



AMSUS
The Society of Federal Health Professionals

2023 AMSUS Annual Meeting
“Healthcare Collaboration:
Meeting the Challenges of Today and Tomorrow”
13-16 February Gaylord National Resort Convention Center

Preserving the Fighting Force: Menstrual Suppression, Contraception, HPV and the Impact of Dobbs on military readiness

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Brooke Army Medical Center

Disclosure

Presenter has no relevant financial or non-financial interests to disclose.

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Learning Outcomes

At the conclusion of this activity, participants will be able to:

1. Understand the importance of menstrual suppression on military readiness.
2. Offer shared decision-making tools regarding contraception options available to active-duty service members.
3. Counsel patients on the benefits of HPV vaccination in men AND women.
4. Assess the impact of the Supreme Courts Dobbs decision on active-duty service members and their families and the Secretary of Defense response.

Background

Women account for nearly 18% of active-duty service members

As of 2016, all combat jobs are open to women

Females assigned to every combat arms military occupational specialty

Women face unique issues

- In the United States, 50% of pregnancies are unplanned
 - One pregnancy removes an Active Duty service member from being deployable for up to 2 years
- Pregnancy represents the single largest reason for evacuation out of theater
- Menstrual irregularities are the #1 cause for women to go to sick call
- 15% of women suffer from absenteeism because of painful menstrual cycles
- 35% of women had at least one GYN problem during their deployment

No dedicated women's
specific pre-deployment
requirement

Limitations

- 68% of service women cite medic or corpsmen as their PCM
- Only 1/3 service women reported receiving any pre-deployment counseling on menstrual cycle control
- 86% of women surveyed stated they desired menstrual suppression during deployment, however
 - 54% of service women were unaware that birth control could be used to suppress periods
 - Only 7% actually did this during deployment
- Limited contraceptive options down range and few trained providers down range for LARC

What can
we do
about it

Box 1. Potential Noncontraceptive Benefits of Hormonal Contraception

- Menstrual cycle regularity
- Treatment of menorrhagia
- Treatment of dysmenorrhea
- Inducing amenorrhea for lifestyle considerations
- Treatment of premenstrual syndrome
- Prevention of menstrual migraines
- Decrease in risk of endometrial cancer, ovarian cancer, and colorectal cancer
- Treatment of acne or hirsutism
- Improved bone mineral density
- Treatment of bleeding due to leiomyomas
- Treatment of pelvic pain due to endometriosis

American College of Obstetricians and Gynecologists
Practice Bulletin Number 110, 2018

Recommendations

- Encourage women to have a dedicated pre-deployment appointment with provider knowledgeable about menstrual suppression
 - Ideally 3 months prior to deployment
- If desires contraception, offer full year of OCPs with instructions on menstrual suppression
- Walk in contraception clinics
- DHA Resources to share with your patients and providers
- Pharmacy prescribed pills, patches and rings



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6200.02
May 13, 2019

DHA Medical Affairs/Clinical Support Division

SUBJECT: Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), in accordance with the requirements of References (c) through (i), and the guidance of References (j) through (v), establishes the Defense Health Agency's (DHA) procedures for comprehensive standards on healthcare with respect to access to comprehensive contraceptive counseling and the full range of contraceptive methods for members of the Armed Forces and all eligible beneficiaries of the Military Health System (MHS).



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 6025.09
September 27, 2022

DAD-MA

SUBJECT: Walk-in Contraception Services at Military Medical Treatment Facilities

References: See Enclosure 1

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (m):

SUBJECT: Walk-in Contraception Services at Military Medical Treatment Facilities



SAN ANTONIO MARKET

PATIENTS IN NEED OF CONTRACEPTION

PINC



WALK-IN CONTRACEPTIVE SERVICES

San Antonio Market offers walk-in contraceptive services for beneficiaries on the following days & times:

No Patients in Need of Contraception (PINC) Clinic

Tuesdays | 1200-1400
Active Duty Permanent Party Only
Please check-in at the Adolescent & Young Adult Clinic Front Desk

Reid TMC

Tuesdays | Patients check in at 0530
Trainees Only

Reid Clinic

- Tuesdays & Thursdays
- Patients check in at 0630
- BMT/Tech Trainees Only

WHASC PINC Clinic

- Tuesdays & Thursdays | 0730 - 1100
- All Beneficiaries (AD/Family Members)

Randolph Clinic

- Daily expedited birth control clinic appts available
- All Beneficiaries (AD/Family Members)
- Call 210-652-1836 or message through the MHS GENESIS Portal

In addition to walk-in contraceptive services, beneficiaries can also make an appointment by calling CAMO at 210-916-9900 or using the MHS GENESIS Portal and messaging their Primary Care or OB/GYN clinic; NO referral needed for contraceptives. Contraception is available as a no-cost, over-the-counter, walk-in pharmacy item.



