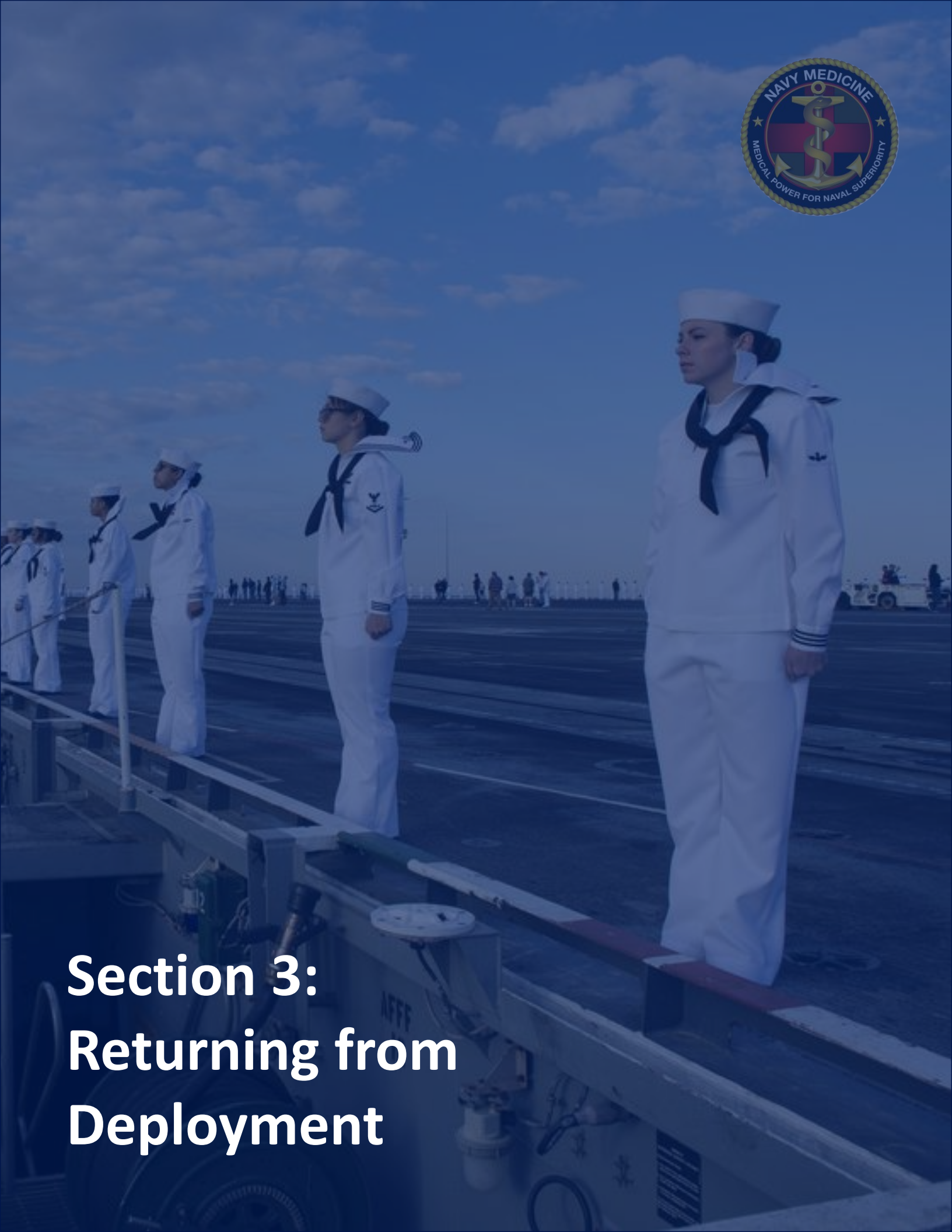
BE PREPARED for attachment anxiety when you return. They may be thinking you left once and wondering when are you going to leave again.

BEST PRACTICES

Thank your spouse/partner for all they did when you were deployed. They will appreciate your acknowledgement.

