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U.S. Department  
of Veterans Affairs

# Providing Women's Health in the Veterans Health Administration: Reproductive Health Initiatives Within the Largest Integrated Health Care System

February 23, 2022  
1440 – 1540 ET

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# Presenters

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# Aimee M. Sanders, M.D., M.P.H.



Dr. Sanders joined the Veteran Affairs (VA) in 2008 serving as a Primary Care Women's Health Physician at the Chalmers P. Wylie VA Outpatient Clinic in Columbus, Ohio.

She currently holds the role as a Physician Educator in VA's Office of Women's Health, developing and delivering innovative education & training programs to clinical staff in the care of women Veterans.

Dr. Sanders leads a 10-year initiative in collaboration with VA's Office of Rural Health to train rural primary care staff in women's health.

She earned a B.S., M.P.H., and M.D. degree from The Ohio State University and completed an Internal Medicine Residency and Chief Resident year at the University of Pittsburgh Medicine Center. She is also Board Certified in Internal Medicine.

# Sandra R. Schumacher, Ph.D., W.H.N.P., B.C., C.N.M.



Dr. Schumacher joined VA in 2013 while completing a post-doctoral fellowship in women's health. She served as the Women Veterans Program Manager at the William S. Middleton Memorial Veterans Hospital in Madison, WI from 2015-2022.

Dr. Schumacher is currently the Reproductive Health Clinical Lead for the Office of Women's Health, Reproductive Health Program, VA Central Office.

After serving in the US Army Nurse Corps, Sandy became a Certified Nurse Midwife (C.N.M.), a Women's Health Care Nurse Practitioner, Director of Clinical Effectiveness, Magnet Program Manager, and Coordinator for Clinical Education.

She holds a Master's degree in Nurse Midwifery from the University of Minnesota, a Master's degree in Health from the University of West Florida, and a PhD in Nursing with a minor in Gender Studies from the University of Wisconsin-Milwaukee.

# Melissa A. Shaughnessy, D.O.



Dr. Shaughnessy joined the VA in 2015 and currently splits her time as a Senior Consultant supporting the Office of Women's Health Rural Mini-Residency Program and other educational initiatives and serving as the Chief of Ambulatory Care Special Programs at the Orlando VA Health Care System overseeing Women's Health, Employee Occupational Health, and the Traveling Veteran Program.

She earned her Osteopathic Medical Degree from Nova Southeastern University College of Medicine in 2008 and completed her Family Medicine Residency and Women's Health Fellowship at Florida Hospital in Orlando, FL.

She is Board Certified in Family Practice and Osteopathic Manipulative Treatment and performs outpatient gynecology (GYN) procedures including placement of intrauterine devices (IUDs), implants, colposcopies, endometrial biopsies, and cervical cancer screening for women Veterans.

# Disclosures

- Drs. Sanders, Shaughnessy, and Schumacher have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- Dr. Sanders will be discussing off-label uses for DMPA SQ (generic), IUDs (copper and levonorgestrel).
- The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency, J-7, Continuing Education Program Office (DHA, J-7, CEPO). DHA, J-7, CEPO and all accrediting organizations do not support or endorse any product or service mentioned in this activity.
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- Commercial support was not received for this activity.

# Learning Objectives

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

1. Describe characteristics of female Veterans using Veterans Health Administration (VHA) for health care services.
2. Summarize the evidence-based Veterans Affairs (VA) National Maternity Care Coordination Program.
3. Explain the importance of contraceptive access for female Veterans.
4. Describe the provision of abortion services available through VA.
5. Identify best practices for workforce training in VHA.

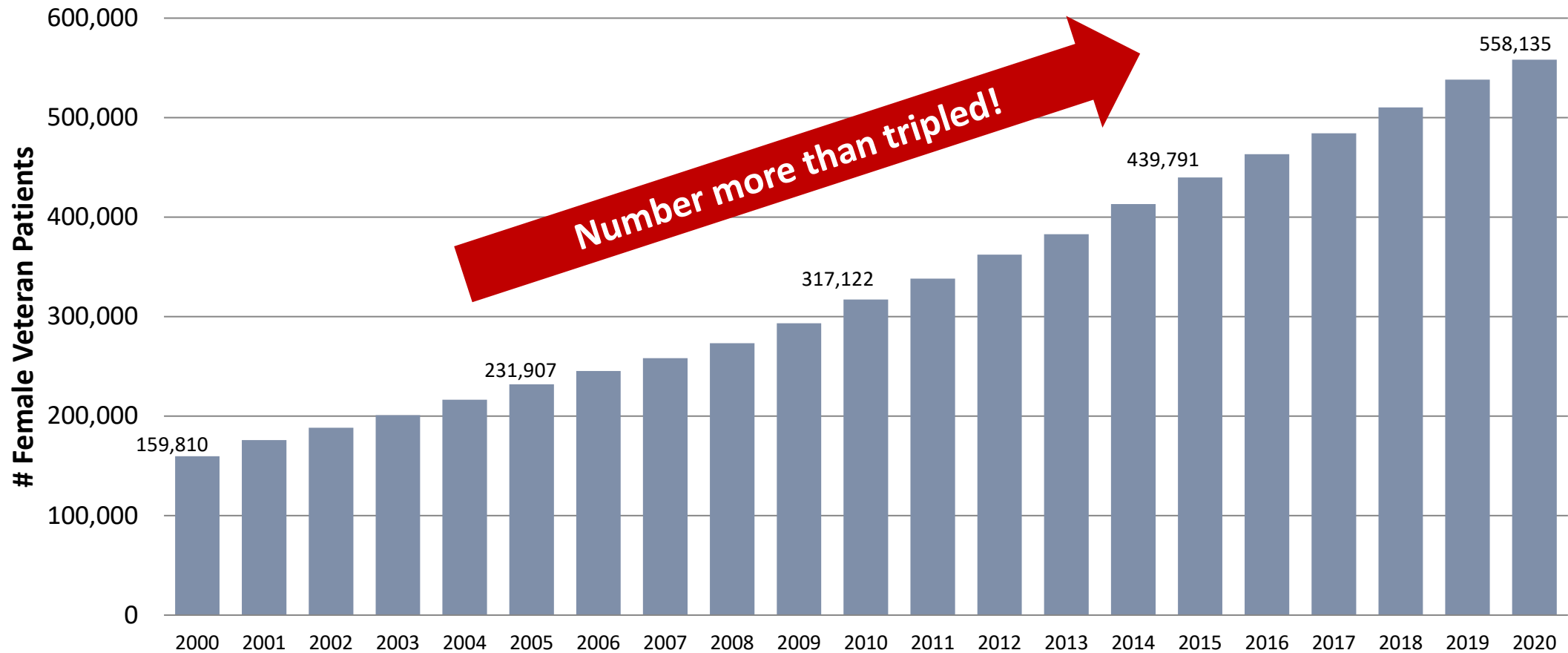
# Women in the Military: A Growing Trend



