

CONSORTIUM • PBRN

VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration

Spotlight on Women Cyberseminar Series

Funded by the VA HSR&D (Project# SDR 10-012)

Understanding reproductive healthcare and outcomes among women Veterans: A review of recent research and future opportunities.

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and

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Women Veterans Health Strategic Healthcare Group (VACO)

Presented for Women's Health HSR&D Cyberseminar
January 31, 2012

Overview

1. Defining reproductive and gender-specific care.
2. Profile of women Veterans in VA care
3. Research focusing on:
 - Contraception
 - Pregnancy
 - Gender-specific conditions
 - Reproductive health preferences and experiences
4. Overview of emerging VA reproductive health programs and policies (Dr. Laurie Zephyrin)
5. Reproductive Health Working group

POLL QUESTION

What best describes your position at the VA?

- Researcher
- Clinician
- Administrator/policymaker
- Other

Poll Question

- **How much familiarity do you have with reproductive or gender-specific research and/or policy at the VA?**
 - Very familiar
 - Moderately familiar
 - Somewhat familiar
 - A little bit familiar
 - Not familiar at all

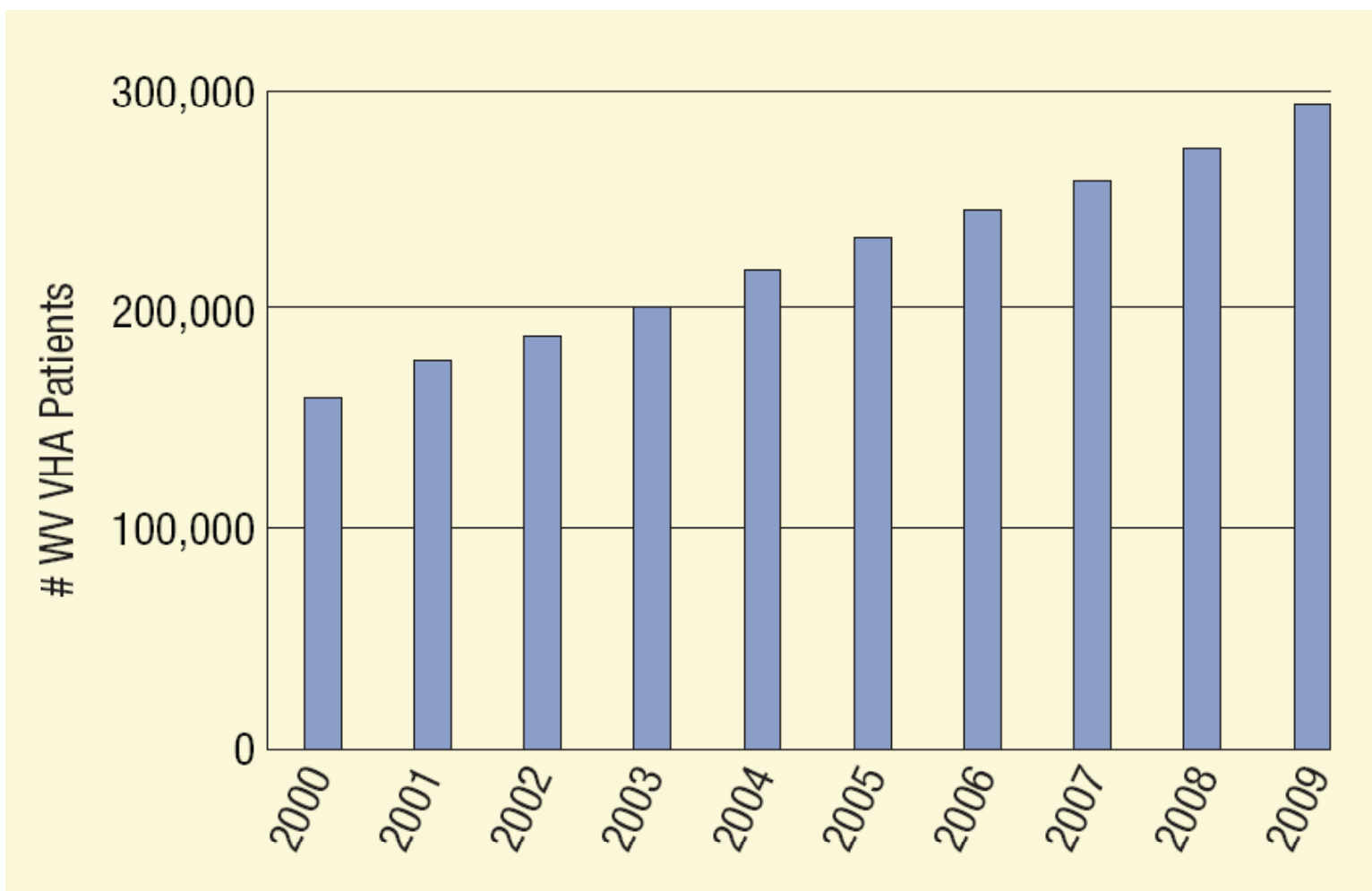
Reproductive Health Care

- Reproductive Health:
 - “Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life.”
 - World Health Organization, 2011.

Gender-Specific Care

- Care that is primarily received by, and targeted to, women Veterans, including:
 - Menstrual disorders
 - Cervical Dysplasia/ASCUS
 - Benign breast conditions
 - Benign gynecologic conditions
 - Menopausal disorders
 - Osteoporosis
 - Ovarian cancer
 - Female genital cancer
 - Genital organ prolapse
 - Sexually transmitted diseases (STDs)
 - Cervical cancer
 - Vaginitis/cervicitis
 - Pregnancy
 - Ovarian cyst
 - Female Infertility
 - Sexual dysfunction
 - Breast cancer
 - Uterine cancer
 - Ectopic pregnancy
 - Urinary tract infections
 - Endometriosis