DOWNLOAD THE
DECIDE + BE READY APP
AS A GUIDE IN BIRTH
CONTROL OPTIONS



For additional information, visit <https://newsroom.tricare.mil/Articles/Article/3174941/tricare-offers-contraceptive-care-to-support-you-your-family-and-your-readiness>



Decide + Be Ready: supporting today's modern service woman

**DECIDE +
BE READY
MOBILE
APP**





Antimicrobial Stewardship

Supporting healthcare providers at the point-of-care with relevant guidelines and evidence-based recommendations...

Version 1.0.46
10/10/2022

[Learn More](#)



DHA Pediatrics

An app for Doctors and healthcare providers in MTFs, providing a directory, on-call phone list, clinical...

Version 3.0.11
12/22/2021

[Learn More](#)



Provider Resilience

Gives frontline providers tools to keep themselves productive and emotionally healthy as they help our...

Version 2.0.0
12/01/2022

[Learn More](#)



TeamSTEPPS

TeamSTEPPS is an evidence-based framework to optimize team performance across the health care delivery...

Version 3.0.2
04/26/2022

[Learn More](#)



Pain and Opioid Safety

App for recording and measuring your pain as well as a resource for information regarding opioids.

Version 3.0.8
05/10/2022

[Learn More](#)



Immunization ToolKit PWA

The ITK provides a practical reference which facilitates and enhances the global delivery of immunization...

Version 2.0.3
05/11/2022

[Learn More](#)



DRES

Deployment Readiness Education for Service Women

Version 1.0.2
02/23/2022

[Learn More](#)

DRES: Deployment Readiness Education for Service Women

WELCOME TO DRES

Deployment Readiness Education for Service Women



<https://mobile.health.mil/dres/#/>

Select a Deployment Phase:

Preparing for Deployment

Important health information, conditions, contraception, STIs, packing list, & more

During Deployment

Information on mental health, nutrition, sexual assault, staying connected, & more

Returning from Deployment

Includes tips for self & family reintegration, family planning, mental health resources, & more



Navigating the Military Health System



Contraception



Menstrual Management

Contraceptive Walk-In Clinics

Critical Health Screenings



Nutrition



Common Infections



Frequently Asked Questions



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.**

Is it safe to suppress my period?



Will skipping my period cause "build-up" of blood in my uterus?



Will it impact my future fertility to skip periods?



How many months in a row can I skip my period?



Should I expect any breakthrough bleeding?



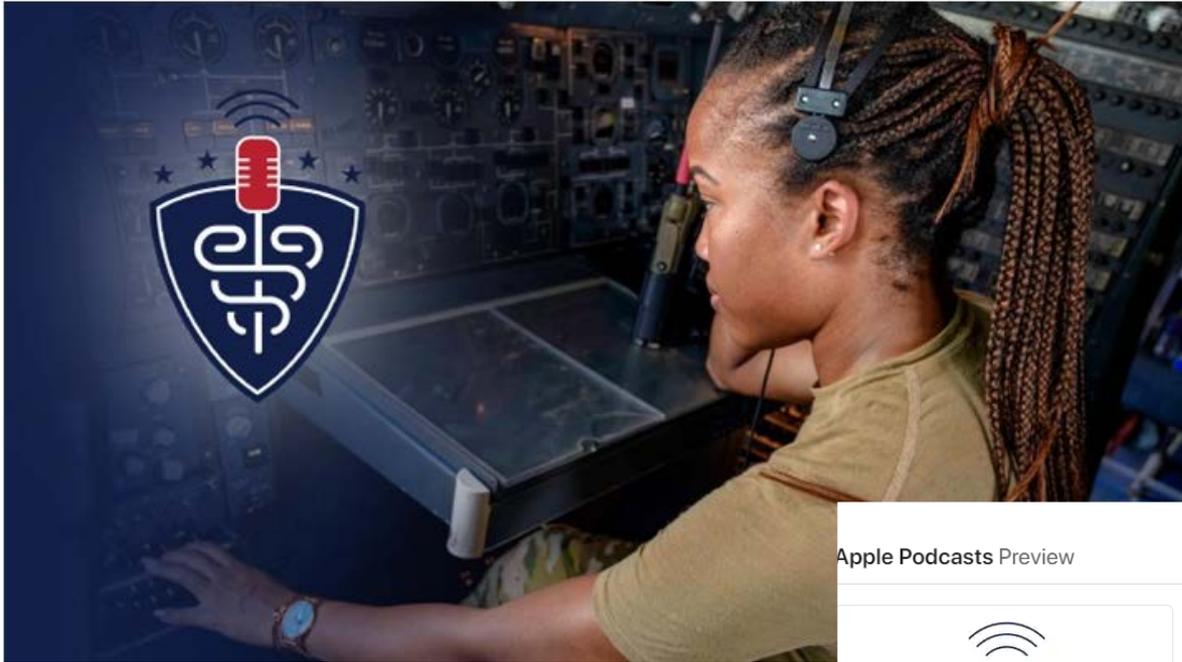
How do I practice menstrual suppression using oral contraceptives?



