



Defense Health Agency (DHA) Clinical Communities Speaker Series

2026 SEP CCSS: Mission Ready: Advancing Clinical Practices in Women's Health and Obstetrics

SEP CCSS S06: From History to Practice: Evidence-Based Contraceptive Management in Military Medicine

Resource List

[Defense Health Primer: Selected Contraceptive Services](#) (2023) provides members of Congress with a structural overview of how contraceptive and family planning services are delivered, regulated, and funded across the Department of War (DoW) and the Military Health System (MHS). The report details the statutory authorities under Chapter 55 of Title 10, U.S. Code, governing medical benefits for active-duty service members and TRICARE beneficiaries, outlining DoW policies designed to ensure deployability, force readiness, and reproductive health access. It highlights the implementation of Defense Health Agency (DHA) mandates for Walk-in Contraceptive Clinics (WICCs) at military medical treatment facilities, examines TRICARE formulary coverage and the elimination of cost-sharing for reversible contraception, and analyzes legislative considerations surrounding service member access, provider staffing, and policy alignment across the direct and purchased care systems.

[Female Permanent Contraception in the Military Health System After the *Dobbs v. Jackson Women's Health Organization* Decision](#) (2025) evaluated encounter rates for female permanent contraception among MHS beneficiaries aged 21–49 from January 2018 through February 2023. Utilizing the MHS data repository, the authors found a significant post-Dobbs increase in permanent contraception procedures overall, with the most pronounced rises observed among younger beneficiaries (ages 21–29) and individuals residing in states with the most restrictive abortion policies. The authors conclude that national abortion policy directly influences contraceptive utilization even within an insured population with steady income and healthcare access, underscoring the critical need to preserve comprehensive contraceptive access and counseling to mitigate potential future regret.

[Preventing Unintended Pregnancy and Meeting Contraception Needs in the US Army](#) (2026) evaluated contraception coverage and unintended pregnancy rates among active-duty U.S. Army women using Periodic Health Assessment (PHA) data and MHS electronic health records. The study revealed that nearly 20% of service women evaluated had potentially unmet contraception needs over a 12-month timeframe, which correlated with an unintended pregnancy rate more than double that of soldiers whose contraceptive needs were met (11.99 vs. 4.89 per 10 person-years at risk). Given that unintended pregnancy directly impacts military readiness, deployability, and maternal-infant health, the authors emphasize the need to enhance targeted family planning, expand walk-in contraceptive service delivery, and address structural access gaps across military operational environments.

[U.S. Food and Drug Administration \(FDA\) Office of Women's Health Birth Control](#) (2026) provides a centralized educational resource on birth control to guide consumers through informed reproductive health choices. The webpage outlines the full spectrum of FDA-approved, cleared, or cleared-by-exception contraceptive options—categorized into short- and long-acting hormonal methods, barrier methods, emergency contraception, and permanent sterilization. Across each category, the resource details mechanisms of action, relative effectiveness rates, proper administration, and potential health risks or side effects, while reminding users that most contraceptive products do not protect against sexually transmitted infections (STIs). The resource serves as a foundational, evidence-based guide to facilitate structured decision-making between individuals and their healthcare providers.



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References

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