You will feel all kinds of emotions. **Go easy on yourself and give it time**.

Tell your children how proud you are of them. They have probably grown, changed, and learned a lot since you last saw them.



Section 3: Returning from Deployment

Pregnancy

Pregnancy and Readiness

Learn more below about how pregnancy impacts military readiness

PREGNANCY is a natural, normal, and deeply-meaningful life event for many women, including service women. However, **pregnancy in the military comes with unique challenges for service women, their families, and for the services**. It is important for all service women to be aware of the unique regulations and concerns surrounding pregnancy in the Navy and Marine Corps.

> **Pregnancy and parenthood *[...] can be compatible with successful naval service[...and] should not adversely affect career progression.*** *- OPNAVINST 6000.D*

Readiness and Deployability

In addition to creating challenges for the individual, pregnancy (especially when unplanned) decreases military readiness most **service women are unable to deploy while pregnant**. Service women who give birth are deferred from operational assignments including deployment, temporary additional duty (TAD), and PCS, **for up to 12 months after delivery**:

- Service women may be **exposed to unique workplace hazards** and toxins which may negatively impact their health and the health of their baby.
- A service women on an operational deployment who becomes pregnancy is typically evacuated out of theatre as soon as possible.
- Service women **on sea duty typically may continue to work onboard ship up to 20 weeks of pregnancy**
- **Waivers may be requested** to return to operational duty/PCS prior to 12 months postpartum.
- Certain special duty types, such as flight or nuclear, **may have more restrictive policies**.

! The impact of an individual pregnancy upon unit readiness may be greater if the service woman occupies an undermanned or otherwise unique billet that cannot easily be filled.

Preparing for Pregnancy

What to do when you are ready to become pregnant

I want to become pregnant, now what?

- Track your menstrual cycle (try one of the apps listed on page 18) to assist in predicting your ovulation (fertile days).
- In a typical 28-day cycle, ovulation occurs around day 14.
- During ovulation, expect vaginal wetness due to lots of stretchy clear discharge, increased libido, and breast tenderness.
- Have frequent, unprotected, vaginal intercourse with your partner, daily or every other day beginning 5 days prior to your ovulation and lasting 2 days after ovulation.
- Continue working out before, during, and after pregnancy.
- Speak with a healthcare provider prior to trying to conceive so they can review your medical history and maximize your health prior to trying to convince, particularly if you have chronic health conditions or a history of complicated pregnancies.

How do I improve my chances of becoming pregnant?

- Stop smoking and avoid alcohol
- Maintain a healthy Body Mass Index (BMI) (18-25)
- Eat a healthy diet
- Take a daily vitamin with 400 mcg of Folic Acid
- Limit caffeine to less than 200 mg daily (around 2 cups of coffee)

For more information on improving chances to get pregnant click here.

What are some early signs that you might be pregnant?

- Missing period
- Nausea with or without vomiting
- Overly tired
- Tender, swollen breasts
- Increased urination
- Food aversions or cravings

Pregnancy Overview

What to do if you think you may be pregnant or have an unplanned pregnancy

What should you do if you think you might be pregnant?

- Consider taking a **home pregnancy test** (available for purchase at any civilian pharmacy without a prescription).
- If you have a positive home pregnancy test, or still feel you may be pregnant, make an appointment with your provider.
- If you are still using a SARC (pill, patch, ring, or shot) you may stop.
- If you have a NEXPLANON® or IUD in place, make an appointment with your provider who will confirm your pregnancy and discuss removal of the device.
- ***A pregnancy that occurs with an IUD or Nexplanon® in place increases your risk of a tubal pregnancy,*** so you should make an appointment to see an obstetric provider right away to see if it can be safely removed.

Unplanned Pregnancy

Pregnancy can invoke a wide range of complex and normal emotions, from positive (excitement, love, joy) to negative (sadness, anger, fear, worry) to neither (ambivalence, numbness).