How do I practice menstrual suppression using the NuvaRing®?



Wise Health for Women Warriors Podcast Supports Women's Health



Apple Podcasts Preview



6 episodes

Wise Health for Women Warriors is a podcast about the best care for female service members. We bring you experts on women's health issues, as we tackle female readiness, and how to set your female service members up for success before deployment. We discuss infertility management in the military health system. How to prevent and treat incontinence and pelvic floor prolapse, and focus on return to duty postpartum. We also navigate some difficult topics, such as screening for intimate partner violence and postpartum depression. Don't miss out on these pearls to optimize your care of female service members. Subscribe now to Wise Health for Women Warriors on your podcasting app or on health.mil/podcasts.

Wise Health for Women Warriors

Defense Health Agency

Health & Fitness

★★★★★ 5.0 • 4 Ratings

[Listen on Apple Podcasts ↗](#)

SEP 14, 2021

Introduction

Wise Health for Women Warriors is a podcast about the best care for female service members. We bring you experts on women's health issues, as we tackle female readiness, and how to set your female service members up for success before deployment. We discuss infertility management...

[▶ PLAY](#) 52 sec

SEP 14, 2021

Episode 1: Female Readiness

Welcome to the first episode of Wise Health for Women Warriors: Female Readiness. Ways to set your female service members care before, during, and after deployment. Army Col. (Dr.) Nicole Dunford joins Army Lt. Col. (Dr.) Erin Keyser. Email us: dha_wicc@saic.com WICC SharePoint...

[▶ PLAY](#) 34 min

SEP 14, 2021

Episode 2: Breastfeeding

Welcome to the second episode of Wise Health for Women Warriors: Breastfeeding. Ways to set your breastfeeding service members. Retired Air Force Lt. Col. (Dr.) Kristi Norcross joins Army Lt. Col. (Dr.) Erin Keyser. Email us: dha_wicc@saic.com WICC SharePoint...

Pharmacist Prescribed Contraception



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 709

Womens Committee Opinion Number 744 December 2012

- Walk-in to any Outpatient Pharmacy
- Complete the Hormonal Self-Screening questionnaire provided at pharmacy front desk
- Scan QR code below and download app to find the best option(s) for you! (optional)