Number of Women Veterans Using VA: Doubled over Past Decade



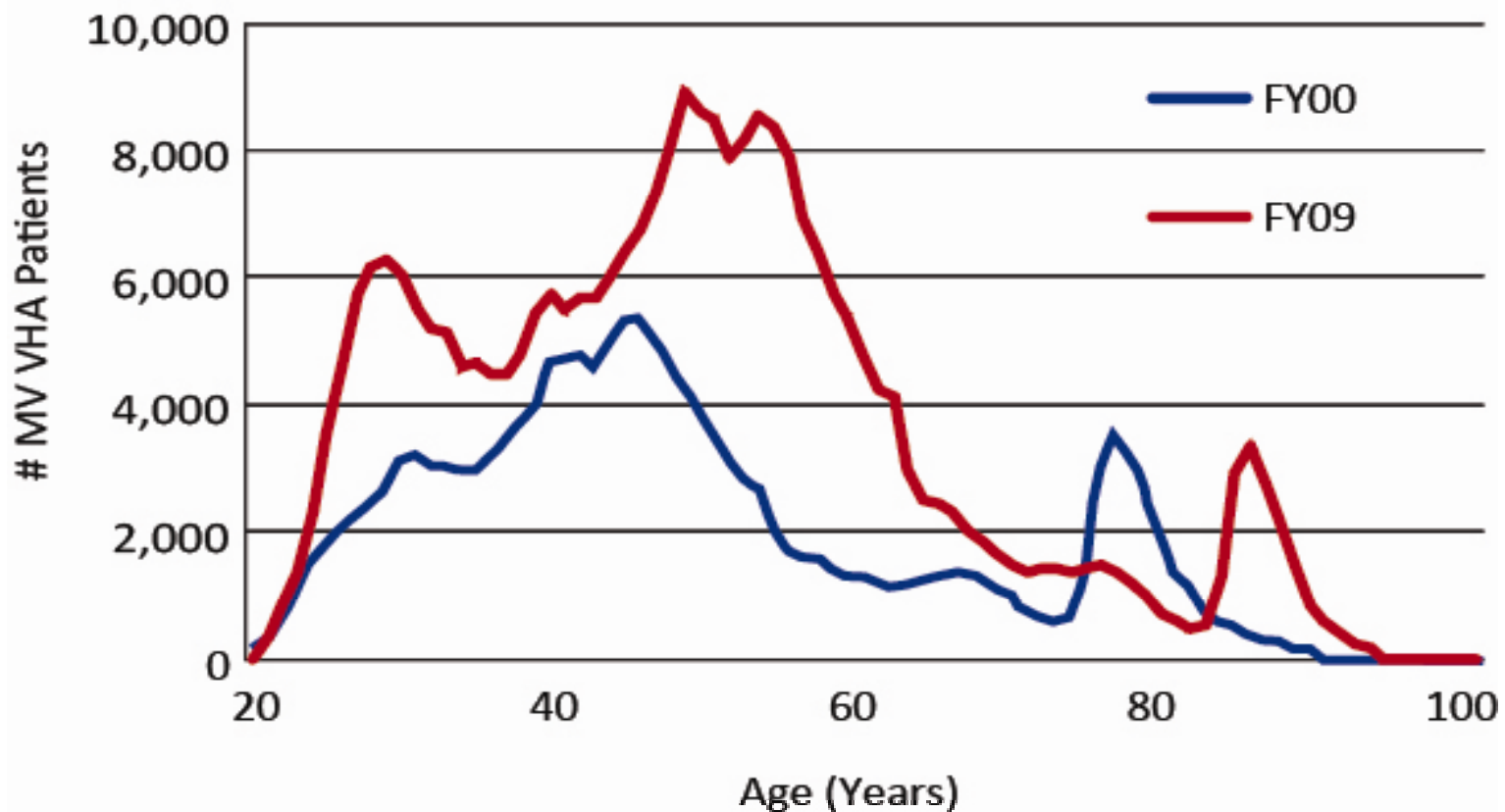
Cohort: Women and men Veteran VHA users in year. Women in FY09: N=292,921; Men in FY09: N=4,846,869.

Source: WHEI analysis of ADUSH Monthly Enrollment Files, FY00–FY09.

Sourcebook: Women Veterans in the Veterans Health Administration - Volume 1 (December 2010)

Women VA Patients: Three Peaks

Age distribution among women Veteran VHA patients (#), FY00 and FY09



Source: Women's Health Evaluation Initiative (WHEI) and the Women Veterans Health Strategic Health Care Group; SourceBook: Women Veterans in the Veterans Health Administration V1: Sociodemographic Characteristics and Use of VHA Care, 2011.

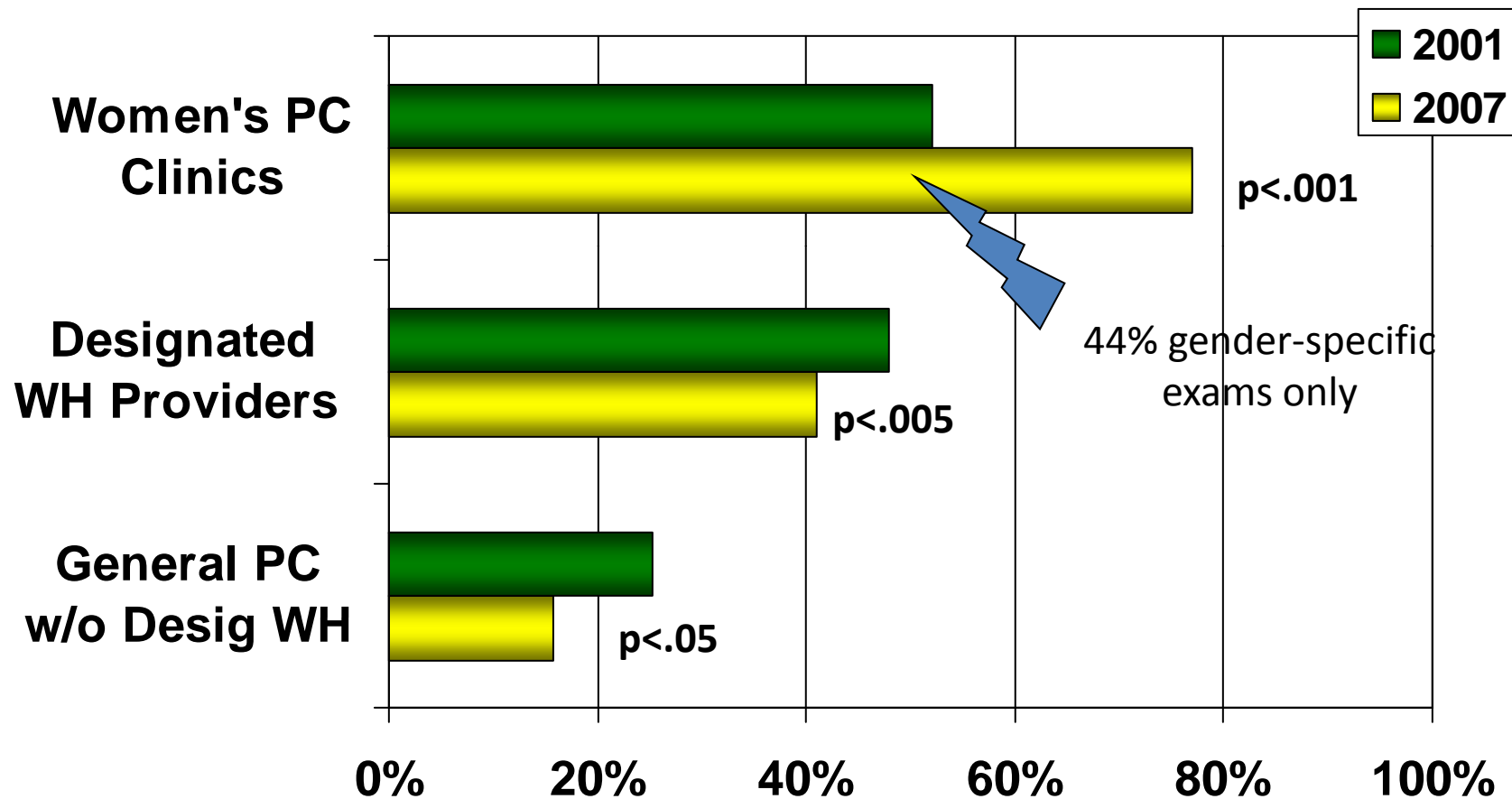
Gender-Specific Healthcare Needs

- **Basic gender-specific services:**
 - Breast examinations
 - Cervical cancer screening
 - Management of contraceptive medications
 - Menopause management
- **Specialized gender-specific services:**
 - Obstetric care
 - Gynecologic and breast cancers
 - Infertility care

