



Objective of Training and Facilitation Guide	<p><i>This Training aims to educate service members on women’s healthcare. The objective of this Training is to equip service members with the tools and knowledge to proactively manage their well-being and medical readiness.</i></p> <p><i>This facilitation guide is designed to enhance the training experience to be more interactive and engaging and ensure that the presenter is able to effectively elaborate on content where necessary, provide additional information, facilitate discussion, and accurately answer questions that may arise.</i></p>
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Module, Topic Introduction to Seminar	<p>Notes for Facilitator</p> <p>After welcoming participants to the Training, cover the “ground rules” to encourage an open, educational, respectful, and empowering experience.</p> <p>Ground Rules: “Our goal is for each of you to leave today’s session having learned more about (1) how to maintain and improve your health, (2) Navy policies surrounding your access to healthcare, and (3) how to advocate for yourself and the health of the women with whom you serve. So, before we start, we want to cover some ground rules that we’d like everyone to follow during today’s Training. These rules will help us achieve the goals of the Training by creating a space in which open, educational, respectful, and empowering conversation can occur. The first rule is to check your rank at the door. Don’t let rank influence how you share your thoughts, ask questions, or interact with others. The second rule is to make this a judgment-free zone. This is your chance to learn, and we all have room to grow your knowledge. The third rule is to speak up – if you have a question, it’s likely someone else has the same question.”</p> <p>Ice Breaker: Have participants answer the following questions. If the group is small, go around the room and have each person answer. For larger groups, ask participants to break into small groups (4 to 5) and have each individual share their answer with their group. Afterwards, call the groups back together and ask one representative per group to share any common themes that came up.</p> <p>Ice Breaker Discussion Questions:</p> <ol style="list-style-type: none"> 1. What are you hoping to get out of today’s Training? 2. When you have questions about health, where do you go to find answers or get information? <p>Question Box: After the ice breaker, pass out index cards to all participants. Ensure participants have a writing utensil. Instruct participants to use these cards to jot down questions they have during the Training. During the break, participants can place cards in the question box, thus allowing questions to be answered anonymously. Encourage participants to still ask questions directly during the Training if they’d like! Note: This will work best for Trainings that are long enough to allow time for a short break, so that participants have time to submit questions anonymously.</p>
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Module 1: Knowing Your Body, Topic 1.1: Female Anatomy & Vaginal Care	<p>Female Anatomy (Slide 7)</p> <p>The female anatomy consists of both internal and external structures. The external structures include the following:</p> <ul style="list-style-type: none"> • Labia majora: The labia majora enclose and protect the other external reproductive organs. During puberty, hair growth occurs on the skin of the labia majora, which also contain sweat and oil-secreting glands. • Labia minora: The labia minora can have a variety of sizes and shapes. They lie just inside the labia majora, and surround the openings to the vagina (the canal that joins the lower part of the uterus to the outside of the body) and urethra (the tube that carries urine from the bladder to the outside of the body). This skin is very delicate and can become easily irritated and swollen. Collectively, the labia major and labia minora are known as the vulva. • Clitoris: The two labia minora meet at the clitoris, a small, sensitive protrusion that is comparable to the penis in males. The clitoris is covered by a fold of skin, called the
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	<p>prepuce, which is similar to the foreskin at the end of the penis. Like the penis, the clitoris is very sensitive to stimulation and can become erect.</p> <ul style="list-style-type: none"> • Urethral orifice: The opening to the urethra that allows urine to leave the body. • Vaginal opening: This is the opening to the muscular canal that connects the outside of the body to the cervix, the lower part of the uterus. • Bartholin’s glands: These glands are located next to the vaginal opening on each side and produce a fluid (mucus) secretion.
<p>Module 1: Knowing Your Body, Topic 1.1: Female Anatomy & Vaginal Care</p>	<p>Female Anatomy (Slide 8)</p> <p>The internal structures include the following:</p> <ul style="list-style-type: none"> • Vaginal canal: The vaginal canal that joins the cervix (the lower part of uterus) to the outside of the body. It also is known as the birth canal. The primary functions of a vagina are sexual arousal, intercourse, and childbirth. • Uterus (womb): The uterus is a hollow, pear-shaped organ that is the home to a developing fetus. The uterus is divided into two parts: the cervix, which is the lower part that opens into the vagina, and the main body of the uterus, called the corpus. An opening in the cervix allows sperm to enter and menstrual blood to exit. The corpus can easily expand to hold a developing baby. The uterus is made of 3 wall layers: perimetrium, myometrium, and endometrium. The perimetrium is the outermost layer. The myometrium is the middle and thickest muscular layer, and the endometrium is the inner layer made up of glandular cells that make secretions. During the menstrual cycle it is the endometrium that grows thick and sheds while the myometrium is responsible for causing menstrual cramps. Uterine fibroids can develop in any layer of the uterus but most commonly occur in the endometrium. • Ovaries: The ovaries are small, oval-shaped glands that are located on either side of the uterus. The ovaries produce eggs and hormones such as estrogen and progesterone. • Fallopian tubes: These are narrow tubes that are attached to the upper part of the uterus and serve as pathways for the ova (egg cells) to travel from the ovaries to the uterus. Fertilization of an egg by a sperm normally occurs in the fallopian tubes. The fertilized egg then moves to the uterus, where it implants into the uterine lining.
<p>Module 1: Knowing Your Body, Topic 1.1: Female Anatomy & Vaginal Care</p>	<p>Vaginal and Vulvar Care (slide 9)</p> <ul style="list-style-type: none"> • It’s important to know how to properly care for the vagina and vulva because the skin in this area can be very sensitive and easily irritated, resulting in a condition known as vaginitis. This is very common and experienced by many women. • Avoiding the use of soaps and douches in this area can reduce your risk of developing vaginitis. The use of soaps can disrupt the vagina’s natural pH leading to irritation. If you do experience vaginal discomfort, seek medical care as some home remedies can worsen your symptoms.
<p>Module 1: Knowing Your Body, Topic 1.1: Female Anatomy & Vaginal Care</p>	<p>Vaginal and Vulvar Care (slide 10)</p> <ul style="list-style-type: none"> • The vagina is self-cleaning and does so through the excretion of vaginal discharge. Only warm water is required to clean the vulva. • Regularly wear 100% cotton underwear. Avoid wearing thongs, nylon, acetate, or other manmade fibers if you have sensitive skin or are prone to vulvar irritation. • Use mild detergents to wash underwear. Avoid fabric softeners and detergents with enzymes (amylase, lipase, protease, and cellulose). Wash new underwear before wearing. • Avoid feminine hygiene products that can irritate the vulva such as scented sanitary pads, feminine sprays and deodorants, and scented oils.
<p>Module 1: Knowing Your Body, Topic 1.2: The Menstrual Cycle</p>	<p>The Menstrual Cycle Overview (slide 12)</p> <ul style="list-style-type: none"> • The menstrual cycle is a process the female body goes through to prepare for the possibility of pregnancy. It starts with the first day of the period and ends with the start of the next period. The average number of bleeding days ranges from 2-7 days with typical daily tampon or pad use, around 3-6 per day, depending on flow.