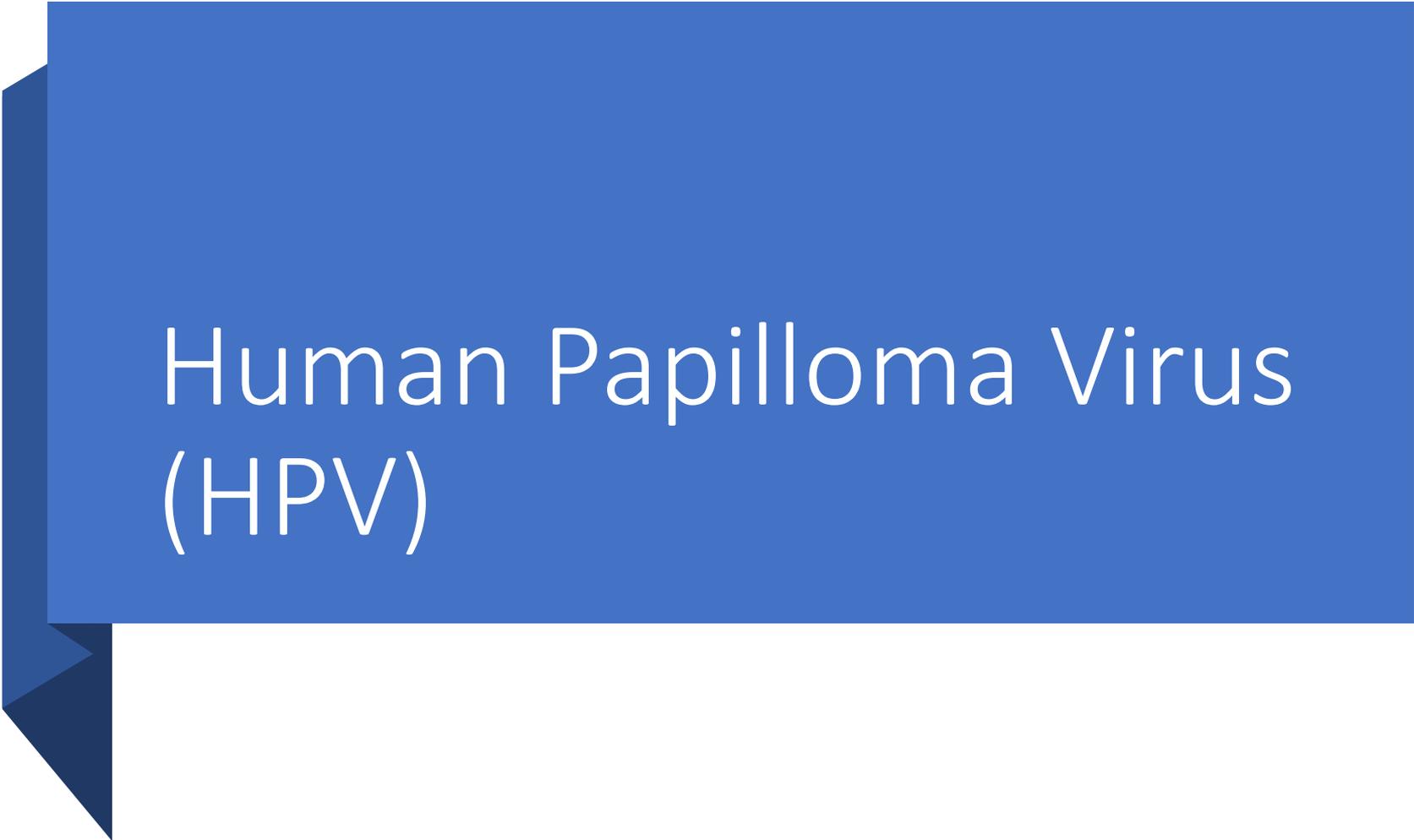
iPhone



Android



Available to all Active Duty Service Members and Beneficiaries



Human Papilloma Virus (HPV)

HPV

- The most common sexually transmitted infection in the USA
- Causes cancer
 - 90% of cervical cancers
 - 90% of anal cancers
 - 70% of oropharyngeal cancers
- Head and Neck cancer in men is now THE LEADING HPV related cancer in the United States
- Presently, there is no cure for HPV but only treatment for HPV-induced diseases
- In 2006, the Food and Drug Administration (FDA) approved the quadrivalent form of the HPV vaccine (Gardasil) as the first cancer prevention vaccination

HPV Vaccine

2006: The initial FDA approved indication was for the prevention of cervical cancer and genital warts in females aged 9-26 years old

2009: FDA approval expanded to include males and persons up to 45 years old

June 2020: the FDA indication was further extended to include the prevention of HPV-associated oropharyngeal and other head and neck cancers.

Since 2006, more than 200 million vaccines have been given with no serious adverse events reported.

Vaccines and the Military

Vaccines have long been used by the military to combat disease and non-battle injury

The military requires compliance with vaccinations available for most vaccine-preventable diseases including tetanus, typhoid, measles, yellow fever, smallpox, and anthrax

HPV vaccine is the ONLY cancer preventing vaccine we have

HPV vaccine covered by Tricare but currently not mandated despite recommendations from all medical societies

Impact on Readiness

- Between 2005 and 2014, cervical cancer was the fifth leading cause of cancer diagnosis among active duty service women, with the majority occurring in their 30s.
- Pre-cancerous lesions require diagnosis and surveillance
 - lost work time
 - decreased force readiness -> can't deploy during active surveillance
 - monetary implications
 - potentially separation from service.
- Human papillomavirus–related oropharyngeal cancer disproportionately affects males at a rate of 4:1
- < 10% of male active duty service members are vaccinated

Cost-effectiveness studies have estimated the medical care cost for HPV-associated cancers from \$52,700 per case of anal cancer to \$146,100 per case of oropharyngeal cancer compared to vaccination cost of approximately \$450.