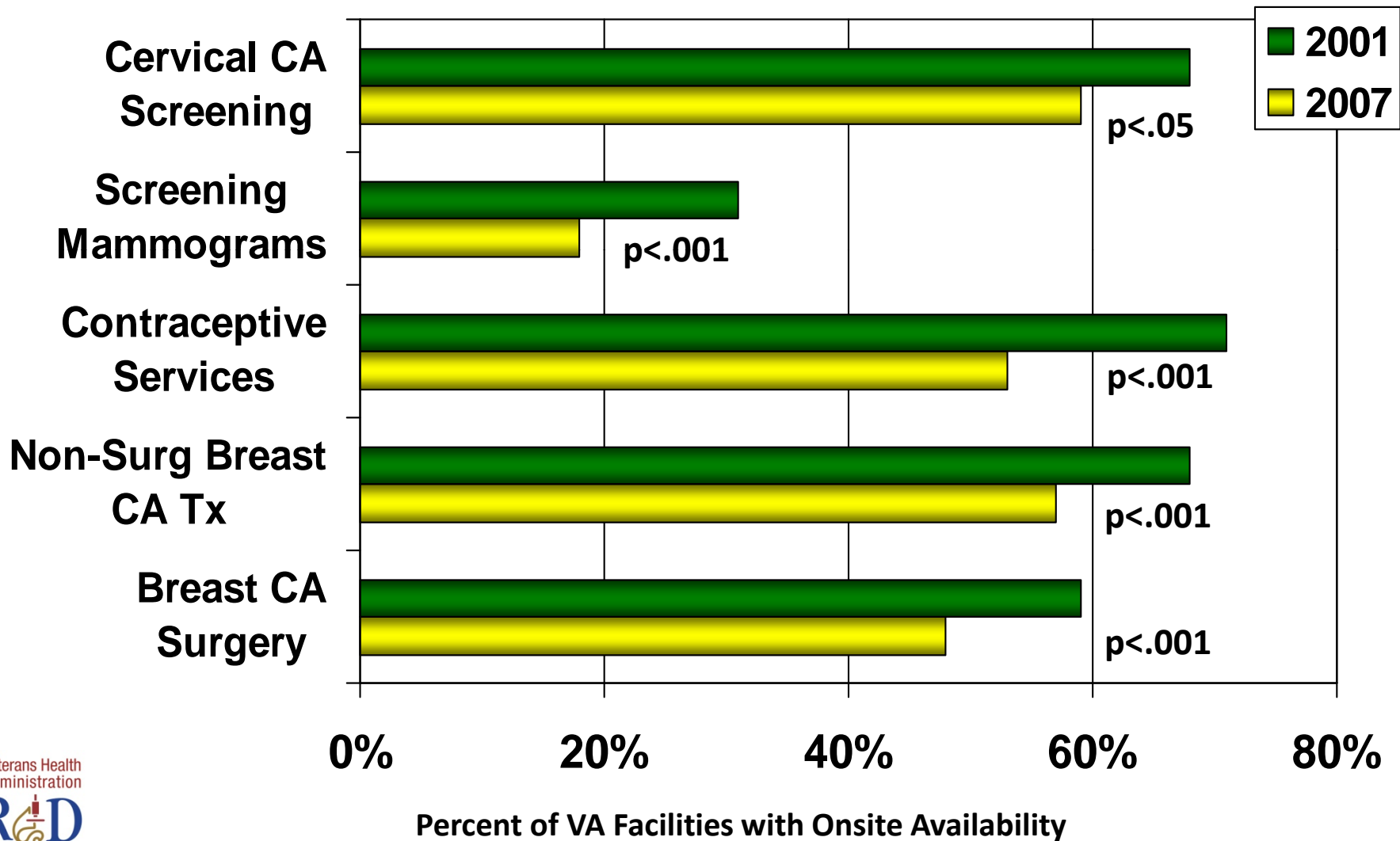
VA Surveys of Women Veterans Health Programs & Practices

- Measured organizational factors predictive of clinical quality
 - Local PC delivery arrangements (e.g., women's primary care clinic, designated WH provider in general primary care)
 - WH service availability (e.g., onsite vs. offsite, basic and specialty women's health care)
 - Local authority over practice changes (e.g., determining staffing arrangements)

Local PC Delivery Arrangements



Women's Health Service Availability



Women's Health Service Availability

- Declines in onsite service availability for other women's health services
 - Treatment for menstrual disorders
 - Endometrial biopsies
 - Menopausal management
 - Prenatal care
 - General gynecological surgery

all
 $p < .05$

Contraception Research

Contraceptive Care in the VA Healthcare System

- Borrero et al. examined national VA administrative data and Pharmacy Benefit Management (PBM) database for 103,950 female veterans aged 18-45 who made at least one primary care visit in 2008.
 - Assessed:
 - Documentation of contraceptive coverage at any point during FY 2008
 - Type of contraceptive method with regard to clinical effectiveness
 - “Most effective”: IUDs, implants, and surgical sterilization
 - “Moderately effective”: Hormonal methods
 - “Least effective”: Condoms, diaphragms, spermicides
 - Key independent variables:
 - Race/ethnicity
 - Receipt of care in a Women’s Health Clinic (WHC)

Contraceptive Care in the VA Healthcare System

Findings:

- Only **22%** of female Veterans had documented method of contraception, with little variation by race/ethnicity.
- Use of most effective methods:
 - **4.2%** of women had IUD or implant use
 - **3.7%** had surgical sterilization
- Fully adjusted models suggest Hispanic and African-American women significantly less likely to have documented contraceptive method compared to white women (OR=0.82, 95% CI 0.76-0.88; OR=0.85, 95% CI 0.81-0.89).
- Women who received care at Women's Health Clinics more significantly more likely to have documented method of contraception than women who received care in primary care clinics (OR=2.05, 95% CI, 1.97-2.14)



CHIR TRANSLATIONAL USE CASE PROJECT - CONTRACEPTION

Contraception Use Among Women Veterans

CHIR WIP Presentation – December 13, 2011

PRESENTERS:

Cynthia Brandt, MD, MPH^{1, 4}

Julie Womack, CNM, APRN, PhD, Lead Investigator^{1, 5}

Matthew Scotch, MPH, PhD, Co-Investigator²

Sylvia Leung, BA, Project Coordinator³

¹ VA Connecticut Healthcare System – West Haven, CT, ² Arizona State University, Department of Medical Informatics, ³ VA Palo Alto Health Care System, ⁴ Yale University, Center for Informatics, ⁵Yale School of Nursing



Goals and Methods

- **GOAL:** To identify contraceptive information in VA progress notes. CPRS may not contain accurate contraceptive use information, and thus a review of progress notes may yield more accurate knowledge on the use of contraceptives among women Veterans than reliance on CPRS alone.
- **METHODS:** To compare information contained in CA progress notes (using Natural Language Processing) with survey data on contraceptive use from the Women Veterans Cohort Study (WVCS) West Haven.
 - 227 women with baseline survey data
 - 1700 progress notes
- **PRELIMINARY RESULTS:**
 - 43% of women who had completed baseline survey reported actively using contraception.
 - In contrast, only 13% of VA progress notes accurately identified contraceptive use.
 - Some contraceptive use was identified through chart review and not patient report

Unintended pregnancy and contraception among active duty servicewomen and veterans

Active Duty Servicewomen

- **UNINTENDED PREGNANCY RATES**
 - 50-65%
- **CONTRACEPTIVE USE**
 - 70-85% sexually active
 - 40% use no contraception
 - 50-62% not using contraception at time of unplanned pregnancy
 - OCP and Condoms most used
 - Barriers: Logistics, limited availability, provider & patient knowledge
- **EMERGENCY CONTRACEPTION (EC)**
 - Limited provider & patient knowledge
 - Majority feel it should be available

Female Military Veterans

- **UNINTENDED PREGNANCY RATES**
 - **UNKNOWN**
- **CONTRACEPTIVE USE**
 - Prevalence: **UNKNOWN**
 - Methods used: **UNKNOWN**
 - Barriers: Availability, provider skill
 - **UNKNOWN** Barriers: knowledge, system issues
- **EMERGENCY CONTRACEPTION (EC)**
 - Barriers: **UNKNOWN**
 - Use: **UNKNOWN**

Pregnancy

Pregnancy and Mental Health Among OEF/OIF Women Veterans

- **Study Aim**: To understand the prevalence of co-existing pregnancy and mental health conditions among OEF/OIF women veterans
- **Administrative cohort** analysis of 43,078 OEF/OIF women Veterans who had used VA care at least once between 2002-2008.
- **Utilized ICD-9 and CPT codes** to identify 2966 women (7% of OEF/OIF women Veterans in VA care) who had at least one pregnancy-related code during study period.
- Also used ICD-9 codes to ascertain co-existing **mental health diagnoses** (PTSD, depression, anxiety disorder, schizophrenia, and bipolar disorder)

Mattocks K, Skanderson M, Goulet J, Brandt C, Womack J, Krebs E, Desai R, Justice A, Yano E, Haskell S. Pregnancy and mental health among women veterans returning from Iraq and Afghanistan. *Journal of Women's Health*, 2010; 19(12): 2159-2166.