	<ul style="list-style-type: none"> • An entire menstrual cycle usually lasts 28 days but this number can vary between 21 to 35 days from cycle to cycle and may also change over the years. It is not uncommon for the cycle length to change between puberty, when periods first start, and menopause when periods stop permanently. • The menstrual cycle is more than just the period. In fact, the period is just the first phase of the cycle. The menstrual cycle is actually made up of two cycles that interact and overlap—one happening in the ovaries and one in the uterus. • Day 1 starts the first day of your period. The blood and tissue lining the uterus break down and leave the body. Hormone levels are low which can cause fluctuations in mood such as increased irritability and symptoms of depression. • During Days 5 through 7, just one follicle continues to grow while the others stop and are absorbed back into the ovary. Hormones start to rise, and bleeding stops by day 8. The uterus lining thickens and becomes rich in blood and nutrients to help support an embryo if pregnancy happens. The rising hormone levels helps boost endorphins, which are the “feel good” brain chemicals also released during physical activity. You may feel more energy and less irritable. • Day 14 is when estrogen levels peak, which causes an egg to release from an ovary, called ovulation. You are most likely to become pregnant if you have had sex on this day or up to 3 days prior to ovulation. Sperm can live up to 3-5 days inside the body, while an egg lives for 12 to 24 hours. • Days 15 through 24 are known as the luteal phase; the egg travels through the fallopian tube towards the uterus. Meanwhile, the lining of the uterus grows thicker. If a sperm joins with the egg, this is called fertilization. The fertilized egg will continue to the uterus and pregnancy begins once a fertilized egg attaches to the uterus. • Days 24 through 28. If the egg is not fertilized, it breaks down. Hormones begin to drop if you are not pregnant. During this phase Premenstrual Syndrome or PMS can occur. PMS symptoms include mood swings, bloating, fatigue, headaches, breast tenderness and food cravings. • The cycle begins all over again once the unfertilized egg leaves the body along with the uterine lining, beginning day 1 of your next period.
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Module 1: Knowing Your Body, Topic 1.2: The Menstrual Cycle

<p>The Menstrual Cycle: Common Complications (slide 13)</p> <ul style="list-style-type: none"> • Painful or heavy periods can have debilitating effects such as missed days from work. They can also lead to anemia, which can cause an increased heartrate, fatigue, weakness, or difficulty breathing during exercise. You should talk to your doctor if you experience any of these symptoms or find yourself needing to change your pad/tampon every 1-2 hours. • Missed or irregular periods can be due to many things, such as: <ul style="list-style-type: none"> ○ Hormonal birth control such as pills, patch, IUD, Nexplanon or NuvaRing can cause lighter or absent periods ○ Pregnancy can result in light or missed periods ○ Breastfeeding can delay ovulation which results in no period ○ Perimenopause is the time before menopause occurs and can cause lengthened and irregular periods for several years leading up to actual menopause ○ Stress ○ Extreme weight loss or low BMI • If you experience irregular bleeding episodes, miss 3 or more periods in a row, bleed more than 7 days, or have heavy bleeding, severe symptoms, or spotting/bleeding between periods, you should speak to your healthcare provider. • Here are some tips on how to relieve some common symptoms: regular exercise, good nutrition, 8 hours or more of sleep per night, healthy coping strategies for stress, and don't smoke. • Some women find that taking an over-the-counter pain reliever right before their period

	<p>starts lessens the amount of pain and bleeding they have during their period. These medications include Ibuprofen, Aleve®, and Tylenol®.</p>
<p>Module 1: Knowing Your Body, Topic 1.2: The Menstrual Cycle</p>	<p>The Menstrual Cycle: Why it's Important (slide 14)</p> <ul style="list-style-type: none"> • Understanding the menstrual cycle is important because it can influence the body from head to toe. Some people notice changes in their hair, skin, chronic disease symptoms, mental health, or even the way they experience sex at different points in the menstrual cycle. • It's also the body's way of preparing for pregnancy over and over again, so understanding the menstrual cycle can assist with family planning, whether that means getting pregnant or avoiding pregnancy. • Hormonal methods of birth control prevent some or all of the steps in the cycle from happening, which keeps pregnancy from occurring. Understanding the menstrual cycle can help you understand how hormonal methods of birth control work.
<p>Module 1: Knowing Your Body, 1.3: Practicing Basic Personal Hygiene</p>	<p>Personal Hygiene: The Basics (slide 16)</p> <ul style="list-style-type: none"> • Personal hygiene can impact mission and medical readiness because illness and disease can require medical visits and medications can have side effects; both can impact your ability to do your job. • Caring for the vulva and vagina are an important piece of a system of overall personal hygiene and care. Good personal hygiene helps to prevent illness, discomfort, and other complications. • The vulva, or outer structures of the female genitalia, have specialized sweat and oil glands. These secretions create a mildly acidic environment to help protect against bacteria. • The vagina contains cells that make secretions that mix with the dead skin cells to form vaginal discharge. This discharge also carries bacteria. This cycle means the vagina is a self-cleaning structure and does not normally require any special or additional cleaning. Douching is NOT recommended! • AVOID: Scented soaps, wipes, sprays, tampons, pads, and vaginal specific soaps. Avoid douching and steaming. Scents, perfumes, and antibacterial soaps can be irritating. • AVOID: Ill-fitting or abrasive underwear, thong underwear may increase risk of UTIs. Staying in wet/sweaty clothes increases risk of irritation. Using hypoallergenic laundry detergent and avoiding fabric softeners and dryer sheets is recommended. • It's important to note that the removal of body hair is a personal choice and is not required for any medical or hygienic reason. • Additional questions to consider: <ul style="list-style-type: none"> ○ How can you talk to your friends, crew mates, and berthing neighbors if you notice issues with maintaining personal hygiene? ○ Ex: Being tactful, addressing concerns in private, offering help to overcome barriers, etc. ○ When is it appropriate to involve leadership or the medical department if someone has trouble maintaining good personal hygiene? (Ex: Health and Comfort inspections, Berthing inspections, etc.)
<p>Module 1: Knowing Your Body, 1.3: Practicing Basic Personal Hygiene</p>	<p>Personal Hygiene: Debunking Myths (slide 17)</p> <ul style="list-style-type: none"> • False: Vaginal discharge is a necessary part of the vagina's self-cleaning mechanism that helps clear harmful bacteria. Approximately 1-4 mL of vaginal discharge in a 24-hour period is normal. For reference, 4 mL is a completely soaked panty liner. • False: Normal discharge can be clear, white, or yellow tinted on the underwear and normal discharge can be thin, thick, slightly sticky, or stretchy. It is usually not the vagina, but rather the sweat glands that create a sweaty odor. This can be managed by gently cleaning the external vulva. Do not douche or wash inside the vagina. This can cause a shift in the natural vaginal bacteria and cause an infection.