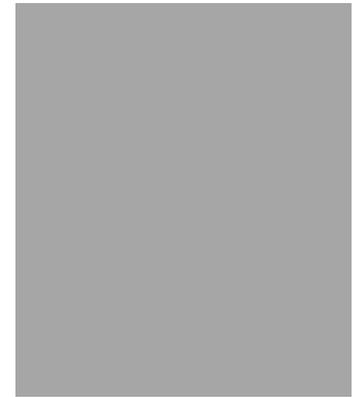
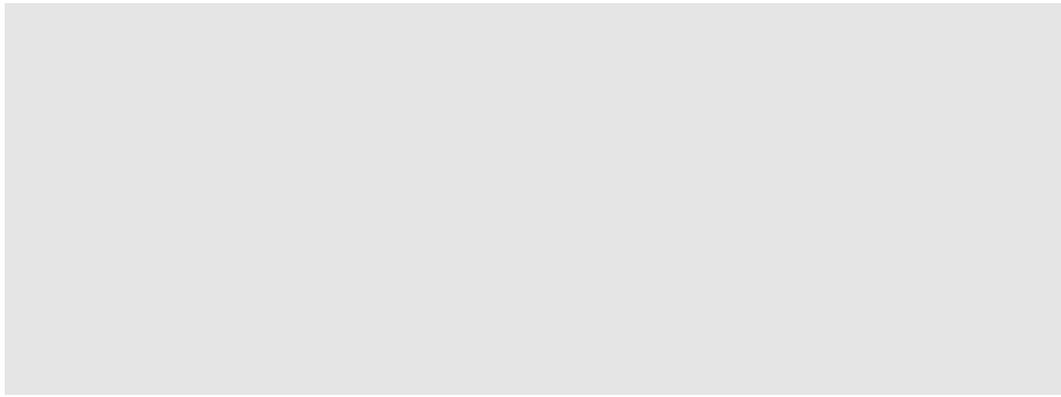
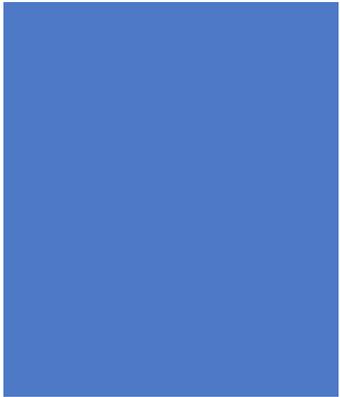
Recommendations