Mental health diagnoses among pregnant, and non-pregnant, veterans in VA care

Diagnosis	All female veterans (n=40,112)	Pregnant veterans (n=2966)	p	% pregnant women with condition prior to pregnancy
Major depression	5%	12%	<.0001	61%
Mild depression	10%	24%	<.0001	62%
PTSD	9%	21%	<.0001	66%
Bipolar disorder	1%	3%	<.0001	55%
Schizophrenia	0.11%	0.33%	<.0001	44%
Any MH diagnoses	20%	32%	<.0001	22%
Substance abuse disorder	2%	5%	<.0001	56%

Study Implications: Pregnancy and Mental Health

- Many Women Veterans returning from war in Iraq/Afghanistan suffer from significant mental health problems. Unclear if mental health conditions a direct result of combat exposure.
- Because most pregnancy-related care is provided outside VA (and outcomes not communicated back to VA), little is known regarding pregnancy outcomes among women veterans.
- Consequently, for women with co-occurring mental health problems, little is known regarding the impact of perinatal mood disorders among women veterans on infant health and well-being.



Pregnancy Complications Among OEF/OIF Women Veterans

GOAL

Identify pregnancies resulting in delivery among OEF/OIF women veterans enrolled in VHA using administrative data, and determine the frequency of gestational diabetes (GDM) and preeclampsia among these pregnancies.

METHODS

Data source: Women Veterans Cohort Study, includes women veterans from the VHA OEF/OIF roster from 2001-2010, linked to the VHA National Patient Care Database, Decision Support System, and fee basis care

Pregnancy and delivery identification: Identify deliveries through pre-specified combinations of CPT codes, ICD-9 codes, and V codes

GDM and preeclampsia: ICD-9 codes either associated with or occurring in the 9 months prior to an identified delivery.

IMPACT

- Enable follow-up overtime to determine incidence of postpartum diabetes and CVD among women with GDM or preeclampsia
- Provide information on postpartum care and usage among women veterans

Outcomes, Utilization, and Costs of Pregnancy-Related Care

- **Methods:** Pilot study of female Veterans at one VA facility who received fee basis care for pregnancy.
- **Results:**
 - 33 women Veterans with complete pregnancy data
 - 10% of pregnant veterans had at least 1 chronic medical condition (hypertension and asthma most common).
 - 39% had at least one psychiatric condition
 - Adverse pregnancy outcomes in 36% of pregnant veterans
 - Most common was preterm delivery.
 - Veterans with a psychiatric condition were significantly more likely to have adverse pregnancy outcome.

Chireau M, Salz T, Brown H, Bastian L. Outcomes, utilization, and costs of pregnancy-related care. *Federal Practitioner*, September 2006.

Gender-Specific Care

Dual Sources of Care for Gender-Specific Conditions among OEF/OIF Women Veterans

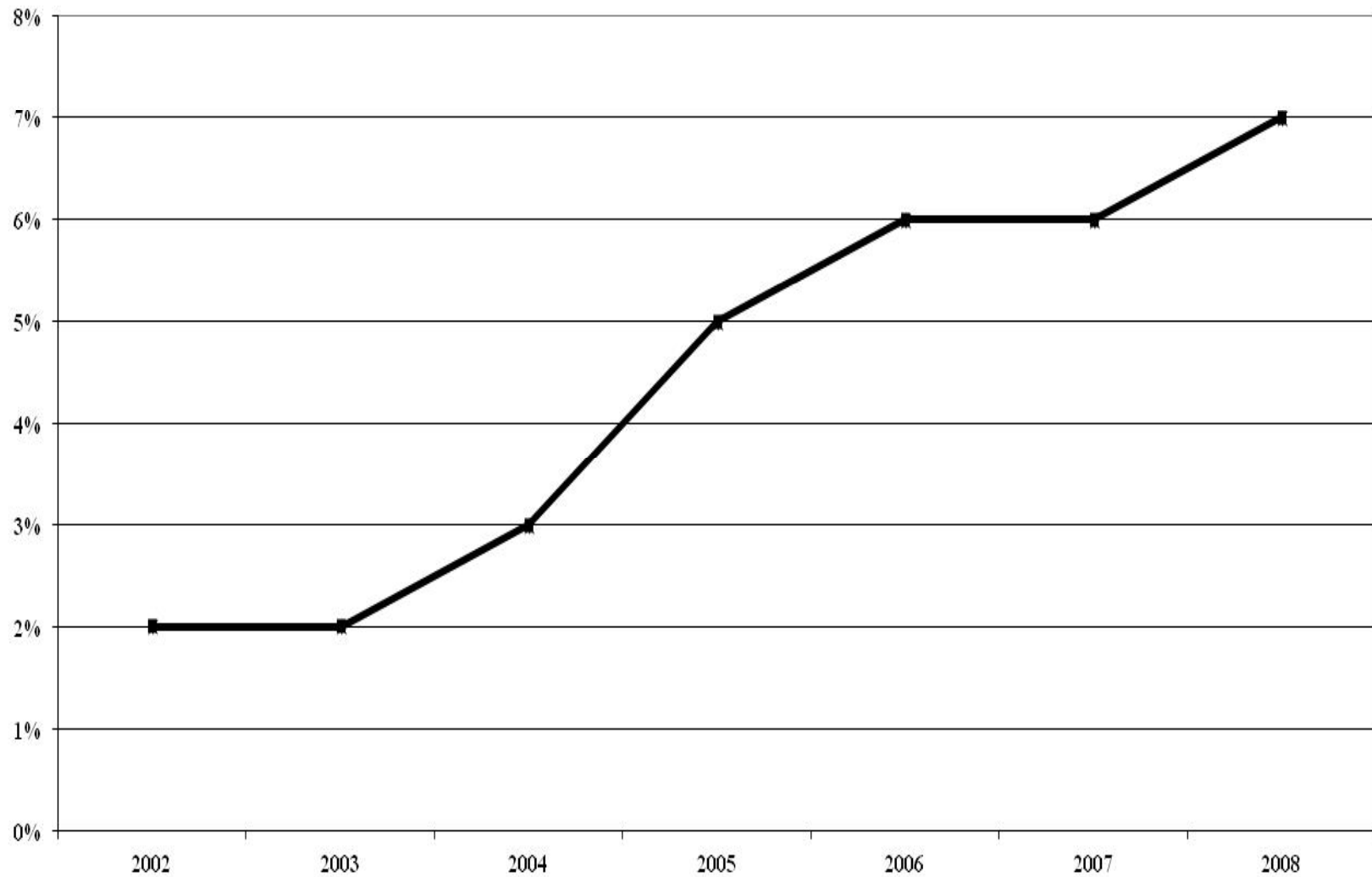
- **Study Aim:** To examine the patterns, predictors, and costs of VA and fee basis care for gender-specific conditions among OEF/OIF women veterans.
- Administrative cohort analysis of 64,334 women veterans in VA care (2002-2009).
- Used ICD-9 codes to identify gender-specific conditions, and VA fee basis files (claims data) to identify patterns and costs of non-VA care for these conditions.
- Overall, 36% (21,707) of all OEF/OIF women veterans received at least one gender-specific diagnosis. Twenty-four percent of these women received at least some non-VA care for their condition.