(VA/DoD, 2021) (DoD Profile of the Military Community, 2019)

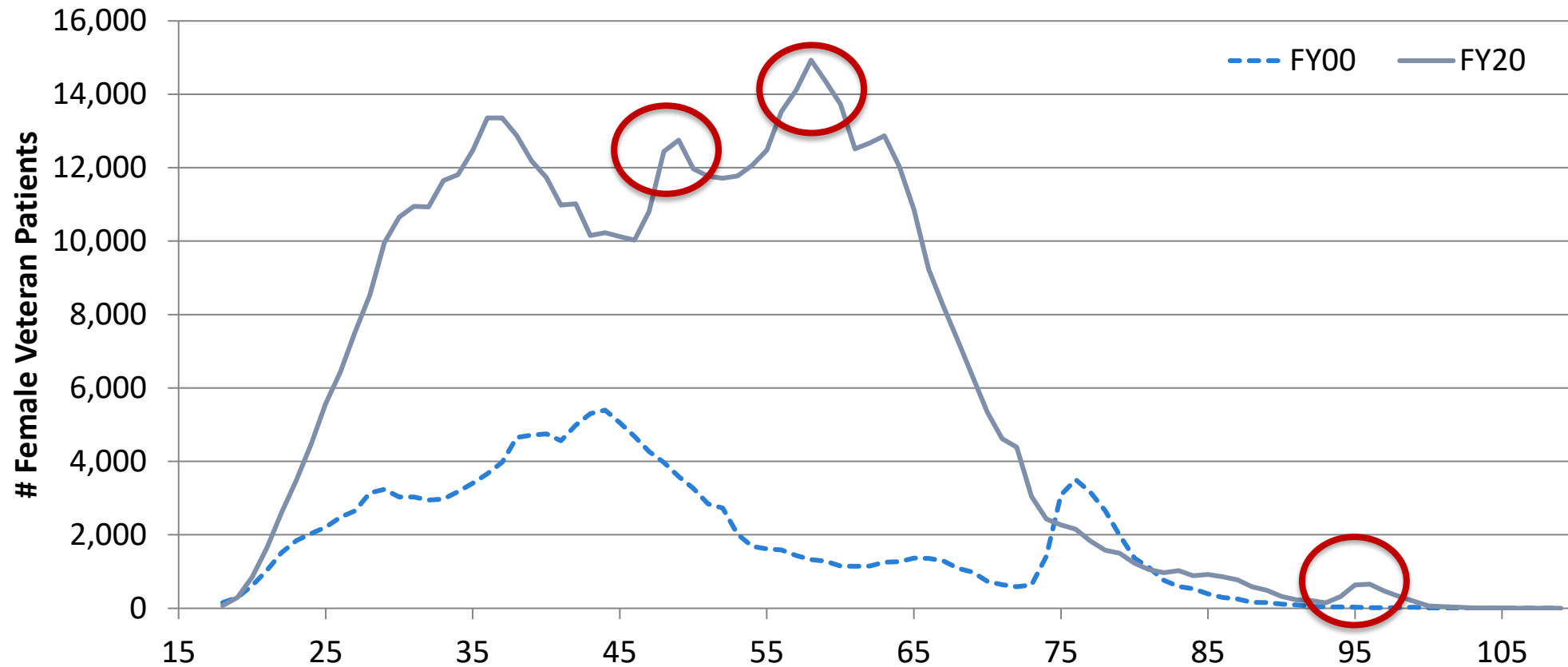


# Number of Female Veteran VHA Patients in Each Year, Fiscal Year (FY) FY00-FY20



(WHEI Master Database, 2021)

# Age Distribution Among Female Veteran VHA Patients, FY00 and FY20



Cohort: Female Veteran VHA patients with non-missing ages 18-110 years (inclusive) in FY00 and FY20. Females in FY00: N=159,553; FY20: N=557,967. (WHEI Master Database, 2021)

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# VA National Maternity Care Coordination Program

Sandra R. Schumacher, Ph.D., W.H.N.P.-B.C., C.N.M.

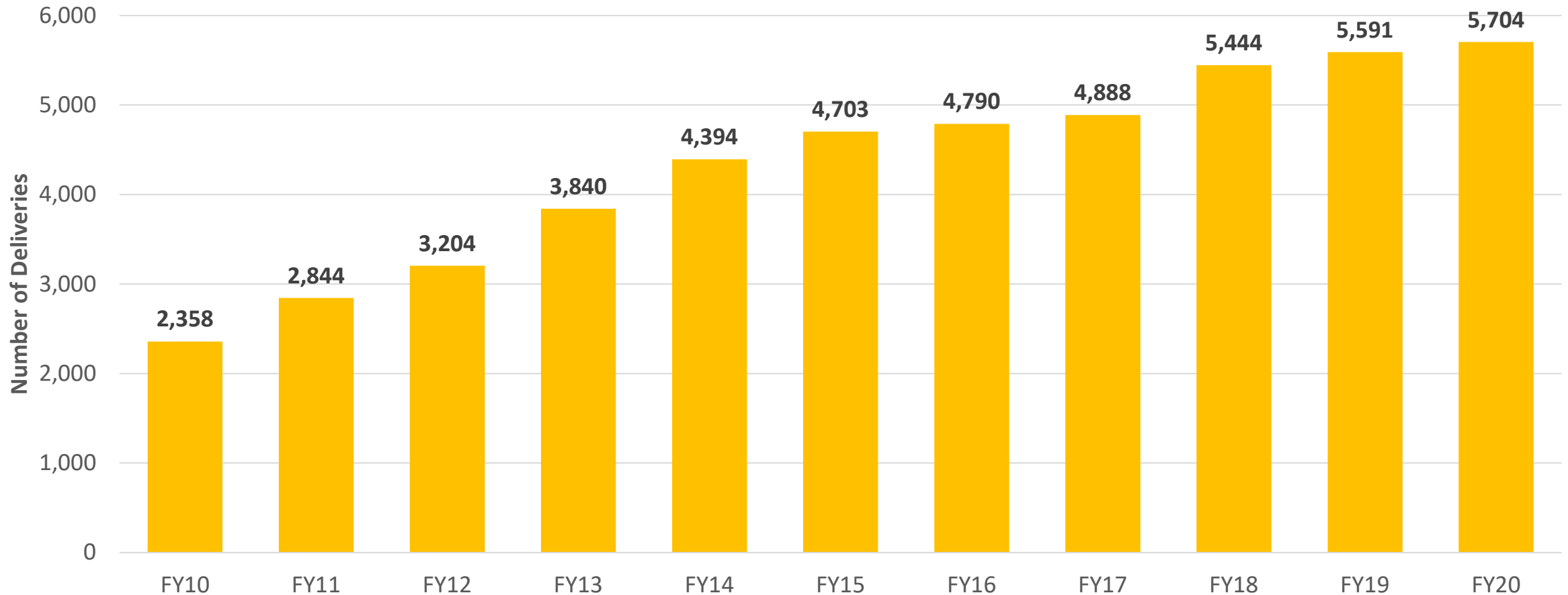
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# VHA-Covered Obstetric Deliveries among Female Veteran VHA Patients, FY2010-2020