Mandate HPV vaccination for all incoming service members

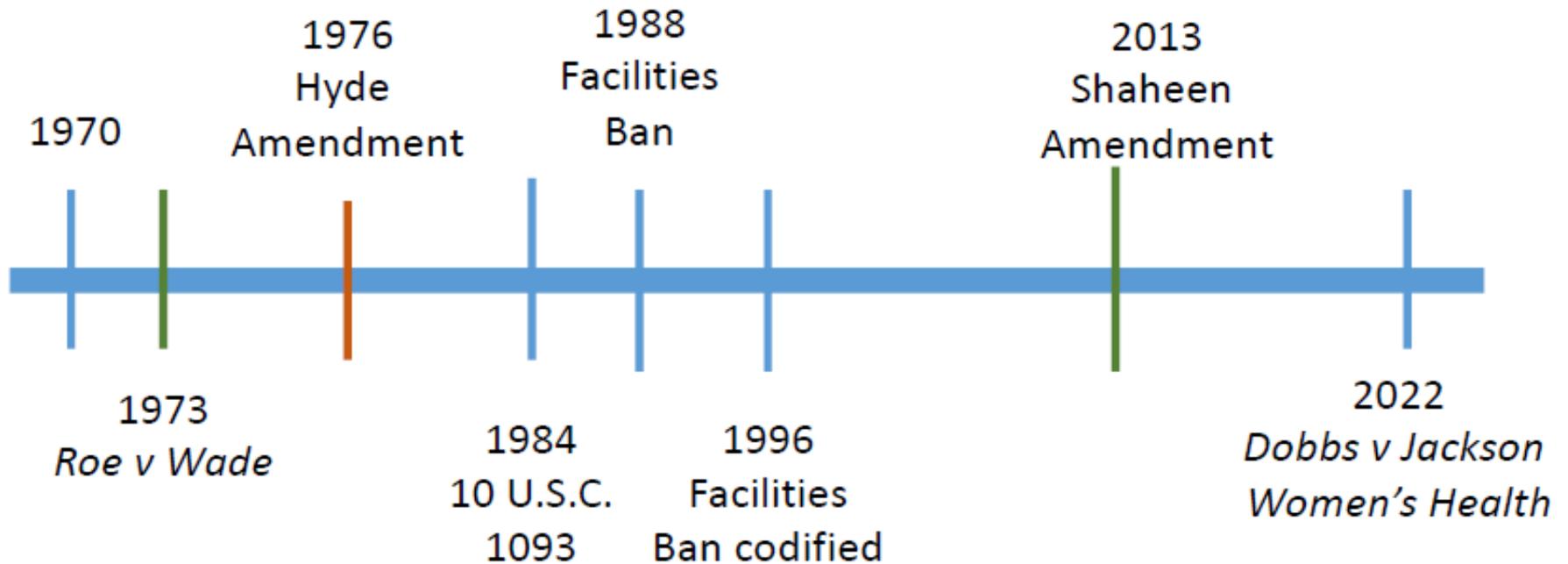
Update the joint service immunization policy for active duty service members to include the HPV vaccination for all persons through age 26 years as outlined in the ACIP recommendations

If you see a patient, ask them if they've had it and offer it

Impact of Dobbs



Abortion in the Military



The Hyde
Amendment
& DoD
Abortion
Policy

COVERED ABORTIONS refer only to abortions in the case of rape, incest, or for the life of the mother

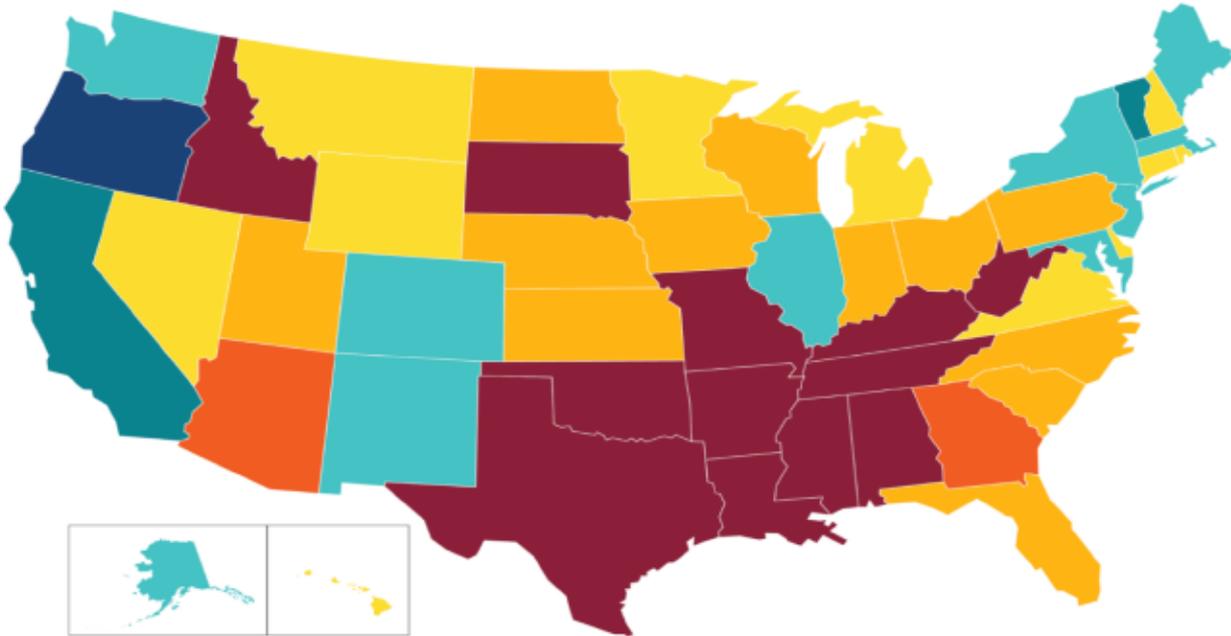
Can be performed at an MTF or paid for by TRICARE at a network facility

All other abortions, to include for lethal fetal anomalies, are referred to as UNCOVERED ABORTIONS

What does the Dobbs Decision Mean?