- Though every woman is unique, accidental or unplanned pregnancy is often stressful and even scary for the individual experiencing it; some women may feel that they don't want the pregnancy at all.
- Unintended pregnancies can cause stress and conflict within a relationship, whether new or old.
- Becoming pregnant while not in a relationship, or with someone you don't want a long-term relationship with, is associated with its own unique stressors and challenges.

What if I'm not ready to be a mother?

See the "Abortion" section for more information or consider other options such as adoption. Visit the website "All Options" by clicking here for more information.

Pregnancy Overview

When to tell your chain of command and other assignment considerations of your pregnancy

When am I required to notify my chain of command?

- You are encouraged to notify your chain of command as soon as it is appropriate. You may choose to delay notification if your circumstances warrant, such as in cases of unclear viability or when you are still deciding what you wish to do about the pregnancy.
- If your job exposes you to hazardous material or situations, you are encouraged to notify your command as soon as possible.
- **What if I don't know what I want to do yet?** You may delay notifying your command. You are encouraged to speak with a trusted military health care provider regarding your pregnancy options.

What if I'm assigned to a deployable billet when I get pregnant?

- If you are already on deployable orders, or are within twelve months of receiving deployable orders, you may receive new PCS shore duty orders as part of an operational deferment once you notify your command you are pregnant.
- If you wish to remain on your operational orders during your pregnancy, you must route a request via your CO prior to 20 weeks gestation.
- ***You may not remain on board a ship after 20 weeks gestation under any circumstances***.

Can I continue to workout while pregnant?

For the majority of pregnancies, it is **SAFE** and **ENCOURAGED** to exercise when you are pregnant.

- Talk to your obstetric provider to verify you can continue exercise. Once cleared, talk to your Command Fitness Leader (CFL) about what programs are available at your duty station.
- After delivering and before you return to duty, review the Army Pregnancy Postpartum Physical Training (P3T) Program by clicking here.

Pregnancy and Your Career

How to balance your career and childbearing

Balancing Career and Childbearing

There are many resources available to help service women prepare and plan for their pregnancies (see the "Contraceptives" section):

PREPARE AND PLAN: In general, the medical readiness of the Navy and Marine Corps is best preserved when service women plan pregnancies while on shore duty or non-deployable tours

FIND A MENTOR: It is important that service women reach out to senior service women in their respective rates/communities regarding how to best balance a military career and motherhood

OPTIMAL TIMING for pregnancy and career varies widely based on many factors including, but not limited to, the service woman's:

- **Age**
- **Billet Type**
- **Rate/Corps**
- **Relationship Status**
- **Training status**
- **Location**
- **Family Needs**
- **Preferences and Desires**

Want more information?

PREGNANCY AND PARENTHOOD APP: This app includes Navy and Marine Corps pregnancy instructions and FAQs. Look for the app in the Apple or Google Play store.

NAVPERS WEBSITE: This Navy Personnel (NAVPERS) website includes the most up-to-date pregnancy instructions and FAQs. Click here to go to the website.

ALL OPTIONS WEBSITE: This website offers comprehensive pregnancy options counseling for free. Click here to go to the website.

Contraception after Giving Birth

Contraception considerations following a pregnancy and delivery

Contraception after Pregnancy and Delivery

WAITING PERIOD FOR SEX AFTER GIVING BIRTH

Although there is no required waiting period before you can have sex after giving birth, **many providers recommend waiting 4-6 weeks after delivery to let your body recover.** If you are not breastfeeding, ovulation may return as soon as 4-6 weeks after delivery and fertility resumes. If you are exclusively breastfeeding, ovulation may be delayed and unpredictable.

BIRTH SPACING

The **current recommendation for birth spacing is two years – one year to breastfeed and one year to recover** (uterus, nutritional stores, bladder, vagina). Back-to-back pregnancies (<2 years apart) carry risk of preterm delivery and low birth weight for the second pregnancy.

CONTRACEPTION AFTER GIVING BIRTH

If you are interested in resuming contraception immediately after delivery, ask your provider about getting the shot, Nexplanon® Implant, hormonal or copper IUD, or progestin-only pill (PoP) (often called the "Mini Pill") prior to leaving the hospital or at your postpartum checkup.