(Phibbs, Frayne, Esmaili, et al, 2022) (WHEI Master Database, 2021)

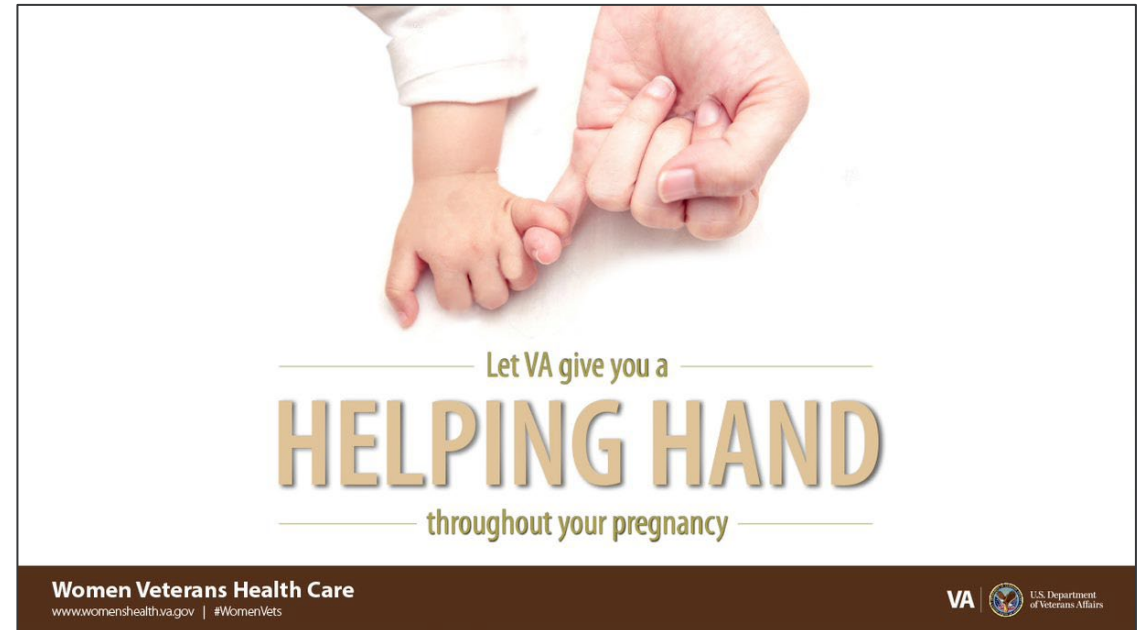
# Veteran Maternal Health

- Veteran population has characteristics that may put them at higher risk of severe maternal morbidity and mortality
- A higher proportion of female Veterans are Black (31%) than in the general population
- Characteristics of Veterans who use VA for maternity care:
  - Mental health comorbidities
  - Older age
  - Hypertension



# VA Maternity Care Data

- Data for VHA Maternity Care has been challenging to capture
- In FY22, there were 12,583 new pregnancies by VHA users
- In FY22, VHA provided coverage for 6,327 deliveries
- Veterans need support and health services for a variety of pregnancy outcomes



# Maternity Care

- Included in the VA Medical Benefits Package
- Available to Veterans who are enrolled in VA's health care system
- Begins with the confirmation of pregnancy
- VA Community Care (CC) Maternity Consult entered
- Maternity Standard Episode of Care (SEOC) outlines services authorized by VA
  - Includes routine prenatal care, delivery, and 8 weeks postpartum
- Obstetrical care is provided by authorized health care professionals in the community

# Maternity Care (continued)

- Many Veterans will continue to receive health care services through the VA during their pregnancies
  - Management of coexisting medical conditions
  - Management of mental health conditions
  - Maternity-related laboratory tests
  - Medications
- Coordination of maternity care
  - Information sharing between all providers
  - Including VA providers and those in the community
  - Critical to Veteran safety
    - Particularly for medication management





# Clinically Approved Maternity Services

- Initial Comprehensive Assessment
- Standard and Special Laboratory Tests
- Maternity Prenatal Screening for Genetic Disorders
  - Genetic Counseling and Testing is available to all Veterans at any time
- Gestational Dating Ultrasounds
- New Specialty Consults
  - High risk care specialists
  - Fetal surgery (non-experimental)
- Comorbid Conditions
  - Mental Health, Cardiovascular, Chronic Pain, Diabetes, Others



# Clinically Approved Maternity Services (continued)

- Postpartum Contraception
  - All clinically indicated contraceptives
  - Elective sterilization at the time of delivery
    - At a VA authorized community facility
- Newborn Care
  - Date of birth plus 7 days
  - Veteran must be receiving VA maternity care
  - The baby should be delivered at a VA authorized community facility
- Pharmacy Prescriptions
  - Authorized to fill prescriptions written by VA approved community providers
- Transportation for newborn and/or parents



# Clinically Approved Maternity Services

- Pregnancy-Related Education
  - Childbirth preparation classes
  - Parenting classes
  - Nutrition counseling
  - Breast/Chest feeding support and lactation classes
- Management of Miscarriage
- Coverage for any Obstetrical Emergency