- June 24, 2022: Supreme Court Dobbs State Health Officer of the Mississippi Department of Health vs Jackson' Women's Health
 - The court decided that Constitution does not confer a right to abortion, and the authority to regulate abortion was returned to "the people and their elected representatives"
- Since then:
 - 14 states with no abortion access
 - 12 with total bans and 2 with no remaining clinics
 - 66 clinics across 14 states have stopped providing abortion services
 - 26 states have bans and are certain or likely to ban abortion
 - 109 million women of reproductive age in the US now live in a state where they cannot access abortion care in their state
 - Some states have/are proposing laws criminalizing having or performing an abortion

Abortion Restrictions by State: Nov 2022



<https://states.guttmacher.org/policies/>

Impact on Readiness

- 450,000 service members (male and female) live in a restrictive state
- Approximately 81,000 servicewomen will have no or severely restricted access
- 25% of women will have an abortion before the end of their child-bearing years
- With 200,000 service women, we'd expect more than 50,000 service members would have an abortion during their lifetime, and for many of them it will be during their years of military service
- A RAND report estimates the abortion number for Active Duty service women is 2,573-4,136 annually

Impact to Service Members

Travel to remote location to obtain care

Must request leave

Cost of travel, lodging, procedure

Accessing reputable resources

Differing restrictions based on duty station

Legal implications

DoD Responses to Dobbs v. Jackson Women's Health

Multiple SECDEF memos released since 24 June

Mr. Cisneros and others spoke to the Armed Services Committee in July

- <https://armedservices.house.gov/2022/7/subcommittee-on-military-personnel-hearing-service-members-reproductive-health-and-readiness>

Several DHA instructions released

Services are all working to update various policies to be in alignment with recent guidance



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

JUN 28 2022

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Ensuring Access to Essential Women's Health Care Services for Service Members, Dependents, Beneficiaries, and Department of Defense Civilian Employees

On Friday, the Supreme Court issued its opinion in *Dobbs v. Jackson Women's Health Organization*. This decision will have significant implications for our Service members, dependents, other beneficiaries of DoD health care services, and civilian employees, as well as the readiness of the Force. As Secretary Austin has made clear, nothing is more important than the health and well-being of our Service members, the civilian workforce, and DoD families, and we are committed to taking care of all of our people and ensuring that the entire Force remains ready and resilient.

SECDEF Memo June 28, 2022

- Notes that the Supreme Court's decision does not prohibit the Department from continuing to perform covered abortions, consistent with Federal law
- Reaffirms the DOJ position that States may not impose criminal or civil liability on Federal employees who perform their duties in a manner authorized by federal law
- What this means
 - MTFs may continue to provide abortion services for COVERED abortions regardless of state restrictions
- What this doesn't cover
 - Service members in a location without a trained abortion provider at their local MTF
 - OCONUS locations still must follow host nation laws
 - Any service members desiring a non-covered abortion in a restrictive location



SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000

OCT 20 2022

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Ensuring Access to Reproductive Health Care

The recent Supreme Court ruling in *Dobbs v. Jackson Women's Health Organization* has impacted access to reproductive health care with readiness, recruiting, and retention implications for the Force. Since the Supreme Court's decision, we have heard concerns from many of our Service members and their families about the complexity and the uncertainty that they now face in accessing reproductive health care, including abortion services. We also recognize that recent developments may create legal and financial risk for our health care providers as they carry out their lawful federal duties. I am committed to the Department taking all appropriate action, within its authority and consistent with applicable federal law, as soon as possible to ensure that our Service members and their families can access reproductive health care and our health care providers can operate effectively.