Mattocks K, Zephyrin L, Herrera L, Haskell S, Frayne S, Yano E, Hayes, P, Brandt C. Dual sources of care for gender-specific conditions among OEF/OIF women veterans. *Under review.*

Prevalence and Patterns of Care for Gender-Specific Conditions among OEF/OIF Women Veterans (n=21,707)

Condition	Source of Care for Gender-Specific Condition			
	Women with condition, N (%)	Any Fee Basis		VA
		Fee Basis Only (%)	Fee Basis and VA (%)	VA only (%)
Menstrual disorders	7595 (12)	4	5	91
Other female genital disorders	6977 (11)	5	5	90
Vaginitis	6684 (10)	3	2	95
Cervical dysplasia	6122 (10)	3	6	91
Pregnancy	4674 (7)	9	46	45
Benign breast conditions	4239 (7)	17	23	60
Ovarian cyst	2314 (4)	8	8	84
Benign gynecological conditions	1876 (3)	9	8	83
Menopausal disorders	1680 (3)	1	1	97
Infertility	761 (1)	5	10	85
Sexual dysfunction	654 (1)	3	.01	96
Cervical cancer	334 (0.53)	8	5	87
Osteoporosis	228 (0.35)	9	3	88
Genital organ prolapse	188 (0.29)	5	1	94
Breast cancer	193 (0.30)	9	24	67
Ectopic pregnancy	105 (0.16)	37	11	51
Ovarian cancer	58 (0.09)	3	9	88
Female genital cancer	36 (0.06)	3	8	89
Uterus cancer	17 (0.03)	29	6	65

Proportion of Women OEF/OIF Veterans Receiving Fee Basis Care for at Least One Gender-Specific Condition, FY 2002-2008



What are women Veteran's experiences and perceptions of VA reproductive and gender-specific care?

Women Veterans' Reproductive Health Preferences and Experiences: A Focus Group Analysis

- **Study Aim:** To characterize women Veterans' experiences with, and preferences for, reproductive health care in the VA.
- **Methods:**
 - Focus group study of women Veterans receiving care at 2 large VA facilities. Five focus groups were conducted with twenty-five women Veterans.
- **Results: Five main themes resulted from the focus group analysis:**
 - Women Veterans prefer VA clinics (over outside providers) for comprehensive medical care.
 - Women Veterans have had both positive and negative reproductive health experiences.
 - Knowledge gaps exist regarding what reproductive health services the VA offers.
 - Women Veterans believe the VA should provide additional coverage for infertility and newborn care.
 - Perceived gender discrimination shapes how women Veterans view the VA.

Women Veterans had both positive and negative reproductive health experiences

- Many women Veterans had positive experiences:
 - *“I got my fibroid tumors removed here at the VA, which was the best surgery. Now the VA is doing everything they possibly can for me to conceive because I’m in my 40’s and haven’t yet conceived.”*
- However, other women expressed concern about the competency of medical residents providing care:
 - *“I had a problem with an intern giving me a pap smear. I could tell he’d never done one before. He was looking at the clumpy things and he was kind of fumbling and just picked one up and he goes, ‘It (the size) doesn’t really matter, right?’”*

Women Veterans had limited knowledge regarding the scope of VA services available

- Most women were not aware of the range of reproductive health services offered at the VA:
 - *“I didn’t know and I still don’t know what reproductive health services are covered. It was my understanding that having children was not covered by the VA”.*
- Other women wondered whether reproductive health services were tied to service-connected disability status:
 - *“Does it depend on the percentage of disability you have? So does 10% cover you through your pregnancy, but once you give birth, your kid’s not covered? Or if you’re 100%, do they cover you and your child? ”*

Women Veterans' Gynecologic Health

Sexual Violence Exposures and Women Veteran's Gynecologic Health (N=1004)

Funded by VA HSR&D, NRI 04-194-1

Anne G. Sadler, Brenda M. Booth, James C. Torner, Michelle A. Mengeling, Craig H. Syrop

Study Design:

- Cross-sectional study, retrospective cohort
- 1004 Midwestern Veterans
- Computer assisted telephone survey
- Women age 52 or younger

Sadler, A. G., Mengeling, M. A., Fraley, S.S., Torner, J. C., & Booth, B. M. (2012- in press). Correlates of Sexual Functioning in Women Veterans: Mental Health, Gynecologic Health, Health Status, and Sexual Assault History. *International Journal of Sexual Health*, 24, 1-18.

Results:

- Approximately half had experienced completed sexual assault during their lifetime.
- Most (68%) reported sex important in their lives and 74% had engaged in sex with a partner during the past 6 months.
- Almost a quarter reported painful sexual intercourse and 35% used lubricants often to make sex comfortable.
- Factors associated with compromised sexual functioning included: 1) gynecologic injuries from completed sexual assault, 2) mental health disorders (PTSD, SUD, depression), 3) poor health-related quality of life.
- Problems with sexual functioning and during intercourse associated with even one completed lifetime sexual assault.

Urinary Incontinence and Mental Health

- Goal → To study associations between urinary incontinence (UI) symptoms, depression and post-traumatic stress disorder (PTSD) in women veterans.
- Secondary, cross-sectional analysis in HSRD-funded (Sadler PI, HSRD NRI 04-194) retrospective cohort study: 968 women, mean (SD) age 38.7 (8.7) years
- **UI symptoms were common and bothersome**
 - 39% had UI symptoms \geq few times monthly
 - 21% were “very much” or “greatly” bothered by UI
 - 17% had sought care for UI symptoms
- **In multivariable analyses**
 - Prior sexual assault associated with both stress UI and urgency/mixed UI types
 - PTSD associated with urgency/mixed UI

Urogenital Symptoms, Depression and PTSD in OEF/OIF Women Veterans

- Goal → Define the prevalence and natural history of urogenital symptoms and their associations with depression, PTSD, sexual trauma and other deployment-related exposures.
- VA HSR&D-funded epidemiologic study in OEF/OIF/OND women veterans
 - Longitudinal data collection – baseline and 1 year
 - Nationwide, diverse sample of women veterans enrolled within 2 years post-deployment
 - Data collection ongoing, recruitment ~75% complete (1250 enrolled to date)

Catherine Bradley, MD, MSCE (PI), IE Nygaard, JC Torner, S Hillis, AG Sadler; Iowa City VA.

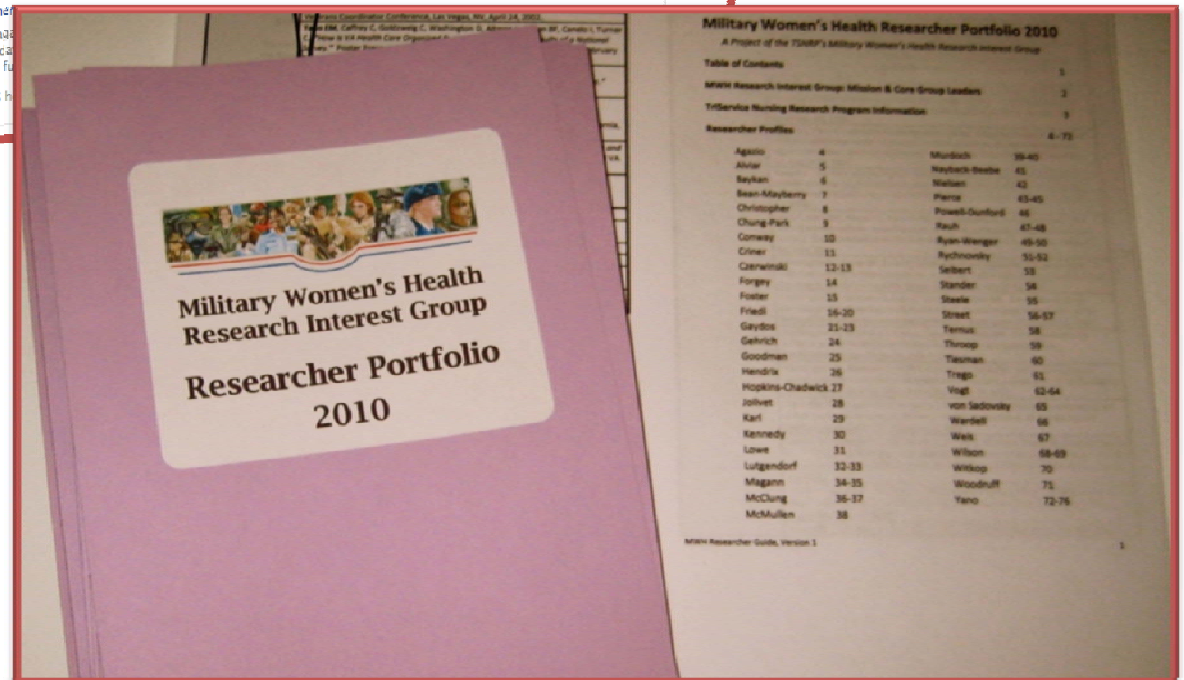
Articles on Active Duty Women's Health Issues Written by the Leaders of the Military Women's Health Research Interest Group of the TriService Nursing Research Program