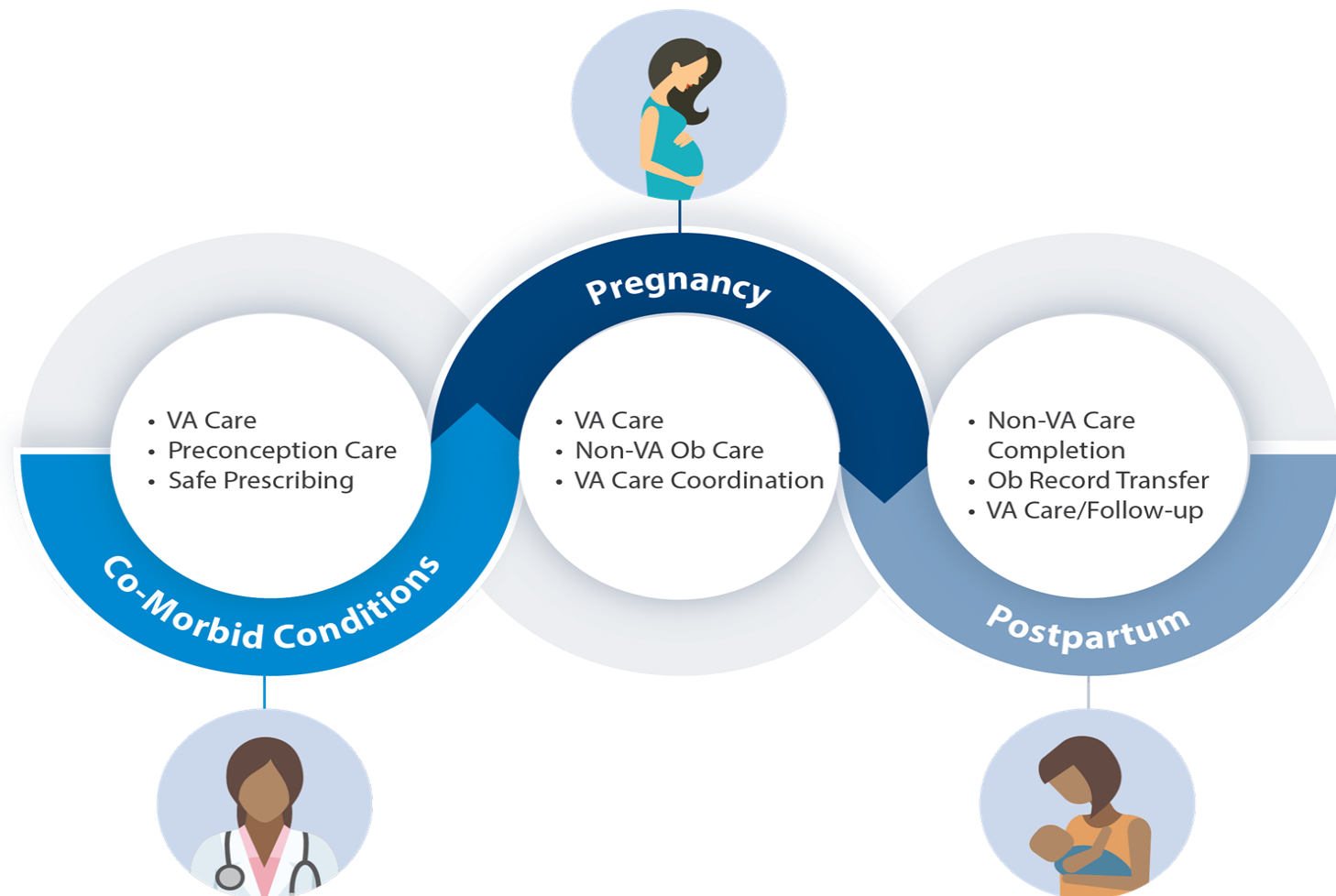


# Maternity Services Not Covered by VA

- Home deliveries
- Services by Doulas
- Deliveries by non-Certified Nurse Midwives
  - Direct-Entry Midwives
  - Professional Midwives
- Experimental procedures (38 C.F.R. 17.38(c)(3))
- Medical care or procedures not consistent with generally accepted standards of medical practice
- Medical care or procedures not needed to promote, preserve, or restore health (excluded under the Medical Benefits Package regulation at 38 C.F.R. § 17.38(b)(1)-(3))

# Maternity Care Coordination (MCC)

Care coordination involves deliberately organizing Veteran care activities and sharing information among all participants concerned with a pregnant Veteran's care to achieve safe, effective care.



(<https://www.ahrq.gov/ncepcr/care/coordination.html#:~:text=Care%20coordination%20involves%20deliberately%20organizing,safer%20and%20more%20effective%20care> , 2018)

# VA Maternity Care Coordination

- Maternity Care is currently not provided at VA facilities
- Authorized by VA using community maternity providers
- VA has developed a MCC program in all VHA Health care systems
- 157 MCCs across all Veterans Integrated Services Networks (VISNs)
- Developed the MCC Telephone Care Program (TCP)
  - Provides content and guidance
  - Outlines pregnancy topics
  - Tracks calls
  - National documentation template
- MCCs support pregnant Veterans through every stage of pregnancy and after delivery

# VA Maternity Care Coordinators

- Contact and educate pregnant Veterans at regular intervals throughout pregnancy and post partum
- Ensure Veterans understand VA Maternity care and the process for maternity care provision
- Answer Veterans' questions
- Assess changes in pregnancy status (miscarriage, complications)
- Connect pregnant and postpartum Veterans to appropriate resources and needed services

# VA Maternity Care Coordinators (continued)

## Screen for social determinants of perinatal health:

- Relationship Health and Safety (IPV)
- Food and Housing Insecurity
- Mental Health conditions
  - Depression, Anxiety, Post-traumatic stress disorder (PTSD), Coping, Adjustment
- Physical Health conditions
  - Hypertensive Disorders of Pregnancy, Gestational Diabetes, Perinatal Loss, Nutritional needs, Prescriptions, Physical Therapy, Prosthetics





# MCCs ensure Veterans receive Additional Services

- Psychosocial Risk Assessment – VA Social Work/Mental Health Consult
- Lactation Supplies and Equipment – VA Prosthetics Consult
- Pharmacy Requests – Prenatal Vitamins, Disposable Breast Pads, Other Prescriptions
- Equipment – Glucometer, Needles and Syringes, Blood Pressure Cuff
- Nutrition – Assessment and Counseling, Education
- Physical Therapy – Assessment and Treatment

# Effective VA Maternity Care Coordination is associated with:

- Greater Veteran satisfaction
- Decreased costs
- Reduced medical errors
- Positive impact on outcomes
- Promotion of evidence-based practice



(Kroll-Desrosiers, et al, 2016)  
(Mattocks, et al, 2017)  
(Yano, et al, 2014)

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# Contraceptive Access

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# VA National Formulary for Hormonal Contraceptives

- Combination & Progestin-only oral contraceptives
- Vaginal ring
- Transdermal patch
- Injection

Implant and Intrauterine Devices (IUDs) available

(VA Pharmacy Benefits Management Services, 2022)

## VA National Formulary Hormonal Contraceptive Agents VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives September 2022

The table below is a listing of VA National Formulary hormonal contraceptive agents. To allow for substitution of the least expensive equivalent product, all contraceptives are listed on the National Formulary as the generic components.

Hormonal contraceptives (pill, transdermal patch, vaginal ring, and injection) are highly effective in preventing pregnancy when used as directed, without significant differences between formulations. Combination hormonal contraceptive agents (containing an estrogen and progestin) differ mainly in strength of estrogen, type and strength of progestin, regimen, and route of administration. Nuisance side effects associated with combination hormonal contraceptives may be managed by adjusting the estrogen/progestin content or ratio. Progestin-only products may be considered in patients with contraindications or a desire to avoid estrogen. For patients with compliance issues, non-oral hormonal contraceptives that do not require daily dosing including the medroxyprogesterone depot injection, vaginal ring, transdermal patch, or contraceptive implant may be useful.

