Ensuring Medical Readiness of our Female Soldiers Prior to Deployment

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• She has an extensive publication and presentation history regarding Women’s Health and Operational Medicine.

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• MAJ Amber Chew is a Board Certified Obstetrician and Gynecologist.
• She received her Bachelors of Science from the University of Georgia in 2000.
• She received her Doctorate of Osteopathic Medicine from the Philadelphia College of Osteopathic Medicine in 2013.
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Disclosures

• COL Nicole Powell-Dunford and MAJ Amber Chew have no relevant financial or non-financial relationships to disclose relating to the content of this activity.

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At the end of the presentation, the learners will be able to:

1. Identify ways in which menstrual suppression can be adversely impacted during deployment.

2. Analyze the benefits of menstrual suppression for deploying Soldiers.


4. List health maintenance measures that should be undertaken for deploying women.
Overview

Background

• Menstrual Suppression

• Urogenital infection prevention/management

• Sexually Transmitted Infections (STIs)

• Women’s Health maintenance

• Sexual Assault
Polling Question

Are you involved in pre-deployment health screening?

• Yes/No
Menstrual Suppression

- 17% US Army are women

- Contraceptive therapies can reduce significant medical events by 66-99%

- 86% desire amenorrhea, only 54% aware that oral contraceptive pills (OCPs) can be used to induce it

- Only 63% of Soldiers receive any form of contraception during deployment; 59% do not speak with a military provider about options prior to deployment

Open access: https://case.edu/affil/skuyhistcontraception/online-2012/pill.html

(Grindlay et al., 2013) (Maguire et al., 2011) (Powell-Dunford et al., 2003)
• OIF: Females had higher rates of becoming a disease non-battle injury (DNBI) casualty requiring medical evacuation; 74% of female medical evacuations out of theater were for pregnancy related issues

(Belmont et al., 2010)
Menstrual Suppression

- Up to 15% of women suffer from absenteeism due to painful menstrual cycles, which can be reduced or eliminated with contraception.

- Gulf War data determined that women generated 1,792 sick call visits with over 25% due to conditions that could have been prevented with contraceptives.

- Another study of 397 deployed women reported that 35% had at least one gynecologic problem during their deployment, with irregular menstrual bleeding cited as the most common.

(Albright et al., 2007) (Nielsen et al., 2009)
Have you recommended the “Decide + Be Ready” App to a patient?

- Yes/No
Menstrual Suppression

Why menstrual suppression:
- Convenience/Logistics
- Anemia prevention
- Health benefits

Pros/cons:
- Continuous OCPs
- Depo-Provera
- Long-Acting Reversible Contraception (LARCs)

Benefits of Hormonal Contraceptives

Reduced risk:

• Endometriosis/dysmenorrhea (painful periods)
• Menorrhagia (heavy bleeding)
• Ovarian cancer
• Ectopic pregnancy/unwanted pregnancy
• Anemia

(Maguire et al., 2011) (Wilson et al., 2011)

• Note: It may take 3 months in order to stabilize the cycle
• Note: Can be stated on any day; skip the blank placebo pills in order to skip periods indefinitely; no risks associated with this practice.
• Field Hygiene – daily perineal cleansing/good hand hygiene

• Female Urinary Diversion Devices

• Deployment with Empiric Prescriptions; medic administrated or Soldier self treatment for Soldiers with well established and recurrent symptoms

REF: Army Public Health Nurse, WHSL
Urinary Diversion Devices

To Order the
FUDD:
NSN 4510
014702805

FUDD Posters
CP-138-0613

FUDD Cards
TA-205-0613

FUDD Video
https://www.youtube.com/watch?v=JXRxjmIffQ8


OPEN ACCESS: https://www.aliexpress.com/i/32818085819.html

OPEN ACCESS: https://peebuddy.in/products/peebuddy-stand-and-pee-reusable-portable-urination-funnel-for-women-1-unit
• For women with recurrent infections who are able to readily identify their symptoms of urinary tract infection or candidiasis

• Dosing regimen as simple as possible

• Direct issuance to women at Soldier Readiness Processing (SRP)

• Trimethoprim-sulfamethoxazole BID (twice a day) x 3 days for Urinary Tract Infections (UTIs)