<p style="text-align: center;">CAPT Jacque Rychnovsky Jacqueline.Rychnovsky@med.navy.mil</p>	<p>Rychnovsky, J., & Hunter, L. P. (2009). The relationship between sleep characteristics and fatigue in healthy postpartum women. <i>Women's Health Issues</i>, 19(1), 38-44.</p> <p>Rychnovsky, J., & Brady, M. A. (2008). Choosing a postpartum depression screening instrument for your pediatric practice. <i>Journal of Pediatric Health Care</i>, 22, 64-67.</p> <p>Rychnovsky, J. D. (2007). Postpartum fatigue in the active-duty military woman. <i>Journal of Obstetric, Gynecologic, and Neonatal Nursing</i>, 36(1), 38-46.</p> <p>Rychnovsky, J., & Beck, C. T. (2006). Screening for postpartum depression in military women with the postpartum depression screening scale. <i>Military Medicine</i>, 171(11), 1100-1104.</p> <p>Rychnovsky, J. (2004). Postpartum fatigue in the active duty woman. <i>Digital Dissertations</i>, AAT3131499.</p>
<p style="text-align: center;">LTC Nancy Steele Nancy.Steele@us.army.mil</p>	<p>Trego, L, Wilson, C & Steele, N. (2010). Shaping a Military Women's Health Research Agenda: Creating the Foundation for Evidence-based Care of the Future. <i>Biological Research for Nursing</i>, 2010 Oct;12(2):171-7.</p>
<p style="text-align: center;">LTC Lori Trego lori.trego@us.army.mil</p>	<p>Trego, L. L., & Jordan, P. J. (2010). Military women's attitudes toward menstruation and menstrual suppression in relation to the deployed environment: Development and testing of the MWATMS-9 (short form). <i>Women's Health Issues: Official Publication of the Jacobs Institute of Women's Health</i>, 20(4), 287-293.</p> <p>Trego, L. L. (2009). Development of the military women's attitudes toward menstrual suppression scale: From construct definition to pilot testing. <i>J Nurs Meas</i>, 17(1), 45-72.</p> <p>Trego, L. L. (2009). Theoretical substruction: Establishing links between theory and measurement of military women's attitudes towards menstrual suppression during military operations. <i>J Adv Nurs</i>, 65(7), 1548-59.</p> <p>Trego, L. L. (2007). Military women's menstrual experiences and interest in menstrual suppression during deployment. <i>J Obstet Gynecol Neonatal Nurs</i>, 36(4), 342-7.</p>
<p style="text-align: center;">Lt Col Candy Wilson candy.wilson@us.af.mil</p>	<p>Wilson C, Brothers M. (2010). Iron deficiency in women and its potential impact on military effectiveness. <i>Nurs Clin North Am</i>. 2010 Jun;45(2):95-108.</p> <p>Wilson, C. (2006). Illness behaviors of military women managing genitourinary symptoms: A secondary analysis. (Doctoral Dissertation, University of Colorado at Denver Health Sciences Center, 2006). <i>Dissertations Abstracts International</i>, 67, 08.</p>



Military Women's Health Research Interest Group

**Request an
Active Duty
Women's Health
Researcher Guide**



Interested in reproductive health or gender-specific research?

- One possibility: Women Veterans Cohort Study (WVCS).
 - Principal Investigators: Cindy Brandt and Sally Haskell (VA Connecticut).
 - Study Aim: To examine healthcare outcomes, costs, and utilization among OEF/OIF Veterans.
 - Data Sources:
 - (1) OEF/OIF roster, combined with VA administrative data. N=~749,036 OEF/OIF Veterans (**88,166 women**)
 - (2) Prospective cohort survey (n=776; **415 women**)

Demographic Characteristics of Separated Female and Male OEF/OIF Veterans Who Used VA Health Care in FYs 2002-2009

Characteristics	Females (n=74,535)	Males (n=550,849)	Characteristics	Females (n=74,535)	Males (n=550,849)
Race/ethnicity			Branch		
White	28,974 (39)	275,849 (50)	Air Force	13,317 (18)	62,541 (11)
Black	14,094 (19)	50,300 (9)	Army	46,335 (62)	339,194 (62)
Hispanic	7,816 (11)	57,415 (10)	Coast Guard	39 (0.1)	467 (0.1)
Others	5,502 (7)	30,240 (6)	Marines	2,942 (3)	81,084 (15)
Age Group			Navy	11,882 (16)	67,563 (12)
16-30	35,604 (48)	241,292 (44)			
31-40	21,837 (29)	145,319 (26)	Unit Type		
41-50	12,763 (17)	120,296 (22)	Active Duty	41,542 (56)	296,634 (54)
51-60	3,973 (5)	37,418 (7)	Reserve/Guard	32,993 (44)	254,215 (46)
61-84	348 (.5)	6,470 (1)			

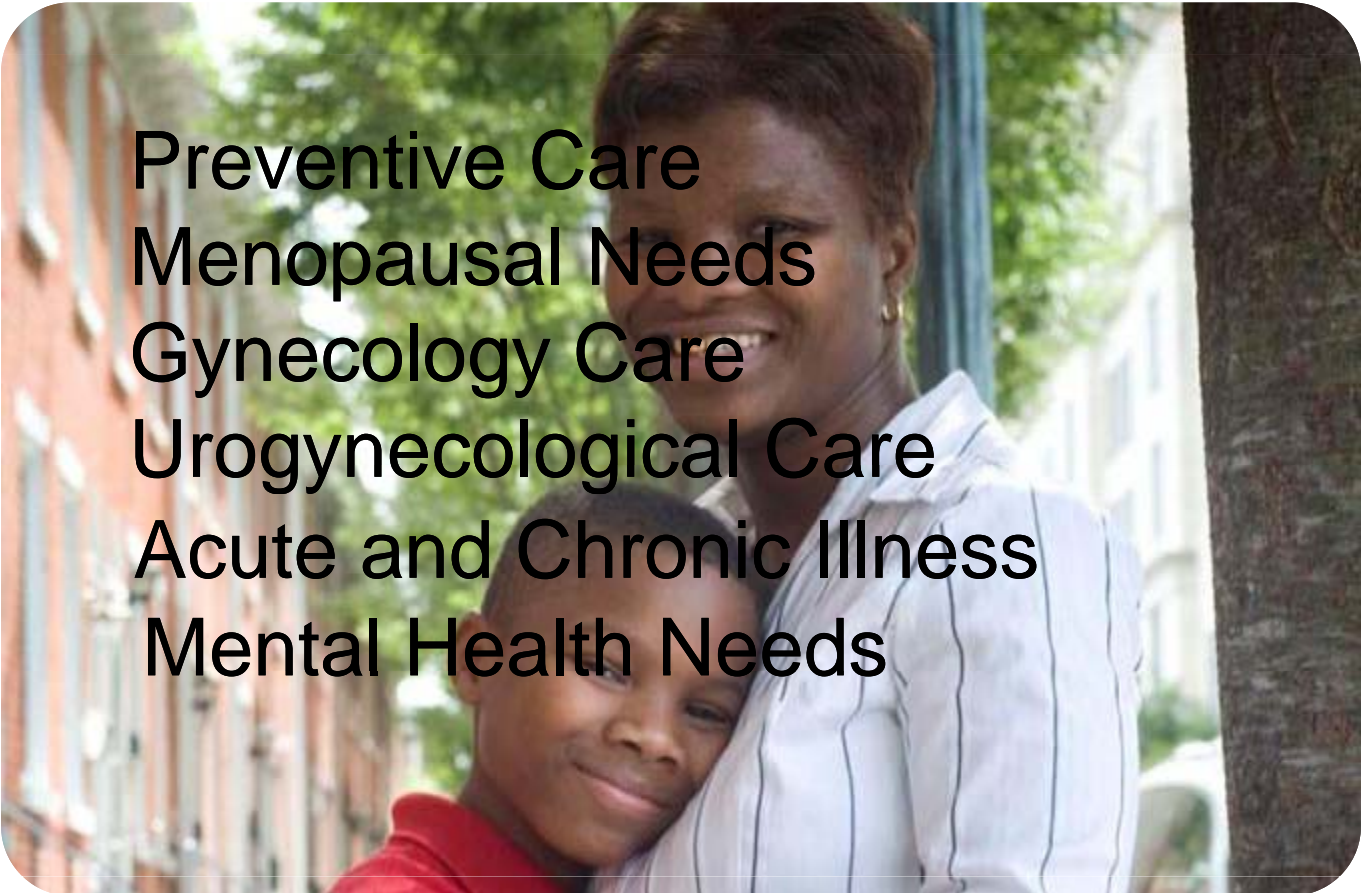
Laurie C. Zephyrin MD, MPH, MBA
Deputy Director, Reproductive Health
Women Veterans Health Strategic Healthcare
Group (VACO)