Table 1. VA National Formulary Hormonal Contraceptives

Subclass	Estrogen	Progestin	Reference Drugs*	Example Products**	Regimen
Monophasic pills with 20 mcg EE	20 mcg EE	Drospirenone 3 mg	Yaz	Jasmiel	24 active pills; 4 inert pills
				Loryna	
				Lo-Zumandimine	
				Melamisa	
				Nikki	
				Vestura	
	20 mcg EE	Levonorgestrel 0.1 mg	Alesse, Levlite	Yaz	21 active pills; 7 inert pills
				Afirmelle	
				Aubra EQ	
				Aviane	
				Falmina	
				Larissia	
Lessina					
Lutera					
Sronyx					
Vienna					
				Aurovela	

# New VA Initiatives Supporting Contraceptive Use

- 12-month dispensing
  - Supports patient autonomy, reduced unintended pregnancy, and produces VA cost savings<sup>1</sup>
  - Prerequisites<sup>2</sup>:
    - Stable on prescription for at least 3 months
    - On Consolidated Mail Outpatient Pharmacy > 90day supply list
    - Accepts copay burden, if applicable

(<sup>1</sup>Judge-Golden et al., 2019) (<sup>2</sup>VA Pharmacy Benefits Management Services, 2022)

# New VA Initiatives Supporting Contraceptive Use (continued)



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- Self-administration of Depot Medroxyprogesterone Acetate subcutaneous (DMPA-SQ)
  - Off-label prescribing is a safe and effective alternative means of administration<sup>1</sup>
  - Included update in Centers for Disease Control and Prevention's (CDC) U.S. Selected Practice Recommendations for Contraceptive Use<sup>2</sup>
  - Requires shared decision making

(<sup>1</sup>VA Pharmacy Benefits Management Services, 2022) (<sup>2</sup>Curtis et al, 2021)

# Long-Acting Reversible Contraception (LARC)

**Extended-use LARC** = use beyond FDA-approved duration based on evidence of longer efficacy; requires shared decision making

Method	FDA Approved Duration of Use	Evidence for Extended-Use
Etonogrestrel 68mg implant (Nexplanon®)	3 years	5 years <sup>1,2</sup>
Levonorgestrel 52mg intrauterine device (IUD) (Mirena®)	8 years (updated 8/2022)	---
Levonorgestrel 52mg IUD (Liletta®)	8 years (updated 11/2022)	---
Levonorgestrel 19.5mg IUD (Kyleena®)	5 years	---
Levonorgestrel 13.5mg IUD (Skyla®)	3 years	---
Copper IUD (Paragard®)	10 years	12 years <sup>3</sup>

(<sup>1</sup>Ali et al, 2017) (<sup>2</sup>McNichols et al. 2017) (<sup>3</sup>Contraception, 1997)

Advance  
Provision  
Encouraged

# VA's Support of Emergency Contraception (EC)

- IUDs: Copper & levonorgestrel 52 mg (off-label use as EC)
- Levonorgestrel: Plan B One-Step<sup>®</sup> (150 mcg) or Next Choice<sup>™</sup> (1.5 mg)
  - Delay or inhibit ovulation; no effect once luteinizing hormone increases<sup>1</sup>
  - Take within 3 days; less effective but still useful days 4-5
  - 2-3% failure rate, less effective for BMI >25; may not work for BMI >30<sup>2</sup>
  - If lactating, resume feeding 3-4 hours after EC<sup>3</sup>
- Ulipristal Acetate: ella<sup>®</sup>
  - Delay or inhibit ovulation; also inhibits follicular rupture<sup>1</sup>
  - Use up to 5 days after unprotected sex
  - 1.4% failure rate; less effective for BMI >35<sup>4</sup>
  - Lack of information with lactation, amounts in milk are low; not a reason to hold feeding<sup>3</sup>
  - No progesterone-containing contraceptives for 5 days after use; advise barrier method

<sup>(1)</sup>Gemzell-Danielsson et al, 2014) <sup>(2)</sup>Glasier et al, 2011) <sup>(3)</sup>Drugs and Lactation Database, 2022) <sup>(4)</sup>Moreau et al, 2012)



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# Provision of Abortion Counseling and Abortions at VA

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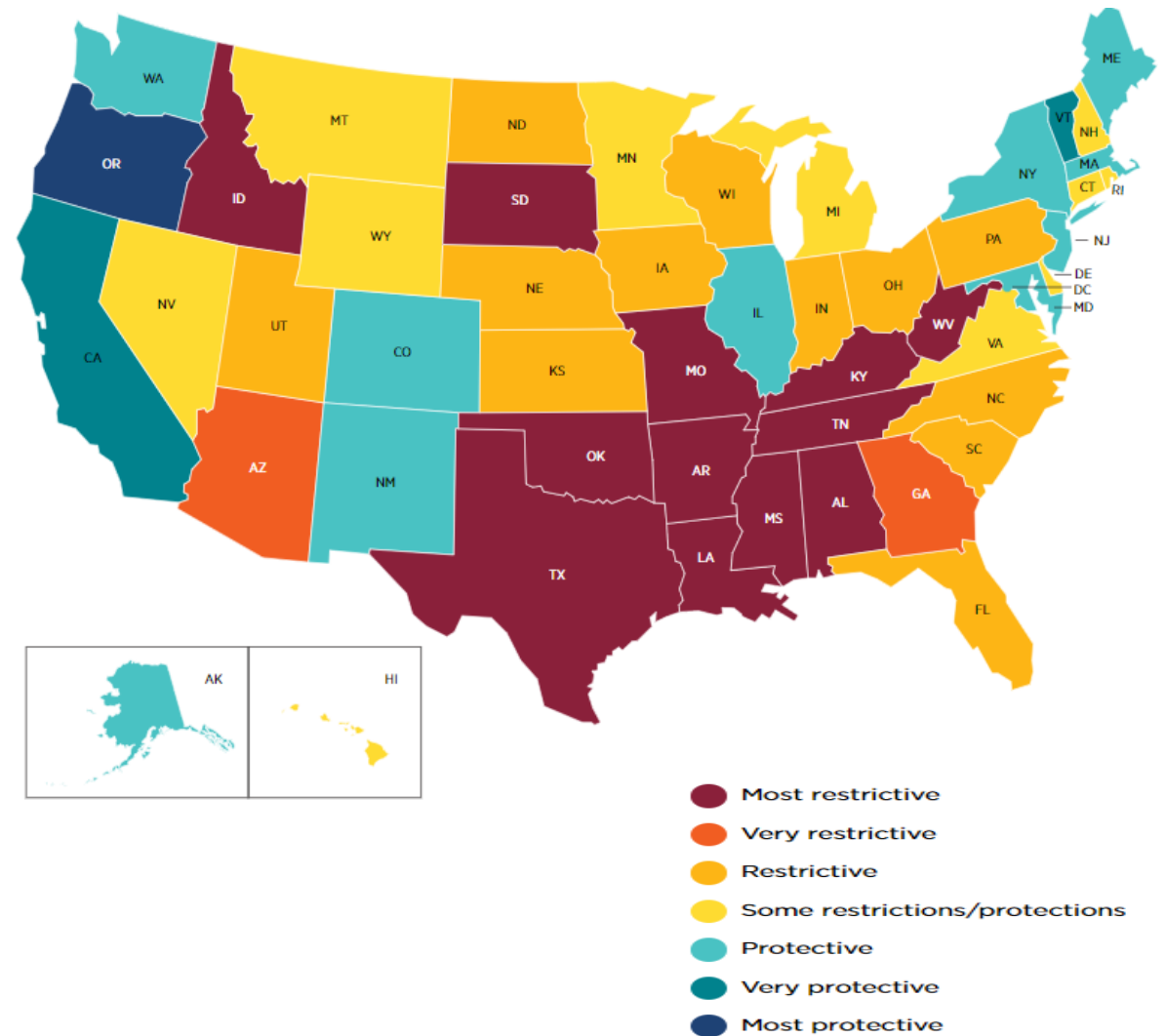
# What is New with Reproductive Health Care at VA?