	<ul style="list-style-type: none"> • False: Panty liners are safe for daily use, but it is important to change it once it starts to feel moist. It is possible that the friction can irritate the vulva; if you experience this you should stop wearing them. • True: When selecting underwear for everyday use, choose a breathable, natural fabric such as cotton. Often times, underwear made out of other materials will have a cotton liner in the vaginal area. • False: Leaving pubic hair in place eliminates the risk of complications like cuts, ingrown hairs, and wax or chemical burns. Using a trimmer to keep hair short is a reasonable alternative, especially if irritation has occurred. Any body hair removal (pubic, underarms, legs, etc.) is a personal choice and should not be judged or criticized. There is no medical or hygienic reason for removal of body hair when good personal hygiene is observed. • True: Sleeping without underwear is fine as long as you are comfortable doing so.
<p>Module 1: Knowing Your Body, 1.3: Practicing Basic Personal Hygiene</p>	<p>Personal Hygiene (slide 18)</p> <ul style="list-style-type: none"> • The following may be signs of infection and require further evaluation by a medical provider: <ul style="list-style-type: none"> ○ A strong smell of fish, yeast, or another foul odor. ○ Foamy, frothy, or ‘cottage cheese’ like discharge. ○ Yellow, green, grey, brown, or blood-stained discharge. ○ Bleeding between periods, after sex, or after menopause. ○ Some of these signs may indicate an STI and should be evaluated promptly. ○ Irritation or redness that extends beyond what is expected from hair removal. Prolonged redness and pain could be a sign of cellulitis. An infection of the skin that is red, warm, and very painful to touch. If left untreated it can rapidly spread to the surrounding area. ○ Urinary leakage is very common, especially during and after pregnancy, but your healthcare provider may be able to help you improve or manage these symptoms.
<p>Module 1: Knowing Your Body, 1.3: Practicing Basic Personal Hygiene</p>	<p>Personal Hygiene: Deployment and Other Barriers (slide 18)</p> <ul style="list-style-type: none"> • Field exercises, shipboard deployments, ground deployments to remote bases, or long missions away from base camp may present several barriers to maintaining good personal hygiene. These barriers include lack of adequate hygiene facilities, limited access to personal care products, lack of privacy, and exposure to environmental extremes. • Prior planning, preparation, and packing will be key to minimizing many of these barriers. • See your healthcare provider for any concerns prior to deployment. Make sure your individual medical readiness is up to date and all your age specific exams are complete. • Consider how you may be able to mitigate some barriers (for example, a female urination device/urinary funnel or a menstrual cup to replace tampons/pads). • When shower replacement is necessary, prioritize using hypoallergenic, scent free hygiene wipes. • Questions for Further Discussion <ul style="list-style-type: none"> ○ What barriers have you experienced to personal hygiene in the field? ○ Did you overcome them? How? ○ What would you tell your younger self about preparing better? ○ What worked and didn’t work for you? ○ Who can you talk to in your command to help decrease or eliminate barriers to personal hygiene in the field?
<p>Module 1: Knowing Your Body, Topic 1.4: Common Women’s Health</p>	<p>UTIs (slide 21)</p> <ul style="list-style-type: none"> • Urinary tract infections don’t always cause signs or symptoms but when they do, these can include:

Issues	<ul style="list-style-type: none"> ○ Frequent or persistent urge to urinate ○ Burning with urination ○ Changes in urine appearance or odor ○ Pelvic pain especially in the center of the pelvis and around the pubic bone ● Common risk factors for UTIs include: <ul style="list-style-type: none"> ○ Sexual activity ○ Poor genital hygiene such as wiping back to front ○ Menopause – a decline in circulating estrogen causes changes in the urinary tract that make you more vulnerable to infection ● Some ways to prevent UTIs include: <ul style="list-style-type: none"> ○ Urinate after intercourse – this helps to flush out any bacteria that may have entered the urethra during intercourse ○ Stay hydrated ○ Wipe front to back ○ Urinate when the urge is present ○ UTIs are commonly treated with a course of oral antibiotics
Module 1: Knowing Your Body, Topic 1.4: Common Women’s Health Issues	Bacterial Vaginosis (slide 22) <ul style="list-style-type: none"> ● BV is caused by a shift in normal vaginal flora. Signs and symptoms of BV include: <ul style="list-style-type: none"> ○ Itching or vaginal discomfort ○ Grayish-white or yellow discharge with a fishy odor ○ Pain or bleeding with intercourse ● Although it is not considered a sexually transmitted disease, multiple sexual partners or a new sexual partner can increase your risk of BV. Douching can also alter the normal vaginal flora. Other risk factors include smoking, intrauterine devices (IUDs), and the use of scented soaps. ● You can prevent BV from occurring by limiting the number of sexual partners you are exposed to, not douching, wiping front to back, and incorporating probiotics into your diet such as yogurt ● BV is typically treated with a course of oral or vaginal antibiotics.
Module 1: Knowing Your Body, Topic 1.4: Common Women’s Health Issues	Yeast Infection (slide 23) <ul style="list-style-type: none"> ● Yeast infections are typically caused by the fungus <i>Candida albicans</i>. Symptoms include itching, vaginal discomfort, a burning sensation – especially with intercourse, and a thick white discharge – similar in appearance to cottage cheese. ● Increased risk factors for contracting a yeast infection include taking antibiotics, which can alter the normal vaginal flora and allow yeast to grow, pregnancy, uncontrolled diabetes, taking oral contraceptives, or hormone replacement therapy which increases estrogen levels. ● The use of cotton underwear and avoiding douching, scented feminine products, hot tubs/baths, and unnecessary antibiotics can decrease your risk of developing a yeast infection. Additionally, probiotics can help restore your natural vaginal flora.
Module 1: Knowing Your Body, Topic 1.4: Common Women’s Health Issues	Pelvic Pain (slide 24) <ul style="list-style-type: none"> ● Pelvic pain can be caused by a number of things. Some common causes include: <ul style="list-style-type: none"> ○ Mittelschmerz: Unilateral lower abdominal pain that can occur when an egg is released from the ovary. This typically occurs mid-cycle, about 14 days before your next period. The pain is usually mild dull, cramping or sharp and sudden and can last anywhere from a few minutes to a day or two. Treatment includes over the counter (OTC) Motrin and

	<p>Tylenol or hormonal birth control.</p> <ul style="list-style-type: none"> ○ Endometriosis: Endometriosis occurs when uterine-like tissue grows outside of the uterus, typically in the abdomen. This condition is associated with excessive menstrual cramping that can be felt in the abdomen or lower back, pain with intercourse, abnormal or heavy menstrual flow and infertility.
<p>Module 1: Knowing Your Body, Topic 1.4: Common Women’s Health Issues</p>	<p>Pelvic Pain (slide 25)</p> <ul style="list-style-type: none"> ● Uterine fibroids are noncancerous growths that can occur in the uterus and typically occur during childbearing years. Their presence does not increase your risk of uterine cancer. Signs and symptoms include heavy menstrual bleeding, pelvic pain or pressure, bloating, back pain, frequent urination, and constipation. Fibroids are typically diagnosed via ultrasound. ● Ovarian cysts are fluid-filled sacs in the ovary or on the surface. Many women have cysts at some point that don’t cause any symptoms and the majority disappear on their own. However, larger cysts or those that rupture can cause sharp acute pain. If this occurs, you should seek immediate medical attention.
<p>Module 1: Knowing Your Body, Topic 1.5: How Common Are the Issues?</p>	<p>What are the rates of occurrence? (slide 27)</p> <ul style="list-style-type: none"> ● Ask the audience how common they estimate the following conditions are; share the information provided. <ul style="list-style-type: none"> ○ UTI: More than 50% of females will experience a UTI during their lifetime. Females get UTIs up to 30 times more often than men do. ○ BV: 1 in 3 females will get BV in their lifetime. It is the most common vaginal condition in women ages 15 to 44. BV is also common during pregnancy. About 25% of pregnant women get BV. The risk for BV is higher for pregnant women because of the hormonal changes that happen during pregnancy. ○ Yeast Infection: Approximately 75% of females will have a yeast infection at some point in their life. Almost half of women have two or more infections.
<p>Module 1: Knowing Your Body, Topic 1.5: How Common Are the Issues?</p>	<p>UTI’s, BV and Yeast Infections (slide 28)</p> <ul style="list-style-type: none"> ● UTIs, BV, and yeast infections are all common genital infections that the majority of women face at some point in their life. ● Acquiring any of these infections is nothing to be ashamed of. The most important thing is to seek care soon after symptoms begin.
<p>Module 1: Knowing Your Body, Topic 1.6: Seeking Care for Common Genital Infections</p>	<p>Urinary Tract Infections (slide 30)</p> <ul style="list-style-type: none"> ● A UTI is a fairly common infection, so it is important to know when it’s time to call your healthcare provider and when it’s time to seek emergency care. You should call the medical clinic within 24-48 hours if you have a burning sensation when you pee, see blood in your urine, feel the need to urinate frequently but only voiding small amounts at a time, or experience mild, dull, lower abdominal pain. ● However, you should go to the ER if you develop a fever, nausea, vomiting, severe lower abdominal or back pain, or feel dizzy or faint. These are signs that you may be experiencing an advanced infection or complications.
<p>Module 1: Knowing Your Body, Topic 1.6: Seeking Care for Common Genital Infections</p>	<p>Bacterial Vaginosis & Vaginal Candidiasis (slide 31)</p> <ul style="list-style-type: none"> ● BV and yeast infections can have similar symptoms such as vaginal burning, itching, or redness. Often times, the only distinguishing factor is the discharge. BV tends to have a gray or yellow discharge that has a fish odor. ● Meanwhile, discharge associated with a yeast infection tends to be thick, white and can resemble cottage cheese. While there are over the counter (OTC) treatments for yeast infections, if you chose to use an OTC method, discuss it with a pharmacist first. ● If you find yourself in severe pain or developing a fever, go to the emergency room. Again,