Younger Women's Concerns

A photograph of a young woman with dark hair, smiling broadly, holding a young child. The child is waving their hand. The background is a blurred outdoor setting with greenery.

Gynecology Care
Maternity Care
Preconception Care
Military Sexual Trauma (MST)
Flexible Appointments
Childcare and Elder Care
Acute and Chronic Illness

Middle-Aged Women's Concerns

A photograph of a woman with short dark hair, wearing a white and blue striped shirt, smiling warmly. A young child in a red shirt is leaning against her. They are standing outdoors in front of a brick building with a tree trunk visible on the right.

Preventive Care
Menopausal Needs
Gynecology Care
Urogynecological Care
Acute and Chronic Illness
Mental Health Needs

Older Women's Concerns



Geriatric Care
Gynecology Care
Urogynecology Care
Pain Management
Inpatient and Extended Care
Grief Counseling
Acute and Chronic Illness

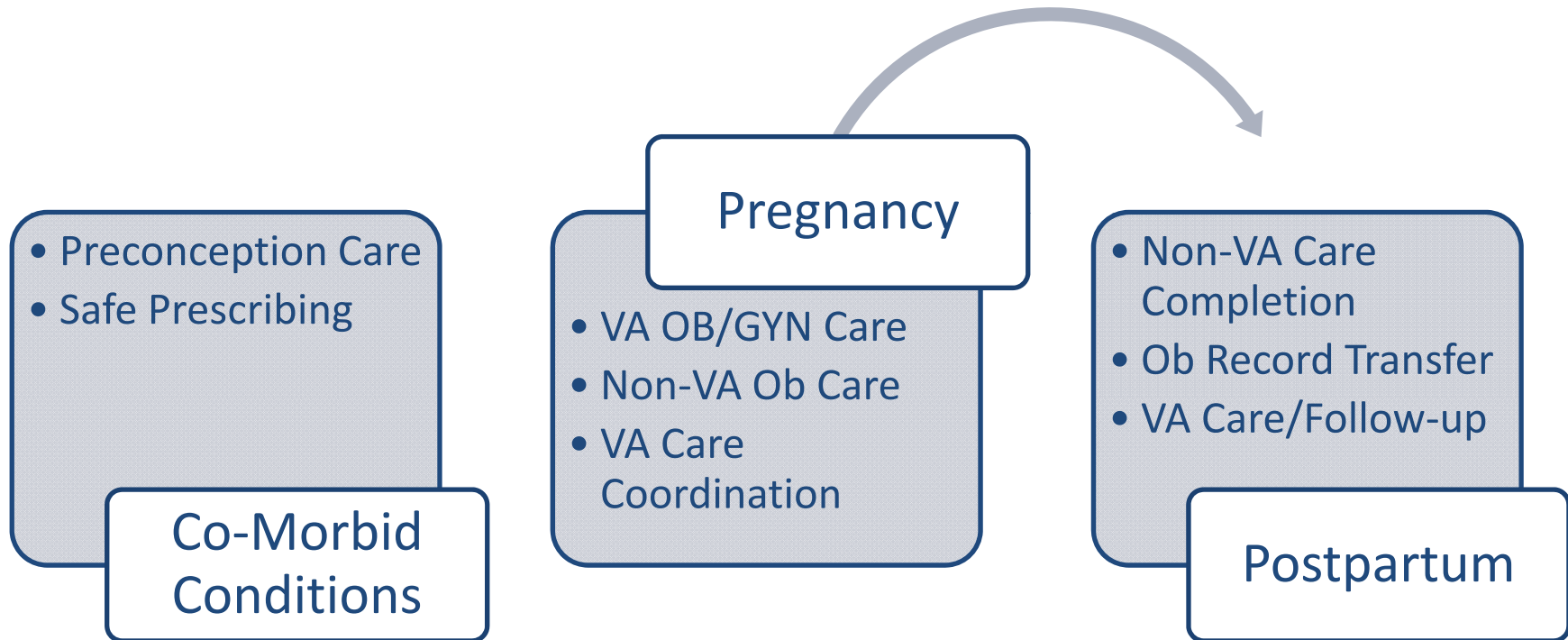
Medical Diagnoses: Female OEF/OIF/OND Veterans in VA 2002-2011 (Q1=78,083)

Diagnosis	Percent of Women Presenting
Musculoskeletal	54%
Mental Disorders	49%
Nervous System/Sense Organs	41%
Digestive System	38%
Genitourinary System	39%
Respiratory	33%
Endocrine System	29%
Diseases of Skin	26%
Injury/Poisonings	25%
Infectious and Parasitic Diseases	19%

Research/Data Assessment

- Understand reproductive health across the VA
- Describe system and patient characteristics for Fee Basis gender specific services
- Assess GYN provider distribution and capacity
- Develop care coordination tools for maternity care management and tracking
- Inform research agenda for reproductive health

Maternity Care Paradigm



WOMEN VETERANS HEALTH CARE

A healthy pregnancy
makes a great first gift.



Talk to your VA provider if you are
pregnant or hope to be.