Service members and their families should have time to make private health care decisions. To ensure consistency across the Force, I am directing the Department to:

October 20, 2022

Ensuring Access to Reproductive Health Care

- Mandates establishment of privacy protections allowing notifications of pregnancy to commanders no later than 20 weeks unless policy dictates due to reproductive hazard
- DoD HCPs may NOT notify or disclose information on reproductive health to commanders
- Commanders must enforce policy against discrimination and retaliation and act with objectivity and discretion
- DoD HCPs will not be held liable to criminal or civil penalties for performing their duties
- Fees to become licensed in a different state to perform duties will be reimbursed
- A program to support DoD providers to indemnify them of civil/criminal proceedings including verdict, judgement, or monetary award
- Uniform DoD policy must be created to allow for administrative absence for non covered reproductive health care
- Establish travel/transport allowance to facilitate official travel to access non covered reproductive healthcare that is unavailable within a Service Member's duty station
- All MTFs will expand services to include dedicated hours for walk in contraceptive care for Service Members
- Conduct a comprehensive contraceptive education campaign to ensure Service Members know resources available to them, to include improving health.mil and Tricare websites with a POC to request assistance if a SM has difficulty accessing care
- Policy priority is on privacy and administrative absence/travel
- Execute ASAP

General Abortion Resources

Policy information

- Guttmacher Institute:
<https://states.guttmacher.org>
- Center for Reproductive Rights:
<https://reproductiverights.org/>

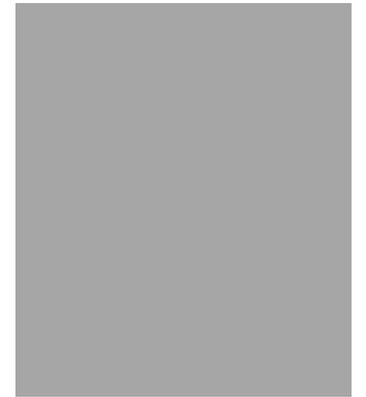
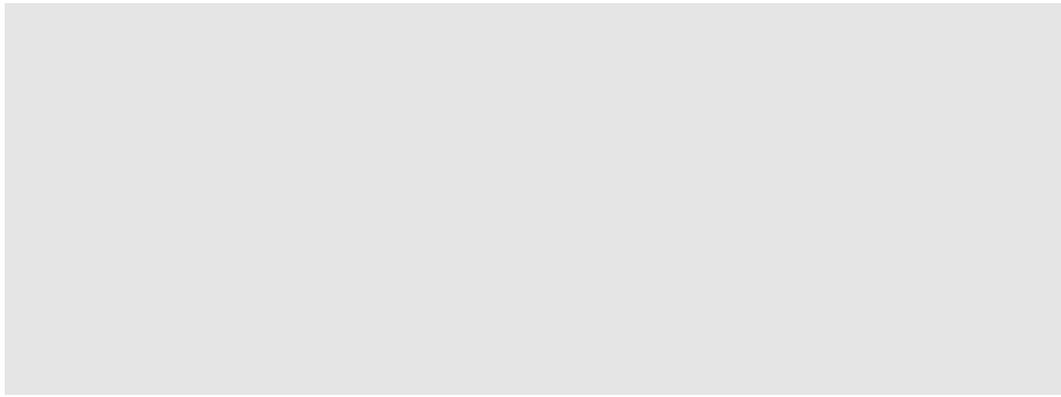
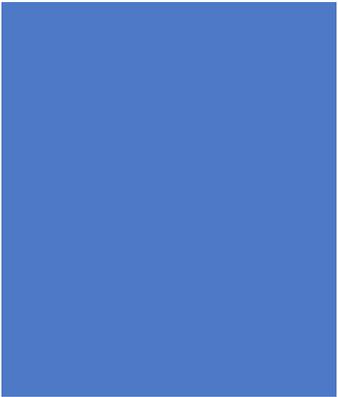
For patients

- Planned Parenthood:
<https://www.plannedparenthood.org/>
- National Abortion Federation:
<https://prochoice.org/>
- If, when how: <https://www.ifwhenhow.org/repro-legal-helpline/>
- National Network of Abortion Funds:
<https://abortionfunds.org/needabortion/>
- Plan C: <https://www.plancpills.org/>
- Women on web:
<https://www.womenonweb.org/en/>
- Three for freedom:
<https://www.threeforfreedom.com/>

In Summary

- Encourage female service members to make a dedicated pre-deployment appointment with a women's health specialist
- Educate women on menstrual suppression
- Share resources
 - Decide and Be Ready App
 - DRES app
- HPV vaccination is cancer prevention for all
 - Should be mandated if not encouraged
- At your base, ask the hard questions
 - Are we providing the necessary resources to women with an undesired pregnancy?
- **1 in 4 women**

Questions



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