	these may be signs of an advanced infection.
Module 1: Knowing Your Body, Topic 1.7: Is that Normal?	<p>Is that normal? Vaginal Discharge (slide 33)</p> <ul style="list-style-type: none"> • Is Vaginal Discharge normal? <i>Poll the audience</i> • For those in the audience who said yes, ask them what is normal about discharge (color, consistency, smell, etc.) • Discuss what “normal” is – listed above. Note that discharge can be red or dark brown during menstruation. • Discuss what is abnormal – listed above • Discuss timing of professional care – i.e., if someone is feeling unwell and having discharge (for example, having severe pain or fever), they need to be seen in the ER. Otherwise schedule an appointment with medical for evaluation.
Module 1: Knowing Your Body, Topic 1.7: Is that Normal?	<p>Is that normal? Pelvic Cramping (slide 34)</p> <ul style="list-style-type: none"> • Is Pelvic Cramping normal? <i>Poll the audience</i> • For those who said yes, when is pelvic cramping normal? • What might make pelvic cramping abnormal? • <i>Review the answers on the slide</i> • Contact your OB/GYN or seek emergency care if you are pregnant and experience severe pelvic cramping prior to your first ultrasound. This may be a sign of ectopic pregnancy and requires emergent care.
Module 1: Knowing Your Body, Topic 1.7: Is that Normal?	<p>Is that normal? Vaginal bleeding (slide 35)</p> <ul style="list-style-type: none"> • When is vaginal bleeding normal? Any suggestions? • When might vaginal bleeding be abnormal? • <i>Review the answers on the slide</i> • The flow may be light or heavy but should not exceed more than 1 pad or tampon every 2-3 hours.
Module 1: Knowing Your Body, Topic 1.7: Is that Normal?	<p>Trustworthy vs Untrustworthy Sources (slide 38)</p> <ul style="list-style-type: none"> • In order for an information source to be considered trustworthy or credible, it should: have an understanding of the topic, be objective, up to date on the latest research or practice guidelines, have authority and purpose. • Some examples of credible sources include: The Centers for Disease Control and Prevention, the National Institutes of Health, and the Navy and Marine Corps Public Health Center. • Some sources to be weary of are Social Media, Wikipedia, blogs, forums, and everyone’s favorite – Doctor Google.
Module 1: Knowing Your Body, Topic 1.8: The 4-1-1 on Women’s Health Apps	<p>Fertility and Menstrual Tracking Apps (slide 39)</p> <ul style="list-style-type: none"> • Clue: Clue is an app designed to help you learn more about your body. It has the ability to help you track everything that goes on in your body during your cycle like period-induced breakouts or PMS headaches. Empowered with this information, you can have a more informed discussion with your doctor to treat your symptoms. • Flo: Flo is another popular app that allows users to log-in daily to record ovulation and period symptoms. This data is then turned into useful graphs that show you what exactly your body is doing and when. As an added bonus, Flo turns into a pregnancy tracker if you ever need it. • Ovia: Lastly, if you’re more interested in tracking your fertility, Ovia may be the app for you. It’s great at helping you chart data like your basal body temp and cervical mucus, but unlike many fertility trackers, it also has the ability to track your period and make predictions about

	your menstruation or fertility based on the data you input.
Module 2: Sexual Health, Topic 2.1: Sexually Transmitted Infections	<p>Sexually Transmitted Infections (STIs) (slide 44 - 50)</p> <ul style="list-style-type: none"> • The next few slides will review common STIs, symptoms, testing and treatment. • 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. • 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.
Module 2: Sexual Health, Topic 2.1: Sexually Transmitted Infections	<p>STIs Key Take Home Points (slide 51)</p> <ul style="list-style-type: none"> • If you choose to have sex, use a condom or dental dam EVERY TIME if: <ul style="list-style-type: none"> ○ You're with a new partner ○ You and your partner are not in a committed relationship ○ 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.
Module 2: Sexual Health, Topic 2.2: Contraception	<p>Short Acting Reversible Contraceptives (SARCs) (slides 53 and 54)</p> <ul style="list-style-type: none"> • SARCs are contraceptive methods that are taken on a daily, weekly, or monthly basis.
Module 2: Sexual Health, Topic 2.2: Contraception	<p>Long Acting Reversible Contraceptives (LARCs) (slide 55)</p> <ul style="list-style-type: none"> • LARCs are contraceptive methods that are placed by a healthcare provider and last multiple years. • LARCs are the most effective reversible options for preventing pregnancy. • With a LARC, you are protected for 3 - 12 years depending on the option you choose.
Module 2: Sexual Health, Topic 2.2: Contraception	<p>Comparing Efficacy (slide 56)</p> <ul style="list-style-type: none"> • What are some important considerations when choosing a contraceptive method? <ul style="list-style-type: none"> ○ Efficacy – how effective is it at preventing pregnancy ○ Type of hormones– progesterone with and without estrogen ○ Short versus long acting ○ Side effects – bleeding patterns, hormones, potential weight gain
Module 2: Sexual Health, Topic 2.3: Emergency Contraception	<p>Emergency Contraception (slides 58-59)</p> <p>The military offers coverage for emergency contraception options that are all effective if used within 72 hours to 5 days after unprotected sex. Plan B can be picked up at any military pharmacy without a prescription. Placement of an IUD within 5 days of unprotected sex allows not only for emergency contraception, but also as a long-term contraceptive option.</p>
Module 2: Sexual Health, Topic 2.4: Discussing	<p>Discussing Contraception with Your Partner (slides 61-63)</p> <ul style="list-style-type: none"> • Poll the audience:

Contraception with Your Partner	<ul style="list-style-type: none"> • Who feels comfortable discussing birth control with your partner? • What drives ideologies and opinions behind birth control? • Does anyone have an example of a conversation that went well? Bad? What suggestions would you give to the class?
Module 2: Sexual Health, Topic 2.5: Navy Policies for Contraceptive Counseling	Navy Policies for Contraceptive Counseling (slide 65) <ul style="list-style-type: none"> • Active Duty women should receive contraceptive counseling every year. This includes birth control options, natural family planning, and emergency contraception. • Emergency contraception is available at all medical treatment facilities (MTFs) and military pharmacies at no cost – you don't need an appointment or prescription either!
Module 2: Sexual Health, Topic 2.6: LGBTQ Sexual Health	LGTBQ+ Sexual Health (slide 67-70) <ul style="list-style-type: none"> • Gender Identity is a spectrum. In the US over 9.4 million people identify as homosexual, bisexual, or Transgender. • The military is a subset of this general population and awareness of the specialized health needs for this population is imperative to ensure our that ALL our service members are receiving the best healthcare possible.
Module 2: Sexual Health, Topic 2.7: Healthy Relationships	Consent (slide 72) <ul style="list-style-type: none"> • Consent is an agreement to participate in sexual activities. It should be clearly communicated. Silence is <u>NOT</u> consent.
Module 2: Sexual Health, Topic 2.7: Healthy Relationships	Consent (slide 73) <ul style="list-style-type: none"> • It is important to check in with your partner(s) throughout sexual activity. Some suggestions: <ul style="list-style-type: none"> ○ Asking for permission before you change the type or degree of sexual activity with phrases like "Is this okay?" ○ Confirming that there is reciprocal interest before initiating any physical touch. ○ Letting your partner know that you can stop at any time. ○ Periodically checking in with your partner, such as asking "Is this still okay?" ○ Providing positive feedback when you're comfortable with an activity. ○ Explicitly agreeing to certain activities, either by saying "yes" or another affirmative statement, like "I'm open to trying."
Module 3: Women's Health and Deployment, Topic 3.1 Menstrual Management	Menstrual Management (slide 81-82) <ul style="list-style-type: none"> • There are several different ways to help manage your periods/menstrual cycles in preparation for deployment. • Menstrual management allows you greater control of periods and also reduces common unwanted symptoms that are associated with your cycles to allow you to better focus on your deployment mission. • Having knowledge of available options and supplies to use during your period is also very helpful. There are a lot of options beyond tampons and pads these days and are all regularly available online. For example, if you know you know you may be out on mission for several hours, you may consider a period panty or menstrual cup that may not need to be changed for 12-24hrs.
Module 3: Women's Health and Deployment, Topic 3.2 Menstrual Suppression	Menstrual Suppression (slide 84-85) <ul style="list-style-type: none"> • 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. • In other words, you can use birth control to have shorter, lighter periods, or no periods at all. • Talk to your provider to pick the menstrual suppression method that is right for you and your

	deployment environment.
Module 3: Women's Health and Deployment, Topic 3.3 Hygiene in a Deployed Setting	<p>Hygiene in a Deployed Setting (slide 87)</p> <ul style="list-style-type: none"> • Depending on the location of your deployment, it can be difficult to maintain good hygiene. If you are able to find out the environment of your deployment, whether austere/remote or on a ship, it's good to plan in advance. • Recommend planning for about 30-day supplies to take with you initially. • Then consider pre-packaging supplies in a care package in 30-day increments and have a friend or family mail them out to you monthly for as many months as your deployment is planned. • Consider setting up an Amazon or other store account with automatic sending of supplies. Keep in mind that it may take 20-30 days to receive your mail.
Module 3: Women's Health and Deployment, Topic 3.4 Packing for Deployment	<p>Hygiene in a Deployed Setting (slide 89)</p> <ul style="list-style-type: none"> • It can be difficult to know what and how much to pack. Consider reaching out to any points of contact who are currently in the location you are going or who have been on similar missions. • This is a list of recommendations but should be tailored to what you think your mission environment will be.
Module 3: Women's Health and Deployment, Topic 3.5: Mental Health & Deployment	<p>Mental Health & Deployment (slide 92-94)</p> <ul style="list-style-type: none"> • Deployments can often create a sense of anxiety and increased stress, especially a first deployment. • These reactions can be very normal but it is important to be able to distinguish symptoms of normal anxiety and stress from symptoms that create significant impairment to perform your mission or decrease your quality of life. • Symptoms of anxiety, stress, and depressed mood can develop at any time during the deployment- before, during, or after. • It is important to recognize these symptoms early and seek available health services to include your provider, chaplain, or counseling service. • There are ALWAYS help and resources available. Do not hesitate to ask.
Module 3: Women's Health and Deployment, Topic 3.6: Women's Health & Special Operations	<p>Health and Special Operations (slides 96-99)</p> <ul style="list-style-type: none"> • There are several unique requirements, benefits, and challenges for women's health in special operations. • You are encouraged to pursue further information and speak to other females in the areas you are interested.
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:1: Pregnancy	<p>Pregnancy Policies (slide 104)</p> <ul style="list-style-type: none"> • All leaders should have access to the pregnancy instruction and follow the guidelines outlined. • For the most up to date information at your fingertips, the pregnancy and parenthood mobile application is available for download from Apple's App Store and Google's Android Play Store, under key word "seawarrior" or "pregnancy and parenthood." • Here are some examples of work restrictions for pregnant service members; it is NOT an exhaustive list. Please see OPNAVINST 6000.1D for a more comprehensive list. <ul style="list-style-type: none"> ○ Ergonomic restrictions include: <ul style="list-style-type: none"> ○ Standing at parade rest or attention for longer than 15 minutes ○ Working in one position or lying in the prone position for a prolonged period ○ Lifting greater than 25 pounds ○ Performing prolonged work at heights (such as on ladders and step stools)

	<ul style="list-style-type: none"> ○ Exposure to excessive heat or vibration
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:1: Pregnancy	Pregnancy Policies (slide 105) <ul style="list-style-type: none"> • Here are more examples of physical restrictions and exemptions for pregnant service members. • Please discuss environmental/work exposures further with occupational health for further guidance on specific workplaces and requirements. • Immediate notification is required in cases where exposure to chemicals or radiation, or both, assigned training, or special duties could have a significant effect on the health of the unborn child(ren).
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:1: Pregnancy	Discussing pregnancy with your leadership (slide 107) <ul style="list-style-type: none"> • If you believe you are pregnant, you should confirm your pregnancy as soon as possible, but no later than 12 weeks gestation, through testing and counseling by a DoD healthcare provider, or through a licensed non-DoD healthcare provider. Service members may delay command notification of pregnancy to 20 weeks gestation; however, certain military duties, occupational hazards, and medical conditions require notification earlier than 20 weeks. These instances include Special Personnel such as Naval Aviators, Naval Flight Officers, Aircrew assigned to duty involving flight operations, Sailors or Marines assigned to diving duty, Sailors on submarine duty, Sailors or Marines assigned or selected to other special duty assignments requiring completion of a Special Duty Assignment physical exam, and Sailors or Marines with acute medical conditions interfering with duty. • If earlier notification is required, service members will notify their commander upon confirmation of pregnancy by a military healthcare provider and will be placed in a temporary non-deployable status, with limitations specific to medically confirmed pregnancy. • If a service member chooses to delay command notification, the medical provider will place the service member in a non-deployable, light duty status without reference to pregnancy. • If you do not know what you want to do yet, You may delay notifying your command. You are encouraged to speak with a trusted military healthcare provider regarding your pregnancy options.
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:1: Pregnancy	Planning conception (slide 108) <ul style="list-style-type: none"> • Responsible sexual practices include condom use, regular STI testing, open conversations with your partner(s), and using reliable birth control. • Around 50% of pregnancies are unplanned. There are many opportunities to talk to your provider about family planning and contraception. • The following are more resources to help make decisions surrounding family planning and contraception.
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:1: Pregnancy	Conception counseling for best fetal health (slide 109) <ul style="list-style-type: none"> • The best way to ensure a healthy baby and pregnancy is to make sure the mom is as healthy as possible prior to conception. • This slide discusses things that can be done to optimize the health of the person planning a pregnancy.
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:1: Pregnancy	Navy Medicine resources for pregnant service members (slide 110) <ul style="list-style-type: none"> • New Parent Support Resource Awareness Workshop: This is a four-hour workshop that assists expectant service women as they make the transition into parenthood. • Baby Boot Camp: The workshop provides information about discomfort in pregnancy, baby care, baby basics, infant CPR, home safety, New Parent Support Home Visitation Program, and feeding your infant.

