



Navigating Infertility as a Service Woman

Information on fertility services and support resources available to the active duty population, mental health impacts of infertility and treatment, and relevant Navy and Marine Corps policies

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DISCLAIMER | *The views presented in this resource 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.*



Healthy Lifestyle for Conception

A healthy lifestyle and behaviors can promote conception. If you are trying to conceive, consider talking to your primary care provider about preconception to discuss your health history, current lifestyle and behaviors, and medical conditions that could affect fertility and pregnancy.

MAINTAIN A HEALTHY WEIGHT

Being **overweight** or **significantly underweight** can make it harder to get pregnant, and women who are a healthy weight are less likely to have problems during pregnancy. Body Mass Index (BMI), which is the ratio of height and weight, should be under 25.

GET REGULAR EXERCISE

Aim for **150 minutes** (2.5 hours) of **moderate exercise weekly** to keep healthy and maintain a healthy weight. Major changes, like rapid weight loss or BMI <18, can affect fertility.

TAKE A PRENATAL VITAMIN

Take a vitamin that has at least **400 micrograms of folic acid** daily, as consuming this amount of folic acid is associated with healthy obstetrical outcomes. Chewable and gummy folic acid vitamins are just as effective.

AVOID TOBACCO, CAFFEINE, AND ALCOHOL

Avoid smoking or other **tobacco use** completely. Tobacco is associated with decreased fertility or lower fertility rates.

Limit caffeine intake to <200 milligrams (about two cups of coffee) or less per day.

Consider avoiding alcohol completely, or limit use while trying to conceive.

MINIMIZE STRESS

Try to minimize stress and **practice healthy methods of coping** with stress when trying to conceive. Significant stress can cause menstrual irregularities and fertility concerns. Maintaining healthy relaxation and sleep habits may benefit menstrual regularity.

MANAGEMENT OF MEDICAL CONDITIONS

Discuss past medical history or ongoing medical conditions with your provider. Certain medications can be harmful for pregnancy, other chronic medical conditions should be optimized prior to attempting to get pregnant.

VACCINE STATUS

It is recommended that you are up to date on vaccines (e.g., Tetanus, Hepatitis A/B, Influenza, Chicken Pox, MMR (Measles/Mumps/Rubella), and HPV vaccines). Ensuring vaccinations are up to date prior to pregnancy will **limit exposure to potentially harmful conditions**.



Basics of Conception

You may be able to optimize the likelihood of pregnancy by tracking ovulation during the menstrual cycle. Planning conception with fertility awareness-based methods (FABMs) may increase your chances of conceiving through traditional methods.

Sperm Production

- The process of [sperm production](#) takes 90-120 days.
- Sperm production occurs in the testis and is maintained in the scrotum.
- Healthy sperm production relies on overall health and normal hormonal function.
- Toxins (e.g., caffeine, alcohol, tobacco) can affect healthy sperm production.
- Any anatomic complication involving the scrotal contents can result in low sperm counts or non-viable sperm.
- If a problem is identified and corrected, it can take several months to see a change in sperm health/counts.
- Sperm can survive in the female reproductive track for up to **4 days**.

The Fertile Window

- As sperm can survive for 4 days and an egg can survive for 24 hours, **the fertile window is 5 days in length** with intercourse occurring 4 days prior to the ovulation event.
- [FABMs](#) assist in identifying this fertile window and include methods such as fertility beads, symptothermal methods, urine assay assessment, and Marquette methods.

Menstrual Cycles

- A 'normal' [menstrual cycle](#) is around 28 days in length with ovulation occurring on the 14th day. "Normal" cycle lengths can range from 21-35 days.
- The variability in the normal menstrual timing originates from the growing / maturing follicle (follicular phase).
- Once a follicle is large enough, and estrogen levels are high enough, ovulation is stimulated.
- Variability in follicular growth is dependent on multiple factors including overall health, stress, and age.
- Once ovulation occurs, an egg will survive for only **24 hours** unless fertilized.

Anatomy of Conception

- Healthy amounts of active sperm need to be present within the reproductive track during the time of ovulation to allow for fertilization.
- After [fertilization](#), a fertilized embryo travels through the fallopian tube to implant within the uterus.
- This process requires normal anatomy of the uterus and fallopian tubes.



Fertility Services

Both men and women can contribute to infertility issues. If undergoing difficulty getting pregnant, consult a primary care provider to request a specialty referral.