- Effective September 9, 2022, VA amended its regulations implementing the Medical Benefits Package to:
  - Remove the exclusion of abortion counseling, and
  - Create exceptions to the exclusion of abortions when:
    - The Life or health of the pregnant Veteran would be endangered if the pregnancy were carried to term; or
    - The pregnancy is the result of an act of rape or incest
- VA made similar amendments to the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) regulations

(Elnahal, 2022)

# Why?

- To protect the lives and health of veterans and CHAMPVA beneficiaries
- VA Serves a high-risk population, Veterans are at greater risk than non-Veterans of experiencing pregnancy-related complications and death
- Access to safe abortion care, even in the cases covered by VA's regulatory exceptions, is no longer available in many states



(<https://states.gutmacher.org/policies/abortion-policies> , 2022)

# Pregnancy Options Counseling

- Allows the Veteran to understand and explore all options
  - Continue the pregnancy (parent or seek an alternate parenting option such as adoption)
  - Not continue the pregnancy
- The discussion is a shared decision-making process, with the decision ultimately the patients.
- Provided by VA clinicians (Primary Care Provider (PCP), Gynecology (GYN), Nurses, Social Workers (SW), etc.)

# When Can VA Provide Abortions Under AR57



- The life or health of the pregnant Veteran or CHAMPVA beneficiary would be endangered if the pregnancy were carried to term; or
- The pregnancy is the result of an act of rape or incest
- What care is provided is determined on a case-by-case basis after careful consideration between the patient and their VA health care provider(s).

# How VA Offers Abortions




**Community**



**VA**



**Medication  
Abortions**



**Procedure  
Abortions**

# Types of Abortion Treatment available at VA

## Medication Abortion

- Typically, up to 10 weeks
- Mifepristone 200 mg orally followed by Misoprostol 800 mcg (buccally or vaginally) 24-48 hours later
- Effective 92-98% of the time<sup>1</sup>

## Abortion Procedure

- Can be provided both before and after 10 weeks
- 5-10 min office procedure with local anesthetic or an option for sedation
- Effective over 99% of the time

(<sup>1</sup>National Abortion Federation, 2020)

# Implementation and Training



EVALUATE



TRAIN



SUPPORT



# Reproductive Health Training Topics and Target Audiences

Topic	Target Audience
All Staff Reproductive Health Training	All VA Staff
Pregnancy Counseling Options	Primary Care Providers & Nurses
Medication Abortion	Primary Care Providers & Nurses
Chaplain Modules	Chaplains
Contraceptive Counseling	Primary Care Providers & Nurses
WH Field Leader Reproductive Health Training	Women Veteran Program Managers and Women's Health Medical Directors
Mental Health	Mental Health Staff
IVC/Call Center	Call Center Staff
Physical Therapy (Pelvic Floor)	Physical Therapists

# Key Points About the Changes in VA Reproductive Health Care

- VA offers health care services for Veterans including abortion counseling and in certain situations abortions
- Abortion care is available if needed to protect the health or life of the pregnant patient or needed because the pregnancy is due to an act of rape or incest
- VA can provide medication abortion and abortion procedures. As with all other health care services, abortion is provided with a patient centered approach.

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# Workforce Training

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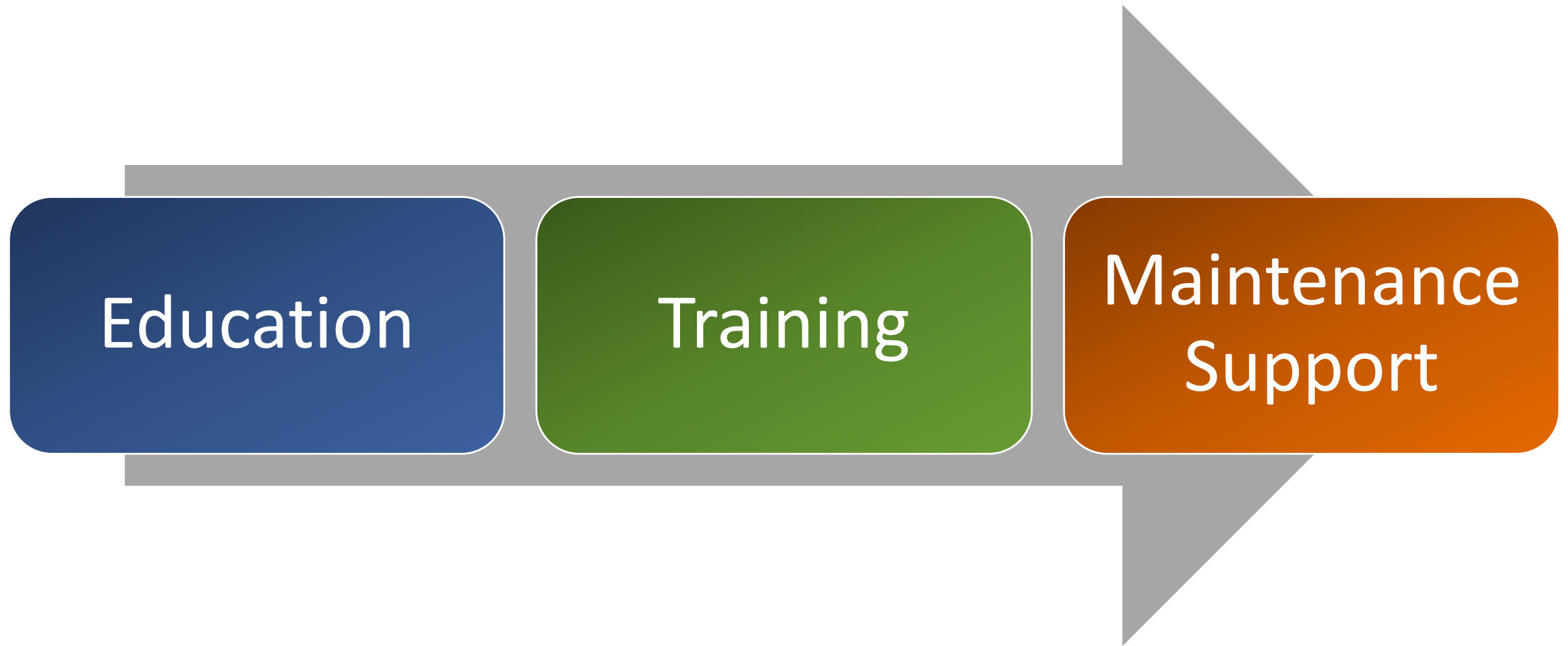
Veterans Health Administration (VHA) Central Office.