For the **first 4-6 weeks after giving birth**, if you do choose to have sex, **do NOT use estrogen-containing birth control methods**, such as the pill, patch, or vaginal ring. Use of estrogen-containing contraception during this period increases the risk of blood clots.

BREASTFEEDING AND CONTRACEPTION CONSIDERATIONS

If you are breastfeeding, there are LOTS of options for contraception that won't negatively affect your milk supply, including: the shot, Mini Pill, hormonal and copper IUDs, implant, condoms, diaphragm, and lactation amenorrhea method.

Once milk supply is well established, some women can use estrogen-containing contraception without negatively affecting their milk supply, while others see a decrease in supply.

Miscarriage

Learn more about the miscarriage of a pregnancy below

Miscarriage

Miscarriage is the loss of a pregnancy prior to the 20th week of gestation.

POSSIBLE SYMPTOMS include vaginal bleeding, cramping, and belly pain.

DIAGNOSIS is through ultrasound and/or blood test.

PROVIDER RECOMMENDATIONS may include medicine or surgery. Depending on the situation, you may be able to wait to see if your body passes the pregnancy without intervention.

CAUSE is often difficult to identify, but is usually related to a genetic abnormality. Higher risk of miscarriage can be associated with use of alcohol, drugs, tobacco, trauma or injury to the belly, prior history of miscarriage, infection, fever, or being over 35 years of age.

SHORT-TERM SIDE EFFECTS include grief and depression, cramping, and bleeding. Following a miscarriage, you may choose to use contraception or resume trying to conceive after a two-week period of pelvic rest (nothing in the vagina – tampons or sex).

CAN I GET PREGNANT AGAIN? You are likely to carry a subsequent pregnancy without difficulty. If you have had 3 or more miscarriages, see your health care provider.

! Miscarriage may delay your ability to deploy for several weeks

For more information on miscarriage click here.

Infertility

Challenges with getting pregnant

INFERTILITY

Infertility is the inability to conceive (get pregnant). Infertility can be caused by male and female factors.

Do you meet the criteria of infertility? The criteria is different based upon age:

- If you are under 35 years old, without achieving pregnancy after one year of regular intercourse without contraception.
- If you are over 35 years old, without achieving pregnancy after 6 months of regular intercourse without contraception.

SOME FEMALE FACTORS OF INFERTILITY

Polycystic ovary syndrome (PCOS)
Endometriosis
Fibroids
Premature ovarian insufficiency
Fallopian tube obstruction (prior tubal pregnancy, pelvic inflammatory disease, endometriosis)
Age over 35

! If you meet the above criteria, request a referral to an OB/GYN.

Most infertility services are NOT covered by TRICARE. However, if you have access to one of the **larger MTFs listed below** -- **you may be able to get advanced reproductive technology services at "cost.".** For example, a patient may be able to undergo Intrauterine Insemination at Naval Medical Center (NMC) San Diego and only be required to pay for supplies including semen (when applicable) and semen washing. There is often a long waitlist to be seen at one of these infertility clinics. Alternatively, women can self-refer to civilian reproduction specialists.

Walter Reed National Military Medical Center (MD), NMC San Diego (CA), NMC Portsmouth (VA), Tripler Army Medical Center (HI), Brooke Army Medical Center (TX), Womack Army Medical Center (NC), and Madigan Army Medical Center (WA)

LGBTQ+ couples also use the reproductive technology (fertility) services mentioned above, see this link for more information about pathways to parenthood for LGBTQ+ couples.

! Service women who have difficulty becoming pregnant as a result of their military service (for example, women who have sustained injuries to their reproductive tract in combat) **may be eligible for coverage of infertility treatments** – ask your provider if you think this applies to you.

Infertility Treatment

What costs are covered by TRICARE for infertility treatment?