	<ul style="list-style-type: none"> • Home Visit: Helps by teaching parenting skills in your home, check on your baby’s growth and development, and offer suggestions to deal with the changes a new baby brings to your family. • Budget for Baby: Helps you develop a family budget, gives you tips on how to save money, and introduces you to other expectant Navy and Marine Corps parents. • Visiting Nurse Program: For new parents, nurses may discuss things like breastfeeding and making sure babies are healthy and happy. They also provide baby weight checks. • Group prenatal care is an innovative and effective way of receiving prenatal care. Prenatal care is individualized but takes place in a group setting where participants can learn from each other and create friendships with other parents who will be giving birth around the same time as them.
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:2: Returning to Duty Postpartum	Fitness and Nutrition (slide 112) <ul style="list-style-type: none"> • Exercise is encouraged before, during, and after pregnancy. • Service members are exempt from formal physical fitness and body composition standards during pregnancy for twelve months following delivery. • After those 12 months, Navy and Marine Corps women who have given birth are expected to meet physical fitness and body composition standards at the next scheduled unit evaluation, unless waived for a medical condition.
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:2: Returning to Duty Postpartum	Pregnancy and Motherhood (slide 113) <ul style="list-style-type: none"> • Postpartum fitness and nutrition are important for the service member’s physical and mental health. It is important to start with light exercise and gradually advance to more intense workouts. The postpartum period is a time to eat healthy foods, not diet or severely limit calories.
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:2: Returning to Duty Postpartum	Pelvic Floor Physical Therapy (slide 114) <ul style="list-style-type: none"> • The muscles of the pelvic floor support the bladder, bowels, and reproductive organs. Pelvic floor physical therapy is an excellent resource in the postpartum period and beyond. • While some of these symptoms are common in the first days or weeks postpartum, if they persist, they should be discussed with a healthcare provider. Pelvic floor physical therapy may be a good option for treatment.
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:2: Returning to Duty Postpartum	Lactation (Slide 115) <ul style="list-style-type: none"> • There are many benefits for baby and mom to breastfeed, and should a sailor choose to breastfeed and pump during work, BUMED Instruction 6000.14b outlines the expectations from the command to help support the sailor. • Though not a requirement for ships or other operational commands, any non-operational command that has postpartum Sailors or Marines is required to have a lactation room that meets standards according to BUMED Instruction 6000.14B. • When service members feel more comfortable utilizing lactation/pumping resources, there is noted increased workplace productivity (through reduced absenteeism), improved morale, and increased service member retention.
Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:2: Returning to Duty Postpartum	Mental Health (Slide 116) <ul style="list-style-type: none"> • The changes in hormones, along with the sleep deprivation, can cause significant changes in mental health for new moms. These concerns are very common and there are many resources for parents who feel they are struggling in the postpartum period.

<p>Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:3: Activity: Discussing Challenges with Pregnancy and Motherhood in the Military</p>	<p>Activity: Discussing Challenges with Pregnancy and Motherhood in the Military (slide 118)</p> <ul style="list-style-type: none"> • This activity is designed to facilitate discussion on what unique challenges active duty mothers face with pregnancy and motherhood in the military. This discussion is designed to foster community. If you have, are going through, or are about to embark on the journey to becoming a parent, you are not alone! By raising awareness of challenges, solutions can be found, or at the very least empathy, knowing you have support in this journey. • To start the talk lets dive in - what are the top struggles that come to mind when facing pregnancy while on active duty? (Write down the list and then choose three to discuss further with the group). • Next, let's discuss some specific challenges expectant mothers struggles with. Some facilitating questions for this second discussion point: • Access to care: <ul style="list-style-type: none"> ○ Does anyone have difficulty making medical appointments? ○ Are you allotted time by your chain of command to attend your medical appointments? ○ Is there a time that is convenient that the clinic offers for appointments? ○ How was your interaction with your healthcare provider? • Support: <ul style="list-style-type: none"> ○ How do you feel about the personal support that is available? ○ Where do you find support? Family/friends/pregnancy groups? • Anxiety <ul style="list-style-type: none"> ○ How many people feel prepared for their delivery? ○ What are some fears that you face about your delivery?
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<p>Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:3: Activity: Discussing Challenges with Pregnancy and Motherhood in the Military</p>	<p>Activity: Discussing Challenges with Pregnancy and Motherhood in the Military (slide 119)</p> <ul style="list-style-type: none"> • Continuing onward, lets discuss what causes added stress during pregnancy. Facilitating questions for: • Navigating pregnancy with chain of command <ul style="list-style-type: none"> ○ Does anyone have a story about encountering conflict when they told their chain of command about their pregnancy? ○ How did that make you feel? ○ Did your chain of command adjust your work duties and hours per instruction if necessary?(i.e., 40 hours per week, away from harmful chemicals, weight restrictions in lifting, and PT waivers?) • Motherhood as an active duty member <ul style="list-style-type: none"> ○ Did you ever feel judgement on the timing of your pregnancy? Was your pregnancy perceived as an inconvenience to the workplace? ○ What are some fears or unknowns that you have? ○ Concern about future deployments? ○ Finding childcare? ○ Support network? ○ Relationship issues with partner? • The military system is often not set up to compensate for a member that must change their primary job or be out for maternity leave. Tasks are pushed to other members who are already stressed by the system and thus animosity can surface. This is a cultural fault, not the fault of the pregnant service member.
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	<ul style="list-style-type: none"> • Reproductive Justice is defined as: the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. • How can we promote reproductive justice in the military?
<p>Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:3: Activity: Discussing Challenges with Pregnancy and Motherhood in the Military</p>	<p>Discussion Point 4: How can peers support one another and alleviate stress? (slide 120)</p> <ul style="list-style-type: none"> • Can you name three personal activities you do to decrease stress? • Have the group identify controllable vs. uncontrollable stress factors. • Discuss ways to decrease the stress of the controllable factors and ideas/mantras on how to let go of the uncontrollable. • Support groups exist that can offer further guidance: New Parent Support Visitation Program, Fleet and Family Support Program, local support groups. • Military members do not need a referral to talk to a mental health provider. Talk to your medical provider about therapy and/or medications that are safe in pregnancy and with breastfeeding. <ul style="list-style-type: none"> ○ If you have thoughts of harming yourself or your baby, contact a health professional IMMEDIATELY. ○ The Military Crisis Line is available 24/7 at 1-800-273-8255.
<p>Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:4: Pregnancy and Special Operations/Diving/Flight Duty/Submarine Duty</p>	<p>Pregnancy and Special Operations, Diving, Flight Duty , Submarine Duty (slide 122)</p> <ul style="list-style-type: none"> • All service members are deferred from all transfers to operational assignments for 12 months following delivery. • There are some exceptions that allow sailors to fly during pregnancy, but all diving and submarine assignments will be deferred.
<p>Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:5: Miscarriage and Infertility</p>	<p>Miscarriage (slides 124-125)</p> <ul style="list-style-type: none"> • Pregnancy loss is more common than most people realize. A pregnancy loss at any gestation can be traumatic. There are multiple resources available to sailors to help cope with the loss. • Note: Service members who give birth to a stillborn child(ren) are entitled to 6 months operational deferment to support the mental health of the member, treat postpartum depression as necessary, and allow time to return to physical fitness standards.
<p>Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:5: Miscarriage and Infertility</p>	<p>Infertility (slide 126)</p> <ul style="list-style-type: none"> • Infertility is defined as inability to conceive naturally after 12 months of regular, unprotected sexual intercourse. • It's important to remember infertility can cause significant stress, anxiety, and depression associated with the diagnosis, workup, and treatment. Seek help as needed.
<p>Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:6: Pregnancy</p>	<p>Abortion Care Options (128)</p> <ul style="list-style-type: none"> • Service members who become pregnant and are unsure about their readiness or desire to carry the pregnancy forward should discuss their options with their provider. • There are two types of abortions: medication abortions (i.e. abortion pills) and in-clinic abortions, which require a medical procedure to be performed by a provider. Both options