Washington, D.C.

# Increasing VA's Women's Health Workforce

- Women's Health Innovations and Staffing Enhancements (WHISE) hiring efforts
  - Women's Health-PCPs (WH-PCPs)
  - Gynecologists
  - Maternity care including reproductive mental health
  - WH substance use disorder treatment teams
  - WH Clinical Pharmacists
- Training for existing VA staff

# Supporting VA's Women's Health Workforce



# Expansive Educational Offerings

- >150 on-demand courses
  - Maternity Care
  - Contraception
  - Reproductive Health
- Many available on TRAIN  
[www.train.org](http://www.train.org)

WOMEN VETERANS HEALTH CARE  
**EDUCATION & TRAINING**

## ELECTIVE COURSES

These offerings cover a variety of women's health topics that providers may select to further their learning.

Accreditations: ACCME, ACCME-NP, ANCC (0.25-1 credit each)

### CONTRACEPTION

- Contraception Resources from the CDC: 2016 US MED and SPR Updates (#33169)
- Contraception: Gynecology Virtual Grand Rounds Recording (#41270)

### COVID

- Building Resilience Now: Enhancing Clinician Self-Care and Care for Women Veterans During a Pandemic (#41912)

### ENDOCRINE

- Diabetes in Women: Management and Prevention (#41876)
- Hypothyroidism in the Primary Care Setting: Part 1 (#42866)
- Thyroid Nodules and Thyrotoxicosis: Part 2 (#42820)

### GENERAL WOMEN'S HEALTH

- Respiratory Concerns in Women Veterans (#131002733)
- HIV and HIV Prevention for Women Veterans (#131003795)
- Obesity Medicine for Women Veterans: Part 1 (#131003921)
- Obesity Medicine for Women Part 2: Surgical and Endoscopic Treatments (#131004316)
- What Can I Do About Disparities in Heart Disease Among Women Veterans (#131003539)

### HEALTHY AGING

- Genitourinary Syndrome of Menopause (#131002734)
- Update on Screening and Treatment of Osteoporosis (#34589)
- Update on Osteoporosis Diagnosis and Treatment (#45524)

### INCONTINENCE

- Incontinence: Gynecology Virtual Grand Rounds Recording (#37543)
- Urinary Incontinence (#34359)

### INFERTILITY

- Serving Those Who Served: Infertility for Women Veterans (#131004654)
- Infertility: Gynecology Virtual Grand Rounds Recording (#36022)
- Female and Male Infertility: Incidence, Causes, and Care in the VA (#34195)

### IPV

- Intimate Partner Violence: Trauma Informed Care in Primary Care Settings (#39720)
- Military Sexual Trauma for Medical Professionals (#36159)

### LGBTQ+

- LGBTQ+ SharePoint Link lists available courses
- Transgender Care: Part 1 (#44027)
- Transgender Care: Part 2 (#44015)

### MENTAL HEALTH

- Addressing the Mental Health Needs of Aging Women Veterans (#131001163)
- Suicide Prevention (#131000684)
- Gender Informed Care for Women Veterans Who Use Substances (#131001152)
- Eating Disorders (#44890)

### PAIN MANAGEMENT

- Perspectives on Chronic Pain in Women Veterans: Implications for Treatment (#36284)
- Evaluation and Management of Chronic Overlapping Pain Conditions (#41371)

### PREGNANCY

- Reducing Maternal Mortality, A Myth of Sisyphus (#38662)
- Perinatal Loss Recording (#39452)
- The Fourth Trimester: Postpartum Care (#45039)

### SEXUAL HEALTH

- Women's Health Updates in Sexually Transmitted Infection Treatment Protocols and Introduction of the HHRC Sexual History Taking Toolkit (#131002151)
- Evaluation and Management of Female Sexual Dysfunction (#39084)
- Female Veterans and Sexual Dysfunction (#36452)

### SLEEP

- Sleep Disorders in Women Veterans (#37092)

### UPDATES

- Women's Health Update 2022: News You Can Use (#131002735)
- Women's Health Annual Update January 2021: News You Can Use (#44043)

# Clinically-Oriented Training Opportunities

- Hands-on skills trainings
- Women's Health Mini-Residencies
  - Musculoskeletal
    - ✓ 345 VA PCPs trained
  - Primary Care & Emergency Care
    - ✓ >10,000 VA clinicians trained
  - VA Rural Primary Care Providers & Nurses



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Veterans Health Administration  
Office of Rural Health



# Benefits of the WH Mini-Residency

Mini-Residencies to Improve Care for Women Veterans: A Decade of Re-Educating Veterans Health Administration Primary Care Providers<sup>1</sup>



- Sustained, increased self-reported comfort managing WH topics
- Develop Quality Insurance (QI) projects to improve the care of women Veterans facility-wide
- Share knowledge locally with others who care for women Veterans

Retaining Providers with Women's Health Expertise: Decreased Provider Loss among VHA Women's Health Faculty Development Program Attendees<sup>2</sup>

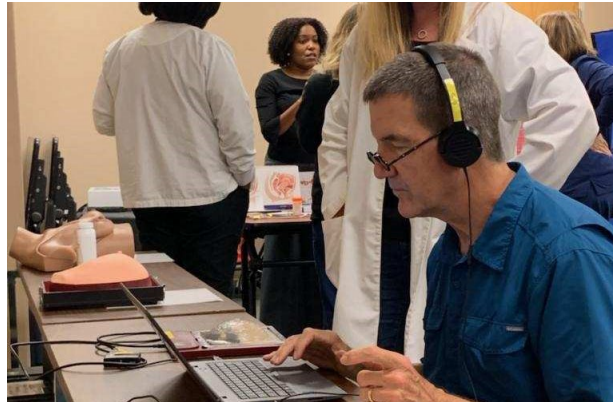


- VHA WH-PCPs who have attended the Mini-Residency are twice as likely to remain WH-PCPs
  - Odds Ratio 1.91
  - 95% Confidence Interval 1.54 - 2.36

(<sup>1</sup>Baier Manwell et al, 2022) (<sup>2</sup>Farkas et al, 2022)