Infertility Health Care Benefits and Coverage

*In general, TRICARE **WILL** pay for the medical evaluation of the cause of infertility but **WILL NOT** pay for "advanced reproductive technology" to assist a service woman in becoming pregnant.*

Covered by TRICARE	NOT Covered by TRICARE *(Pay out of pocket)*
○ Diagnosis of the cause of infertility including blood work, STI testing, semen analysis, and imaging	○ Intrauterine insemination
○ Treatment of correctible causes of infertility such as injuries to the reproductive tract or acquired or congenital abnormalities	○ Artificial insemination [including in-vitro fertilization (IVF) and embryo transfers]
○ Some medication-based infertility treatments such as ovulation induction with Clomid (clomiphene) or hormonal therapies	○ Sterilization reversal procedures
	○ Egg retrieval, either for immediate use or for freezing for future use

OUT OF POCKET COST CONSIDERATIONS

In most cases, service women requiring IVF, or similar procedures, will need to seek care through civilian clinics and such procedures often cost upwards of $10,000 - $30,000.

- Treatments may be less expensive in certain large MTFs (see previous page) or OCONUS locations.
- Military providers may be able to provide recommendations for local civilian infertility clinics, and some civilian clinics offer military discounts.
- You **DO NOT** need to seek command approval, but you must inform your command, with a letter from your medical provider, specifying the dates and duration of anticipated treatment.

www.

For more information on TRICARE fertility treatments click here.

Breastfeeding

Benefits of breastfeeding for you and your child

WHAT ARE THE **BENEFITS** OF **BREASTFEEDING**?

FOR YOU

- Powerful emotional and physical connection to your child
- Quicker recovery from childbirth (burn calories and lose weight to prepare for postpartum fitness tests)
- Save money by avoiding costs for formula

FOR YOUR CHILD

- Superior Nutrition (particularly colostrum or "liquid gold" produced in the first days after birth)
- Increased resistance to respiratory and gastrointestinal infections
- Decreased risk of asthma, allergies, and lactose intolerance

HOW DO I **ENSURE SUCCESSFUL BREASTFEEDING**?

- Let your provider know you would like **IMMEDIATE** and **UNINTERRUPTED SKIN-TO-SKIN CONTACT** with your infant immediately following birth to initiate breastfeeding.
- Ask your provider if you can **PRACTICE ROOMING-IN** so you can remain with your infant 24 hours a day after delivery.
- Do not give your infant formula, unless medically indicated.
- Try to avoid pacifiers or artificial nipples t breastfeeding infants.

Exclusive breastfeeding is recommended for the first six months of life if possible, but even if you can only breastfeed for a few days, weeks, or months, breastfeeding is beneficial and recommended.

Consider joining a **PERINATAL GROUP CARE PROGRAM** (i.e., CenteringPregnancy®) located at some of the larger MTFs including NMC San Diego, NH Camp Pendleton, and NMC Camp Lejeune. Ask your provider what perinatal group programs are available at your facility.

DID YOU KNOW?

There is an official policy supporting breastfeeding: Navy Bureau of Medicine and Surgery (BUMED) Instruction 6000.14B "Support of Women in Lactation and Breastfeeding" (February 2019). Click here to see it.

Abortion

Abortion Access

Abortion policies under TRICARE

Abortion Policy

The **HYDE AMENDMENT**, passed by Congress in 1976, **blocks federal funding for abortion** services. Because TRICARE is a federal health insurance program, service women are only able to access abortion care under TRICARE coverage for the following instances: 1) **Rape**, 2) **Incest**, 3) **Pregnancy threatens the life of the mother**. In these instances, TRICARE will cover follow-up care and/or mental health care related to the covered abortion.

Abortion Access by Mail

Service members should be CAUTIOUS about accessing abortion services through online organizations that remotely provide consultations, fill prescriptions, and ship medications that trigger miscarriages. Service women should comprehensively evaluate services of this kind (such as Women on the Web, Aid Access, or Women Help Women) before considering these options. Obtaining a prescription illegally can in some cases result in a provider having to report it to authorities if discovered.