REFERRAL FOR FERTILITY SERVICES | A referral is necessary to access fertility services. A referral can come from your primary care manager or gynecologist. Infertility clinics typically have age cutoffs for referrals, including aged 42 or older with low ovarian/egg function. A referral for fertility services is available to the following service members or beneficiaries:

- Less than 35 years old and attempting pregnancy* for 12+ months
- At least 35 years old and attempting pregnancy* for 6+ months
- Same sex couples
- A couple with a known fertility complication (such as a previous tubal ligation/removal of fallopian tubes, or vasectomy)
- A couple with a medical diagnosis that can make it difficult to conceive, such as polycystic ovary syndrome (PCOS); speak with a primary care physician or OB/GYN
- Desire to preserve future fertility with egg freezing

INITIAL CONSULTATION | After a referral you will be scheduled for an initial consultation with a reproductive endocrinology and infertility (REI) provider. If your local MTF offers these services, your appointment will be scheduled there; otherwise, your referral will be placed for a civilian provider, likely of your choosing. Be sure to ask about the cost of treatment, if they accept TRICARE (as some diagnostic procedures are covered), and if there are any military discounts.

During your initial consultation, your provider will review your medical history and recommend any further testing to include [labs](#) and [imaging](#) to investigate any cause for difficulty achieving pregnancy. Lab work for you and your partner is often the first part of the evaluation to check for fertility concerns. Typical lab work may include anemia screening, liver/kidney panel, screening for diabetes, pap smear, and STI screening. Your provider may also recommend imaging procedures to assess anatomic structures. Imaging may include hysterosalpingogram, a test for tubal infertility, or a saline sonogram, a test to evaluate the uterine cavity. For men, a semen analysis is conducted to assess the number of sperm (concentration), motility (movement), and morphology (shape).

TREATMENT | [Treatment](#) aims to increase the chances of an egg and sperm meeting and developing into an embryo that implants in the uterus. These include medications to stimulate ovulation, intrauterine insemination (IUI), and in-vitro fertilization (IVF). Male infertility may be treated with medical, surgical, or assisted reproductive therapies depending on the underlying case.

Treatment is based on what is found during the evaluation period of your care (e.g., concerns about anatomy, fallopian tubes, or infections and/or hormonal or semen abnormalities).

**Attempting pregnancy is defined as regular intercourse around time of ovulation every month.*



Treatment Considerations

FERTILITY TREATMENT LOCATION



Even if your MTF provides fertility diagnostic services, they may not provide Assisted Reproductive Technology (ART) or fertility treatments. The following MTFs have Reproductive Endocrinology & Infertility (REI) Graduate Medical Education programs and offer ART services at cost-share:

- Brooke Army Medical Center (BAMC), San Antonio, TX
- Madigan Army Medical Center (MAMC), Lakewood, WA
- Naval Medical Center San Diego (NMCSD), San Diego, CA
- Tripler Army Medical Center (TAMC), Tripler, Hawaii
- Walter Reed National Military Medical Center (WRNMMC), Bethesda, MD
- Womack Army Medical Center (WAMC), Fort Bragg, NC

Even if your local MTF is not listed, talk to your primary care provider about other services or alternative options that may be available. You will be referred to a civilian center for fertility services if you cannot support travel to these MTFs.

FERTILITY TREATMENT COST



*In general, TRICARE **WILL** pay for the medical evaluation of the cause of infertility but **WILL NOT** pay for the treatment to assist a service woman in becoming pregnant. Learn more at [this link](#).*

Fertility services can be expensive, ranging from hundreds of dollars to tens of thousands of dollars. The average cost of one cycle of IVF in the civilian network ranges from \$15,000 - \$20,000 (which does not include medication costs which range from \$2,000 - \$5,000). Completing your treatments at a MTF can reduce these costs; however, fertility service costs at MTFs are still significant (approximately \$5,000 - \$8,000 per cycle of IVF). Many services at MTFs are still not covered by TRICARE, so make sure you ask about costs before proceeding with tests and treatment.

Some civilian clinics may offer military discounts; learn more at [this link](#). If you get care or medication in the civilian sector, you must use participating network providers if available.

Service members who had a serious illness or injury while on active duty (Category II or III) and lost natural reproductive ability due to that illness or injury may be eligible for coverage of certain infertility treatments – [click here](#) to learn more and ask your provider if you think this applies to you. Additionally, cryopreservation or “freezing” of sperm or oocytes (eggs) and fertility treatments may be partially covered for service members with Category II or III illness as a result of cancer if they are undergoing radiation and/or chemotherapy.



Mental Health Impacts of Infertility

There are many natural, emotional responses to infertility and treatment. If you are having a hard time, you are not alone!