• Oral fluconazole 150mg for candidiasis

• Refer for atypical symptoms or failure to respond

OPEN ACCESS:
https://www.bing.com/images/search?view=detailV2&id=AF06652E8CF301F14393790F9536335D6EC98EA4&thid=OIP.cDXC6R97c1sgT7yC-VefbgAAA&mediaurl=http%3A%2F%2Fimages.medscape.com%2Fpi%2Ffeatures%2Fdrugdirectory%2Foctupdate%2FMON00531.jpg&expw=288&q=septra&selectedindex=2&ajaxhist=0&vt=0&eid=0,1,2,3,4,6,8,10

OPEN ACCESS:
https://www.bing.com/images/search?view=detailV2&id=09CFB2B1DB4DE823BD35E3AD3F2CCB7A1F9402C0&thid=OIP.hdg4kmoHXtr3XazZB1NKgHaHa&mediaurl=http%3A%2F%2Fwww.yeastinfection.org%2Fwp-content%2Fuploads%2F2012%2F02%2FDiflucan.jpg&expw=290&q=diflucan&selectedindex=13&ajaxhist=0&vt=0&eid=0,1,2,3,4,6,8,10
Poll

• Would you feel comfortable providing a patient with a history of recurrent UTI or yeast infections with a supply of medications prior to deployment in order to expedite therapy?

• Yes/No
Military personnel have a higher rate of STIs compared to civilian population.

Rates of STIs increase during times of conflict and cannot be ignored in a deployed environment.

High prevalence of unsafe sexual practices, including sporadic condom use, multiple sexual partners, and binge drinking increases the risk of STIs.
Polling Question

What is the most common STI in the military?

A. Human Papillomavirus (HPV)
B. Chlamydia
C. Herpes Simplex Virus (HSV)
D. Syphilis
Sexually Transmitted Infections

- Human Papillomavirus (HPV)
- Chlamydia
- Herpes Simplex Virus (HSV)
- Trichomonas
- Gonorrhea
- Human Immunodeficiency Virus (HIV)
- Syphilis
- HPV are double-stranded DNA viruses that only infect humans

- 40 types are known to cause infections of the lower genital tract

- Approximately 80% of sexually active women are exposed to HPV at least once in her lifetime

- HPV infection is highest soon after first sexual debut

*DNA - Deoxyribonucleic acid*
HPV Vaccination

- 9-valent HPV vaccine covers 6, 11, 16, 18, 31, 33, 45, 52, and 58

- 70% of cervical cancers and 90% of anal cancers caused by high-risk HPV genotypes 16 and 18

- 2 or 3 part series depending on what age it is started

- Recommended 11-45 years old (can be administered starting at 9yo)

- Active duty service members have a higher HPV incidence and lower vaccination rates compared to the national average
- <21 DO NOT SCREEN
- 21-29 Cytology (PAP) every 3 years
- 30-65 Co-testing (PAP and HPV) every 5 years
- *Chlamydia trachomatis*, a small gram-negative bacterium
- Most common cause of bacterial STI
- Symptoms: vaginal discharge, intermenstrual bleeding, post-coital bleeding
- Test for concomitant infections, may treat empirically
Chlamydia

- Expedited partner therapy is encouraged by the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG)

- Avoid sexual contact for at least seven days following patient and partner treatment

- Repeat testing in three months for uncomplicated patients
- VA Survey: 15-36% females; 1-2% males report Military Sexual Trauma (MST)

- 4-7% females; 1-2% males have been sexually assaulted

- 22-31% females; 5-7% males have been sexually harassed

- MST leads to long-term health issues for victims, impacts readiness and unit cohesion
- Recognize signs of sexual assault
- Evaluate and treat patient for any life-threatening injuries
- Contact the appropriate first responder:
  - 🔄 If the patient is <18 years old or domestic partner/spouse of the accused, then call Family Advocacy Program Hotline
  - 🔄 Otherwise, call the Victim Advocate (VA) or Sexual Assault Response Coordinator (SARC)
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Sexual Assault Evidence Collection Kit

OPEN ACCESS: https://www.army.mil/article/214808/specially_trained_medical_providers_offer_compassionate_care_for_sexual_assault_victims
Key Takeaways

- Field Hygiene, Female Urinary Diversion Device use, and empiric treatment of genitourinary infection may prevent morbidity/evacuation during deployment.

- Hormonal contraceptive therapies can reduce medical problems, but are under prescribed in the pre-deployment setting.

- Sexually transmitted infections are common among our ranks, especially near deployments. There are steps that can be made to prevent, identify, and treat these infections before they have long term sequelae or lead to troop readiness issues.

- The Uniformed Services take sexual assault seriously. Medical teams should ensure a Sexual Assault Forensic Examiner has been identified and completed the Tri-Service Course prior to deployment in order to provide appropriate care for survivors.
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