<p>termination under current DOD/federal policy</p>	<p>are common and safe.</p> <ul style="list-style-type: none"> Abortion care access across the US will vary and continue to change by state.
<p>Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:6: Pregnancy termination under current DOD/federal policy with TRICARE coverage</p>	<p>Abortion (slide 129)</p> <ul style="list-style-type: none"> <i>Roe vs. Wade</i> is a United States Supreme Court case decided in 1973 that recognized a person’s constitutional right to an abortion. The landmark case was overturned on 24 June 2022 by the United States Supreme Court leaving abortion care legislation up to each individual state. However, the Supreme Court ruling does not prohibit the DoD from continuing to perform and pay for TRICARE covered abortions, as is consistent with federal law. Therefore, the DoD does not need to comply with state laws restricting access to covered abortion care. Federal law (the Hyde Amendment) DOES limit abortion services in DoD medical facilities and limits DoD funding for abortions in civilian medical facilities. Service women are only able to access abortion care under TRICARE for the following instances: 1) Rape, 2) Incest, 3) Pregnancy threatens the life of the pregnant person. These are TRICARE covered abortions. Covered abortion care includes abortions for a pregnancy that is the result of rape or incest or a pregnancy that endangers the life of the pregnant person. For a TRICARE covered abortion, convalescent leave for medical care and Temporary Additional Duty (if travel is necessary) will be recommended by the treating/referring physician. If there is no local access, then service members will be put on Government-funded official travel orders and receive expeditious transport to the nearest location to provide the necessary abortion services TRICARE will cover any relevant follow-up care, including mental health services, regardless of whether or not the abortion was TRICARE-covered.
<p>Module 4: Pregnancy & Motherhood in the Navy and Marine Corps, Topic 4:6: Pregnancy termination under current DOD/federal policy without TRICARE coverage</p>	<p>Abortion (slide 130)</p> <ul style="list-style-type: none"> For a non-TRICARE covered abortion, service members must pay out-of-pocket and obtain abortion care outside of the Military Health System (MHS). Service members who obtain an abortion not covered by TRICARE must comply with state laws and travel may be required to obtain the care. In 2023, the Navy and Marine Corps released new policies granting service members travel allowances (i.e., funding) and administrative leave to seek non-TRICARE covered reproductive healthcare. Non- TRICARE covered reproductive health care includes Assisted Reproductive Technology (ART) and non-covered abortion services. Covered reproductive care are any procedures or services available under TRICARE. ART includes treatments and procedures to achieve pregnancy such as in-vitro fertilization (IVF). Non-covered abortions include all situations of pregnancy termination outside of abortions for a pregnancy that is the result of rape or incest or a pregnancy that endangers the life of the pregnant person. The following newly released policies support service members by increasing access to care: Administrative Absence for Non-Covered Reproductive Health Care Policy: Service members may request an administrative absence from their normal duty stations for non-TRICARE covered reproductive health care without being charged leave, for a period of up to 21 days. The period of absence will be limited to the minimum number of days

	<p>essential to receive the required care. Commanders will not levy additional requirements on the service member prior to approving or denying the absence.</p> <ul style="list-style-type: none"> • Travel for Non-Covered Reproductive Health Care Services Policy: Service members or eligible dependents can receive travel and transportation allowances to receive non-TRICARE covered reproductive health care services when timely access is not available within the local area. The service member must certify in writing the location of the closest available medical facility for care. • 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.
<p>Module 5: Taking Care of Your Long-Term Health, Topic 5.1: Critical Health Screenings</p>	<p>Critical Health Screenings (slide 135-136)</p> <ul style="list-style-type: none"> • Recommended health screenings may change depending on your age and individual health history. However, the following slides provide some basic information about routine health screenings recommended for specific age groups. • In addition to these screenings, here are some best practices to keep in mind to protect your health: <ul style="list-style-type: none"> ○ Maintain a healthy BMI ○ Know your family history ○ Exercise 3-5x per week ○ Limit alcohol intake ○ Stop smoking/vaping ○ Get plenty of sleep ○ 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
<p>Module 5: Taking Care of Your Long-Term Health, Topic 5.1: Critical Health Screenings</p>	<p>Cervical cancer screenings (slide 137)</p> <ul style="list-style-type: none"> • Cervical cancer can be prevented by regular screening (for women aged 21-29 years old, regular screening includes a pap test every 3 years if normal) and by obtaining the HPV vaccine. • Cervical cancer screening can be stopped after 65 years old if: no history of moderate or severe abnormal tests and have had two negative co-test results in a row within the past 10 years.
<p>Module 5: Taking Care of Your Long-Term Health, Topic 5.2: Mental Health</p>	<p>Mental Health (slide 141-145)</p> <ul style="list-style-type: none"> • You likely spend time and energy improving your physical health, but what about your mental health? • 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! • Anyone who is active duty can self-refer to a psychologist, psychiatrist, licensed clinical

	<p>social worker (LCSW), deployed resiliency counselor (DRC), or an embedded mental health provider (eMH).</p> <ul style="list-style-type: none"> • Some mental health services are RECORDED or DOCUMENTED in your medical record. Other mental health services are COMPLETELY CONFIDENTIAL and do not get added to your medical record. It's important to know people can seek mental health treatment and still have long and successful military careers. Mental health counseling and/or treatment in and of itself is not a reason to revoke or deny a clearance.
<p>Module 5: Taking Care of Your Long-Term Health, Topic 5.2: Mental Health</p>	<p>Peripartum and postpartum mental health (slide 146)</p> <ul style="list-style-type: none"> • According to the CDC, 1 out of every 8 women experiences symptoms of postpartum depression. • Some signs of postpartum depression include crying frequently, feelings of anger, withdrawing from loved ones, feeling distant from your baby, worrying, or feeling overly anxious, or doubting your ability to care for your baby. • The first step is to talk to your healthcare provider. • If you have thoughts of hurting yourself or your baby, seek emergency help immediately.
<p>Module 5: Taking Care of Your Long-Term Health, Topic 5.2: Mental Health</p>	<p>Eating disorders (slide 147)</p> <ul style="list-style-type: none"> • 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. • If you think you may have an eating disorder, make an appointment with your provider immediately. Recovery is possible! Treatment options include counseling/therapy, medications, and nutrition education.
<p>Module 5: Taking Care of Your Long-Term Health, Topic 5.3: Healthy Relationships</p>	<p>Healthy Relationships (slide 149)</p> <ul style="list-style-type: none"> • Healthy relationships start 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. • 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 <i>punishable under the Uniform Code of Military Justice (UCMJ)</i>! • If you or someone you know experiences sexual harassment or other inappropriate behavior through social media, there is help! Contact: <ul style="list-style-type: none"> ○ 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
<p>Module 5: Taking Care of Your Long-Term Health, Topic 5.3: Healthy Relationships</p>	<p>Healthy Relationships (slide 150)</p> <ul style="list-style-type: none"> • No one should feel unsafe. • Your partner is responsible for his or her own behavior. Violence and abuse are never the victim's fault. • A healthy relationship is one in which you feel safe and has no physical, sexual, emotional, or verbal abuse.