Financial Support for Abortion

There are organizations that can support your financial and logistical needs as you arrange for an abortion. The National Abortion Federation Hotline and the Women's Reproductive Rights Assistance Project can provide financial support to women across the United States, and many individual states have support organizations as well. A full list of organizations can be found by clicking here.

RESOURCE	LINK
Navy and Marine Corps Public Health Center resources on **abortion access**	Click here
Information on **abortion procedures** and where to **access an abortion**	Click here
An overview of **abortion laws** across the **United States**	Click here
An overview of **abortion legality worldwide**	Click here
Contact for questions surrounding pregnancy and abortion policy	Email ALTN_PregnancyandParenthood@navy.mil

Abortion Access

Location-based laws or limitations Outside the Continental United States (OCONUS)

General Abortion Restrictions

Service women who desire to end their pregnancy should begin evaluating their options as soon as they realize they are pregnant.

- **MTFs must follow the abortion laws in place by the state or country** in which they are located.
- If a service woman decides to end a pregnancy that is not due to rape, incest, or life endangerment, she **must take leave 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.
- The **cost of an abortion increases based on how far along you are** in your pregnancy and many facilities are only able to offer abortion procedures up to a specific point in development.

Country-Specific Abortion Restrictions

BAHRAIN: Only legal in cases where continued pregnancy poses a threat to woman's life (despite military policy, abortion in cases of rape or incest cannot be performed)

GUAM: No civilian provider available

GUANTANAMO BAY: No civilian provider available

KOREA: Elective abortion only legal in cases of of rape, incest, or where pregnancy poses a threat to woman's life

ITALY: Elective abortion only up to 90 days (3 months) into pregnancy

SPAIN: Elective abortion only up to 14 weeks (3.5 months) into pregnancy

JAPAN: Elective abortion up to 21 weeks (~5 months) into pregnancy and high cost ($6,000 - $10,000)

SINGAPORE: Elective abortion up to 24 weeks (6 months) into pregnancy

Abortion Access

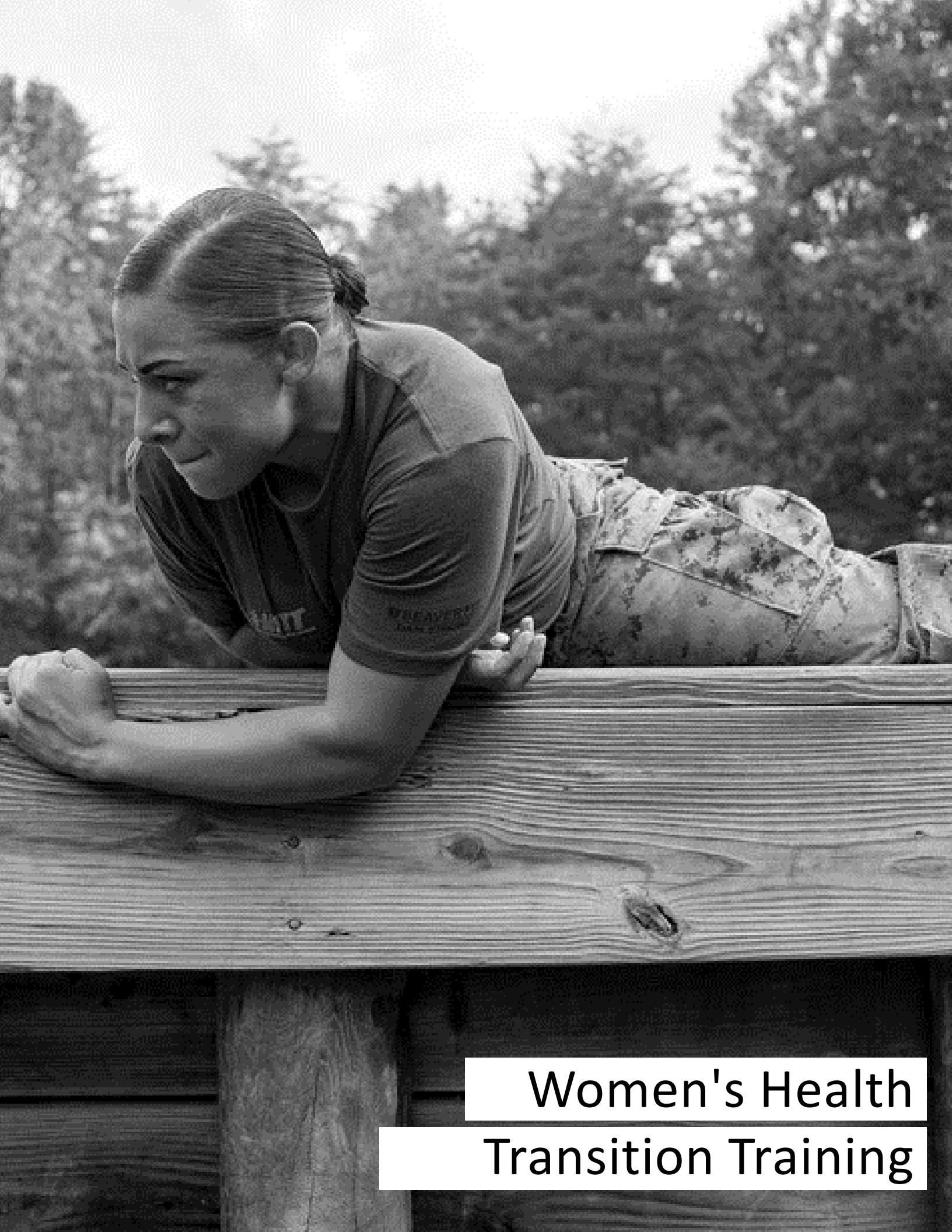
Location-Based Laws or Limitations Inside the Continental United States (CONUS)