COPING WITH INFERTILITY

A couple who discovers they are infertile undergoes reactions similar to any individual who has experienced loss, including **grief, guilt, frustration**, and the **feeling of being unable to control one's future**. They may also experience marital discord, sexual dysfunction, and social isolation.

SIDE EFFECTS OF INFERTILITY TREATMENT

PHYSICAL SIDE EFFECTS: One of the major physical challenges for women undergoing fertility treatment is the effect of the medications which are needed to stimulate ovulation, help the eggs mature, prevent premature ovulation, and help the lining of the uterus prepare to receive the fertilized embryo or embryos. These are synthetic hormones, and they can make you feel like you have intense premenstrual syndrome (PMS). Common physical side effects include:

- Hot flashes
- Headaches
- Breast tenderness
- Nausea
- Temporary weight gain/bloating

PSYCHOLOGICAL SIDE EFFECTS: Medications commonly used to treat infertility have well-documented psychological (or mental health) side effects, including:

- Mood swings
- Anxiety
- Depression
- Irritability
- Sleep disturbances

As these may also be experienced with infertility in general, it may be difficult to pinpoint the cause of these symptoms.

FINANCIAL COST: The cost alone for infertility treatment may foster feelings of helplessness or hopelessness for the couple.

TREATMENT RESULTS

In the unfortunate circumstance that fertility treatment does not result in pregnancy, this may amplify the initial feelings of loss upon learning of infertility. Some studies have shown that women may experience lower self-esteem and worsening of depression.

Being **open about infertility** and **seeking support** can help in coping with the associated emotional distress. Consider **reaching out to family and friends**, joining a **support group**, or talking with a **mental health provider**.



Online Support Services

Online Resources

RESOLVE – The National Infertility Association

- RESOLVE promotes reproductive health and ensures equal access to all family-building options for men and women experiencing infertility or other reproductive disorders. In addition, RESOLVE provides free support groups nationwide.
- RESOLVE has a list of places that offer military discounts to active duty service members or Veterans seeking IVF. [Click here](#) for more information.
- [RESOLVE Website](#) Help Line: 866-668-2566 Email: info@resolve.org

American Society for Reproductive Medicine (ASRM)

- The ASRM is dedicated to the advancement of the science and practice of reproductive medicine. It provides a forum for the public, researchers, physicians, and affiliated health workers through education, publications, and meetings.
- [ASRM Website](#)

Tinina Q. Cade Foundation

- The Cade Foundation serves the needs of families battling infertility.
- Through education and outreach, it supports families struggling with infertility and strives to educate outside communities about relevant and related issues.
- [Cade Foundation Website](#)

Online Forums and Discussion Boards

- [Inspire Infertility Support Group and Discussion Board](#)
- [Daily Strength Group](#)
- [Facebook IVF Support Group](#)
- [The Bump Online Forum](#)



Military Support Services

MTF-BASED SUPPORT SERVICES

MTFs with REI Graduate Medical Education programs (listed on page 4) may have additional mental health support services.

PLEASE NOTE: Prior authorization is required for service members seeking professional mental health services outside of the military mental health system. [Learn more here](#)

Naval Medical Center San Diego (NMCSO)

- NMCSO has an embedded maternal mental health asset (a licensed clinical social worker) in one of their OB/GYN clinics.
- Services include therapy, support, and connections to resources for women and couples experiencing pregnancy, postpartum, and infertility.
- With the support of social work, Chaplain Services also facilitate a grief and loss group for mothers that have experienced a miscarriage.
- NMCSO also recommends the following local support groups:
 - [In Psych Center](#) (Professionally led)
 - [Del Mar/Carmel Valley Infertility Support Group](#) (Professionally led)
 - [RESOLVE San Diego Cookies General Infertility Support Group](#) (Peer led)

Walter Reed National Military Medical Center (WRNMMC)

- WRNMMC has embedded mental health providers in their OB/GYN department, including a psychologist and licensed clinical social worker.
- Services include therapy, support, and virtual as well as in-person connections to resources for women and couples experiencing pregnancy, postpartum, and infertility.

Tripler Army Medical Center (TAMC)

- TAMC offers consultative behavioral health support through their Behavioral Medicine Service and clinical psychologists.
- The primary focus of these providers is treating medical patients and helping them to have better outcomes through increasing their coping ability with their medical situations and addressing other aspects of health that can be influenced through behavioral medicine.



Career and Deployment Considerations

COMMAND NOTIFICATION



Per Office of the Chief of Naval Operations Instruction (OPNAVINST) 6000.1D

While infertility treatment is a very personal decision, if a service member is enrolled in treatment (IVF, intrauterine insemination, or assisted technology), they **must inform Command** through a **letter from the provider** outlining **duration of treatment** and **potential dates for procedures** (such as egg retrieval and embryo transfer). This is required so that Command can **anticipate possible duty limitations**.