★ *You served, you deserve the best care anywhere.* ★



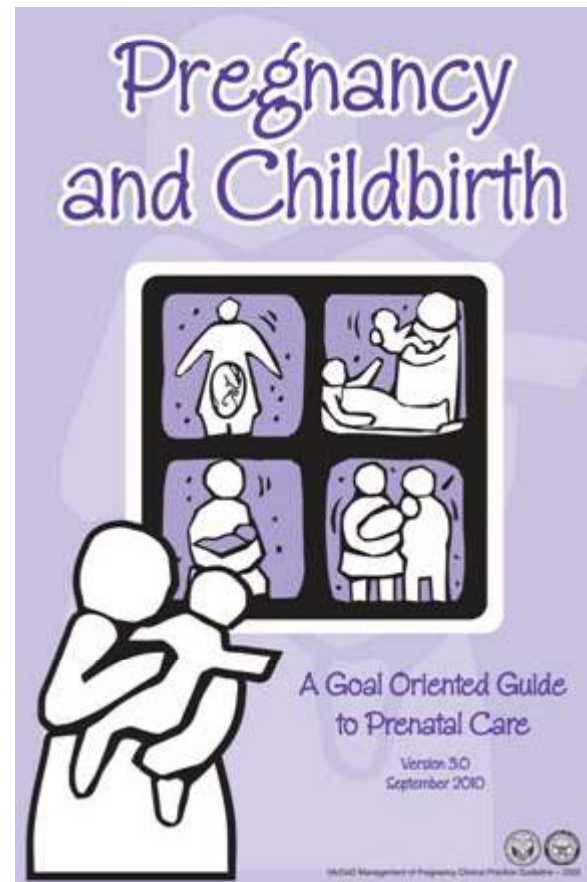
Department of
Veterans Affairs

www.publichealth.va.gov/womenshealth
Women Veterans Health Strategic Health Care Group, VA00 04/2011

Maternity Care Policy/Processes

- Maternity Care Coordination Handbook
 - Will address coordination and follow-up of pregnancy care and streamlining of maternity fee referrals
- Newborn Care Coverage
- Maternity Care Resources
 - Standardizing Fee Basis processes for maternity care
 - Maternity Reference Sheet
 - VA-DoD pregnancy guidelines
 - Tools: VA-DoD pregnancy guide for patients

VA-DoD Pregnancy Guide



https://www.qmo.amedd.army.mil/pregnancy/patient_binder.pdf

Review and implement Policies

- Emergency Contraception ROC
- Emergency Contraception
 - Advanced provision

Women's Health Transformation Initiative

Sub-initiative of New Models of Care

- Improved Care Coordination
 - Emergency Department (ED) Care
 - Development of Assessment Tool
 - Provider Education- Simulation
 - Task force to assess delivery of RH services in VA Emergency Departments



- Safe prescribing in women of childbearing age
 - Collaboration with information technology to implement system decision support to increase provider and staff awareness of teratogenic risk

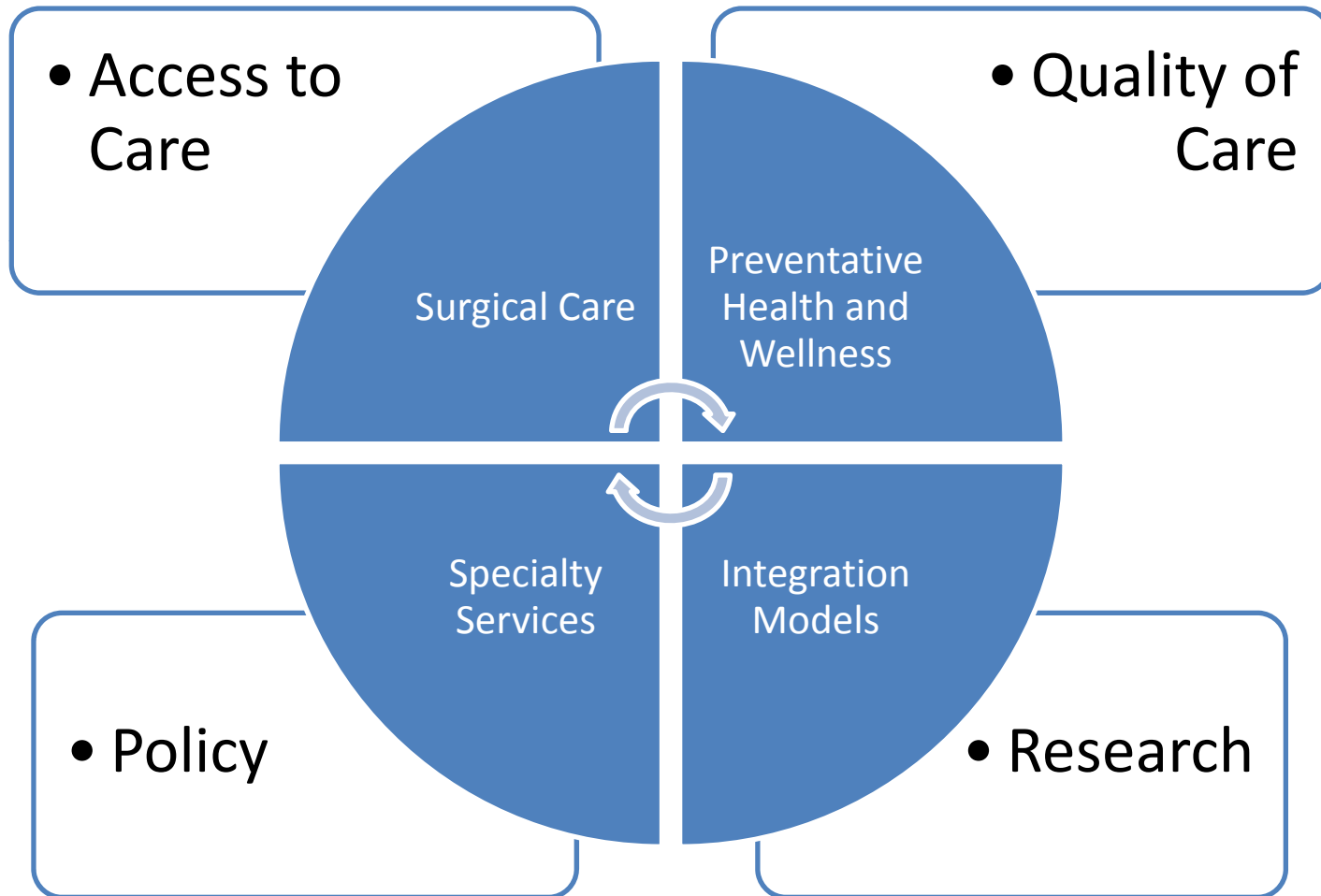
Women's Health Transformation Initiative

Sub-initiative of New Models of Care

- Improved Care Coordination
 - Breast Cancer
 - Tracking of abnormal test results
 - Breast Cancer Clinical Case Registry
 - **Planned Completion:** September 2013



Reproductive Health Model



Reproductive Health at the VA



GENERAL GUIDELINES ON ELIGIBILITY

- 2 Years of Active Duty Service
- Deployment in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF)
- Military Sexual Trauma

Each Veteran is unique. Contact your local VA facility or call 1-800-827-1000 for help with your individual eligibility status.

FOR MORE INFORMATION

VA Health Benefits Call Center
1-877-222-VETS (1-877-222-8387)
Veterans Benefits Administration
1-800-827-1000
www.vba.va.gov

Women Veterans Health
Strategic Health Care Group
www.publichealth.va.gov/womenshealth



A PROMISE KEPT

The Women Veterans Health Strategic Health Care Group promotes the health, welfare, and dignity of Women Veterans and their families by ensuring equitable access to timely, sensitive, high-quality health care.

www.publichealth.va.gov/womenshealth

Women Veterans Health
Strategic Health Care Group (13E)
Department of Veterans Affairs
Veterans Health Administration
810 Vermont Avenue, NW
Washington, DC 20420

Stock No. XXXXX PXXXX
January 2010

REPRODUCTIVE HEALTH

WOMEN VETERANS HEALTH CARE



*You served, you deserve
the best
care anywhere.*

 Department of
Veterans Affairs

VA Reproductive Health Working Group

- Reproductive Health Working group offers:
 - A strong group of VA clinicians, researchers, and policymakers working together on emerging reproductive and gender-specific health issues.
 - Feedback on manuscripts and grants in progress
 - Feedback on reproductive health analysis plans
 - Collaboration across VA medical centers and clinical/research expertise
 - Opportunities for mentorship for junior investigators
 - Information on national VA reproductive health programs and emerging policies/trends.

Reproductive Health Working Group

- Interested in participating?
- Contact Kristin Mattocks
(kristin.mattocks@va.gov)
- Group currently meets 3rd Monday of each month at 10:00 Eastern (this will change)
- Next meeting: Monday, February 27th (time to be determined)

Contact Information for Authors Included in this Presentation

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