States in Which >90% of Counties Do Not Have an Abortion Clinic			
♦ Alabama	Kansas	Nebraska	♦ Tennessee
Alaska	Kentucky	New Mexico	● Texas
♦ Arkansas	● Louisiana	♦ North Carolina	♦ Utah
Georgia	Minnesota	North Dakota	Virginia
Idaho	Mississippi	Ohio	West Virginia
Illinois	♦ Missouri	♦ Oklahoma	● Wisconsin
Indiana	Montana	♦ South Dakota	Wyoming

♦ States with mandated **48-72 hour waiting period after mandatory counseling**

● States with **mandatory ultrasound with display and description** of image

Limited Accessibility to TRICARE-Covered Abortions AND Elective Abortion	
Alabama	At any stage of pregnancy, abortion is only legal in cases where continued pregnancy poses a threat to a woman's life (despite military policy, abortion in cases of rape or incest cannot be performed). Set to go into effect November 2019, although currently being contested in the court system.
Georgia	If a heartbeat is detected during a mandatory ultrasound (typically around 6 weeks), abortion is only legal in cases where continued pregnancy poses a threat to a woman's life or if the woman has filed an official police report of incest or rape (this is more strict than the Navy Policy which allows the provider to make a "good faith belief" determination). Set to go into effect January 2020, although currently being contested in the court system.
Kentucky, Louisiana, Mississippi, Ohio	If a heartbeat is detected during a mandatory ultrasound (typically around 6 weeks), abortion is only legal in cases where continued pregnancy poses a threat to a woman's life.) This law has not taken effect as it is currently being contested in the court system.
Missouri	After gestational limit of 8 weeks, abortion is only permitted later in pregnancy in cases where continued pregnancy poses a threat to a woman's life. Set to go into effect 28 August 2019, although currently being contested in the court system.



Women's Health Transition Training

Women's Health Transition Training

The Department of Veterans Affairs (VA) hosts a women's health transition training with information on your eligibility for women's care through the VA

Transition Training

If you are transitioning from active duty to the reserve components or to civilian life, **register for a women's health transition training session to learn about women-focused health services, your eligibility, and the VA enrollment process.** The VA provides a full spectrum of women's health care services, including primary, general medical, mental health, reproductive, and maternity care. You may be eligible to use both TRICARE and VA health care when you retire!