Service members should **notify their chain of command** at 20 weeks gestation. Members involved in special duties (e.g., Dive, Flight) are required to notify command immediately upon learning of pregnancy due to potential need of waiver to continue duties. You may choose to delay immediate notification if your circumstances warrant, such as in **cases of unclear pregnancy progression**.

PHYSICAL FITNESS ASSESSMENT WAIVER



Per Navy Personnel (NAVPERS) 6110/03 and Navy Physical Readiness Program Guide 8

If a service member is **currently undergoing IVF treatment** or has undergone IVF in the past 90 days, they are **not authorized to participate in the current Physical Fitness Assessment (PFA) cycle** and must obtain a NAVMED 6110/04 PFA Medical Clearance/Waiver from their healthcare provider.

Commanding Officers or Officers in Charge are authorized to approve a medical waiver to **better ensure IVF success**. If the IVF treatment results in a successful pregnancy, pregnancy waivers apply to the PFA cycle. If the IVF treatment is unsuccessful, the service member must participate in the current PFA cycle (if cleared by their healthcare provider).



Relevant Navy and Marine Corps Policies

The following chart includes relevant policies or reference information for service women undergoing fertility treatment or for pregnant service women.

Policy	Relevant Information	Link
<p>ALNAV 017/23</p> <p>NAVADMIN 058/23</p>	<p>Delayed Pregnancy Notification to Command</p> <ul style="list-style-type: none"> Service members may delay notification to 20 weeks gestation, unless special circumstances necessitate earlier notification Refer to page 10 of this guide for relevant information on command notification of infertility treatment. 	<p>ALNAV</p> <p>NAVADMIN</p>
<p>ALNAV 018/23</p> <p>NAVADMIN 058/23</p>	<p>Access to Travel Allowances for Non-Covered Reproductive Health Care</p> <ul style="list-style-type: none"> Service members or, eligible dependents, are eligible for travel and transportation allowances to receive non-covered reproductive health care services when timely access to non-covered reproductive health care services are not available within the local area. The service member or dependent must certify in writing the location of the closest available, capable medical facility for the non-covered reproductive health care service. Non-covered reproductive health care is at the patient's expense. 	<p>ALNAV</p> <p>NAVADMIN</p>
<p>ALNAV 018/23</p> <p>NAVADMIN 058/23</p>	<p>Access to Administrative Absence for Non-Covered Reproductive Health Care</p> <ul style="list-style-type: none"> Service members may request an administrative absence from their normal duty stations for non-covered reproductive health care without being charged leave, for a period of up to 21 days. The period of absence will be limited to the minimum number of days essential to receive the required care, and travel needed to access the care, by the most expeditious means of transportation practicable. 	<p>ALNAV</p> <p>NAVADMIN</p>



Relevant Navy and Marine Corps Policies

The following chart includes relevant policies or reference information for service women undergoing fertility treatment or for pregnant service women.

Policy	Relevant Information	Link
OPNAVINST 6000.1D	<p>Navy Guidelines Concerning Pregnancy and Parenthood</p> <ul style="list-style-type: none"> Refer to page 9 of this guide for relevant information on command notification of infertility treatment (Section 4b and Operating Guide Section 3c). 	Click here
OPNAVINST 6110.1J	<p>Physical Readiness Program Policy Changes 2018</p> <ul style="list-style-type: none"> Section 3: When undergoing fertility treatment, service members should work with their fertility provider to confirm capabilities and limitations regarding physical activities. Service members should inform their primary care provider for Medical Clearance for PFA. 	Click here
Navy Physical Readiness Program Guide 8	<p>Managing Physical Fitness Assessment Records</p> <ul style="list-style-type: none"> Section 7: During the actual IVF cycle(s), command is authorized to approve a medical waiver to exempt service women from participating in the PFA to better ensure IVF success. 	Click here
MCO 5000.12F	<p>Marine Corps Guidelines Concerning Parenthood and Pregnancy</p> <ul style="list-style-type: none"> Section 11: Service members must notify the CO/Officer in Charge (OIC) of the intention to adopt, provide foster care, or use surrogate pregnancy services. 	Click here
NMCPHC TM 6260.01D	<p>Reproductive and Developmental Hazards</p> <ul style="list-style-type: none"> Chapter 6 covers the Biology of Reproductive and Developmental Hazards. Chapter 10, Section B covers Heat Stress and Heat Strain Effects on Fertility and Pregnancy. 	Click here