# WH Primary Care Mini-Residency for Rural Providers & Nurses

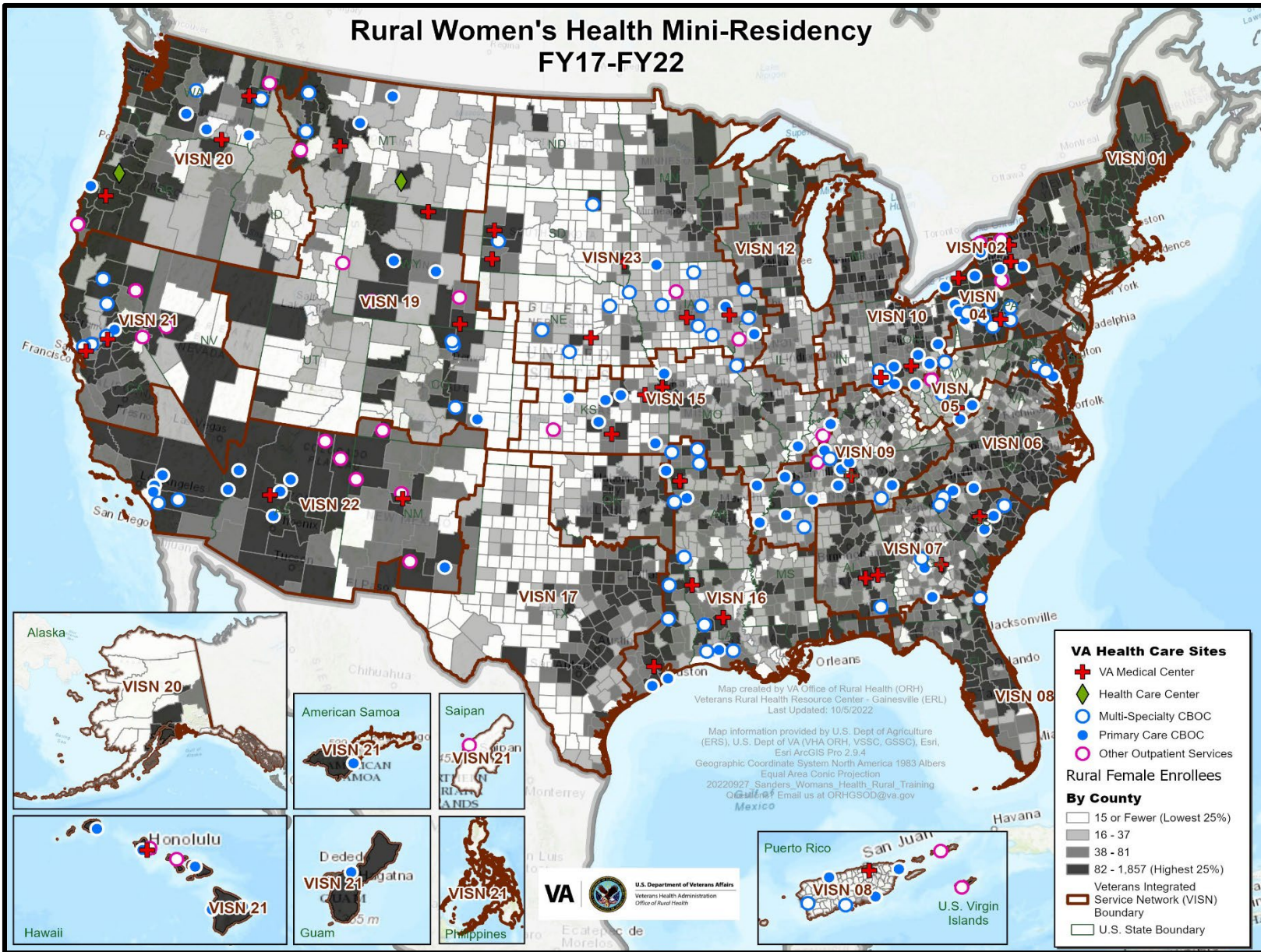


- Online Didactics
- In-person case study discussions
- Breast & pelvic exam videos
- Simulation stations
  - Breast & pelvic simulation equipment, GYN procedure videos, WH supplies, Gynecologic Teaching Associate experience
- Action plan development
- Debrief

# Rural Women's Health Mini-Residency FY17-FY22

# Training Footprint

- 152 Training events
- 392 PC Providers
- 685 PC Nurses
- 211 Clinical sites
- 41 Health Care Systems



(ORH Veterans Rural Health Resource Center-Gainesville, 2022)

# Benefits of the WH Rural Mini-Residency

Implementation Experience and Initial Assessment of a Rural Women's Health Training Program in Support of the U.S. Department of Veterans Affairs as a Learning Health System



- Sustained, increased self-reported comfort managing WH topics by PCPs & nurses
- Benefitted rural VA workforce
- Increased numbers of rural women Veterans with access to PCPs & nurses with WH expertise

## Unpublished data:

FY19 PCPs who trained in the Rural WH-MR have statistically significant improvement in provision of contraception than non-trained PCPs

67.6% and 61.5% increases, respectively for pharmacy-only and any contraceptive measures

(Sanders et al, 2022)

# Supportive Maintenance Options

Monthly WH  
webinars

WH Annual  
Update

Mentorships

Clinical  
Resources

Office Hours

National WH  
Conferences

Facility  
Simulation  
Equipment

# Key Takeaways

- Female Veterans are the largest and fastest growing group of VHA users for health care and services.
- VA National Maternity Care Coordination Program promotes evidence-based practice, greater Veteran satisfaction, and positively impacts outcomes.
- Improving access to all forms of contraception is a priority in Veteran care.
- VA provides abortion counseling and, in some cases, abortions to Veterans who receive care under the medical benefits package.
- Commitment to expansive Workforce Training opportunities results in positive outcomes for VA staff and clinical benefits for women Veterans.

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# How to Obtain CE/CME Credits

To receive CE/CME credit, you must register by 0825 ET on 24 February 2023 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 9 March 2023 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

- Go to URL: <https://www.dhaj7-cepo.com/content/feb-2023-ccss>
- Click on the REGISTER/TAKE COURSE tab.
  - If you have previously used the CEPO CMS, click login.
  - If you have not previously used the CEPO CMS click register to create a new account.
- Follow the onscreen prompts to complete the post-activity assessments:
- Read the Accreditation Statement
- Complete the Evaluation
- Take the Posttest
- After completing the posttest at 80% or above, your certificate will be available for print or download.
- You can return to the site at any time in the future to print your certificate and transcripts at: <https://www.dhaj7-cepo.com/>
- If you require further support, please contact us at: [dha.ncr.j7.mbx.cepo-cms-support@health.mil](mailto:dha.ncr.j7.mbx.cepo-cms-support@health.mil)



# Questions?