All service women are encouraged to attend a session. Register for any session here or reach out to this address for more information.

Benefits of Attending

- **LIVE, INTERACTIVE** training with a woman veteran who uses VA benefits.
- **WOMEN-ONLY** discussion about the resources available to women and women-focused healthcare services.
- **VIRTUAL ACCESS** from any computer.
- **FREE** educational investment for your future.
- **DIRECT** access to a Women Veteran Program Manager.
- **CLEAR GUIDANCE** on how to enroll in VA Health Care and take advantage of women's health services.

Appendix

Acronym List

Frequently used acronyms throughout the Handbook

ACRONYM	DEFINITION
AIDS	Acquired Immune Deficiency Syndrome
BMI	Body Mass Index
BUMED	Bureau of Medicine and Surgery
BV	Bacterial Vaginosis
CATCH	Catch a Serial Offender
CBT	Cognitive Behavioral Therapy
CFL	Command Fitness Leader
CgOSC	Caregiver Occupational Stress Control
CMEO	Command Managed Equal Opportunity
CO	Commanding Officer
CONUS	Continental United States
CT	Chlamydia
DEERS	Defense Enrollment Eligibility Reporting System
DHA	Defense Health Agency
DoD	Department of Defense
DRC	Deployed Resiliency Counselor
DRC	Deployment Resiliency Counselor
EA	Energy Availability
EEO	Equal Employment Opportunity

Acronym List

Frequently used acronyms throughout the Handbook

ACRONYM	DEFINITION
eMH	Embedded Mental Health Provider
ER	Emergency Room
FAM	Fertility-Awareness Method
FFSC	Fleet and Family Support Center
FUD	Female Urination Device
GC	Gonorrhea
GMO	General Medical Officer
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HRT	Hormone Replacement Therapy
HSV	Herpes Simplex Virus
IBHC	Internal Behavioral Health Consultant
IDC	Independent Duty Corpsman
IUD	Intrauterine Device
LARC	Long-Acting Reversible Contraceptives
LCSW	Licensed Clinical Social Worker
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual
MARADMIN	Marine Administrative Message

Acronym List

Frequently used acronyms throughout the Handbook

ACRONYM	DEFINITION
MCCS	Marine Corps Community Services
MHS	Military Health System
MOS	Military OneSource
MSK	Musculoskeletal
MTF	Military Treatment Facility
NBHC	Naval Branch Health Center
NCIS	Naval Criminal Investigative Services
NH	Naval Hospital
NMC	Naval Medical Center
NMCPHC	Navy and Marine Corps Public Health Center
NSA	Naval Support Activity
OCONUS	Outside of the Continental United States
OCS	Officer Candidate School
OIC	Officer in Charge
OPNAVIST	Office of the Chief of Naval Operations Instruction
OPSS	Operation Supplement Safety
OTC	Over-the-counter
P3T	Pregnancy Postpartum Physical Training Program
PCM	Primary Care Manager

Acronym List

Frequently used acronyms throughout the Handbook

ACRONYM	DEFINITION
PCOS	Poly Cystic Ovarian Syndrome
PCS	Permanent Change of Station
PHCoE	Psychological Health Center of Excellence
PHI	Protected Health Information
PID	Pelvic Inflammatory Disease
POI	Premature Ovarian Insufficiency
PT	Physical Therapy
PTSD	Post-traumatic Stress Disorder
SAFE	Sexual Assault Forensic Exam
SAPR	Sexual Assault Prevention and Response
SAPR/VA	Sexual Assault Prevention and Response/ Victim Advocate
SAPRO	Sexual Assault Prevention and Response Office
SARC	Short-Acting Reversible Contraceptives
SARP	Substance Abuse Rehabilitation Program
SF	Standard Form
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TAD	Temporary Additional Duty
TBI	Traumatic Brain Injury

Acronym List

Frequently used acronyms throughout the Handbook

ACRONYM	DEFINITION
UCMJ	Uniform Code of Military Justice
UTI	Urinary Tract Infection
VD	Venereal Disease