	<ul style="list-style-type: none"> • Abuse can happen to anyone, regardless of whether you have a college education, which neighborhood you live in, your age, your gender, your sexual orientation, or whether you're married, dating, or single. • It's not your responsibility to convince a violent or abusive partner to get help. Your responsibility is to your own safety and the safety of any children in the household.
Module 5: Taking Care of Your Long-Term Health, Topic 5.4: Sexual Assault Prevention and Response	Sexual Assault Prevention and Response (slide 152-154) <ul style="list-style-type: none"> • 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.
Module 5: Taking Care of Your Long-Term Health, Topic 5.5: Exercise and Nutrition	Exercise and Nutrition (slide 156) <ul style="list-style-type: none"> • Every warrior is an athlete. Just like the professional athlete, the warrior must pay attention to performance, operational skill sets, injury prevention, performance enhancement through training and nutrition, and rehabilitation when necessary. • Nutrition, physical training, resiliency - physical and mental, and recovery between missions and deployments is critical to the success and optimization of the warrior. • Eating properly increases energy and endurance, shortens recovery time, improves focus and concentration, and helps service members feel better. • Overall, a healthy plate should consist of vegetables, fruits, whole grains, healthy protein, and some healthy oils. • Make hydrating a priority – carry a water bottle to drink on the go.
Module 5: Taking Care of Your Long-Term Health, Topic 5.5: Exercise and Nutrition	Relative Energy Deficiency in Sports (RED-S) (slide 157) <ul style="list-style-type: none"> • RED-S is diagnosis or concept that means your body has too little energy available. Available energy depends on energy-in (food) and energy-out (exercise). • To prevent RED-S: 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. • 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.
Module 5: Taking Care of Your Long-Term Health, Topic 5.6: Premenstrual Syndrome, Perimenopause & Menopause	Premenstrual Syndrome (PMS) (slide 160) <ul style="list-style-type: none"> • Certain habits can help with symptoms related to PMS such as regular physical activity throughout the month, eating healthy foods, getting enough sleep, abstaining from smoking, and finding healthy ways to cope with stress. • Menstrual cramps are caused by the uterus squeezing to help the blood flow. If experiencing painful cramps, consider taking Ibuprofen or Acetaminophen, using a heating pad, or exercising to relieve pain. Additionally, hormonal birth control can help suppress periods and related symptoms.
Module 5: Taking Care of Your Long-Term Health, Topic 5.6: Premenstrual Syndrome, Perimenopause &	Perimenopause & Menopause (slides 161-164) <ul style="list-style-type: none"> • The average age of onset is 51, but anywhere between 45-58 is considered normal. • If perimenopausal /menopausal symptoms are bothersome to you, speak to your healthcare provider. • Natural cessation of periods before the age of 40 (if not pregnant) is ABNORMAL and you

<p>Menopause</p>	<p>should discuss this with your primary care provider (PCP).</p> <ul style="list-style-type: none"> • Also, it's not normal to have a return of vaginal bleeding if you've been more than 12 months without a cycle. You should discuss this with your PCP immediately.
<p>Module 6: Navigating the Military Health System, Topic 6.1: Navigating the Military Health System</p>	<p>Referral Policies (slide 170)</p> <ul style="list-style-type: none"> • Primary care managers are the gateway to specialist clinics. Talk to your PCP first, they may be able to help you take care of the problem or improve symptoms until you can be seen by a specialist clinic. Once the referral is approved, an appointment should be offered within 28 days. If a military facility is not available, the Tricare regional insurance contractor will select a civilian provider for you to see.
<p>Module 6: Navigating the Military Health System, Topic 6.1: Navigating the Military Health System</p>	<p>Policies for Seeking a Second Opinion (slide 171)</p> <ul style="list-style-type: none"> • Second opinions can be requested but must be approved prior to seeking care.
<p>Module 6: Navigating the Military Health System, Topic 6.1: Navigating the Military Health System</p>	<p>Contraceptive Walk-In Clinics (slides 172-173)</p> <ul style="list-style-type: none"> • Many facilities offer walk-in contraception clinics to help improve access to contraception. • Days and hours of operation vary, and more clinics are being created frequently, so check with your nearest primary care or women's health clinic for more information.
<p>Module 6: Navigating the Military Health System, Topic 6.2: Health Privacy and Confidentiality</p>	<p>Overview of Protected Health Information (slide 175)</p> <ul style="list-style-type: none"> • The care you receive, and your medical history are known as protected health information (PHI) and are protected from disclosure whether you receive care at a military or civilian facility. • If health information is used with any personal identifiers, such as ID number or date of birth, it is considered PHI!
<p>Module 6: Navigating the Military Health System, Topic 6.2: Health and Privacy Confidentiality</p>	<p>Overview of the Military Command Exception for the Disclosure of Protected Health Information (PHI) within the Armed Forces (slide 176)</p> <ul style="list-style-type: none"> • Some information is permitted to be released to commanders, such as fitness for duty evaluations, fitness for assignments or other mission-related information. The information should be released only to those appointed by the commander in writing to receive such information. • Chain of commands are not granted direct access to medical records of the service member or their family members. Commands can ask for appointment reminder sheets, which may contain some health information.
<p>Module 6: Navigating the Military Health System, Topic 6.2: Health Privacy and Confidentiality</p>	<p>Overview of the Military Command Exception for the Disclosure of Protected Health Information (PHI) within the Armed Forces (slide 177)</p> <ul style="list-style-type: none"> • The fact that a service member accesses mental healthcare or substance misuse services does not need to be reported to the individual's command unless certain conditions are met, such as: <ul style="list-style-type: none"> ○ Harm to self. ○ Harm to others. ○ Harm to mission. ○ Special personnel: The member is in the Personnel Reliability Program or has mission responsibilities of such potential sensitivity or urgency that normal notification standards

	<p>would significantly risk mission accomplishment.</p> <ul style="list-style-type: none"> ○ Inpatient care. ○ Acute medical conditions interfering with duty. ○ Substance misuse treatment program. ○ Command-directed mental health evaluation. ○ “Other special circumstances”: The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as determined on a <i>case-by-case basis</i> by a covered entity. ○ It’s important for your long-term health to access the care you need.
<p>Module 6: Navigating the Military Health System, Topic 6.3: Advocating for Yourself</p>	<p>Advocating for Yourself – Among Leadership (slide 180)</p> <ul style="list-style-type: none"> • As valued members of the military you deserve to be well led. Your command leadership can only help when they know there is a problem. Use your chain of command when appropriate for items such as requesting schedule changes, ensuring workstation coverage, etc. • However, just because someone is in the “chain of command” does not mean they need to know your personal health information. If your health condition is affecting your ability to perform the mission, your commander/commanding officer can be made aware through the established medical communication processes. Your direct chain of command does not need to know your health details.
<p>Module 6: Navigating the Military Health System, Topic 6.3: Advocating for Yourself</p>	<p>Advocating for Yourself – Among Medical Personnel (slide 181)</p> <ul style="list-style-type: none"> • You are your own best advocate. Sometimes the answer to the problem is not known in the first few visits and is a process of elimination. Ask for a second opinion if desired. Every patient has the right to ask basic questions about their healthcare.
<p>Module 6: Navigating the Military Health System, Topic 6.3: Advocating for Yourself</p>	<p>Advocating for Yourself – Among Peers (slide 182)</p> <ul style="list-style-type: none"> • Align yourself with peers that will help you achieve your goals. Consider joining support groups to connect with others who may be in similar situations. Work hard to maintain social supports through friends, families, and coworkers.
<p>Module 6: Navigating the Military Health System, Topic 6.3: Advocating for Yourself</p>	<p>Advocating for Yourself – Activity Ideas for Group (slide 183)</p> <ul style="list-style-type: none"> • To give sailors, especially if junior, opportunities to practice advocating for themselves, have the participants pair off and select a scenario to role play. Each scenario should take no more than two minutes to complete; pre-brief the two-minute time limit and consider setting a timer to adhere to that timeline. • After completing at least two scenarios, ask participants for feedback on what aspects of the scenarios were easy and difficult.
<p>Conclusion of Seminar</p>	<p>Question Box: Once Training curriculum has been covered, open the question box, and address all questions with the group. The facilitator should offer to stick around for further questions following the conclusion of the Training. If the facilitator is unable to remain for additional questions, they should provide participants with an alternative time and location or contact information (e.g., email, telephone #) at which they will be available for further questions.</p> <p>Advertise: If future Women’s Health Trainings are planned, use this time to advertise upcoming Trainings to current participants.</p>