Women Veterans: Reproductive Health Across the Life Course

Laurie Zephyrin MD, MPH, MBA, FACOG
Acting Assistant Deputy Under Secretary for Health for Community Care,
Director, Reproductive Health

Alicia Christy, MD, MS
Deputy Director Reproductive Health
Women’s Health Services
Veterans Health Administration

2017 National Women Veterans Summit
Agenda

1. Overview of Reproductive Health for Women Veterans
   Laurie Zephyrin, MD, MPH, MBA
   Alicia Christy, MD, MS

2. Preconception and Infertility
   Ginny L. Ryan, MD, MA, FACOG
   Stephanie Edmonds, PhD, MPH, RN

3. Maternity Care Coordination
   Heather Able, MSN, RNC

4. Perinatal Depression: Impact and Treatment
   Michael O’Hara, PhD

5. Facilitated Discussion with Panel
OVERVIEW OF REPRODUCTIVE HEALTH FOR WOMEN VETERANS

Laurie Zephyrin, MD, MPH, MBA
Alicia Christy, MD, MS
Cohort: Women Veteran patients with non-missing ages 18-110 years (inclusive). Women in FY00: N=159,553; FY06: N=245,270; FY15: N=439,615.
Source: WHEI Master Database, FY15
Women Veterans Using VA Care

Unique healthcare needs:
• Nearly 25% of women Veterans have experienced Military Sexual Trauma
• 73% of women Veterans ages 18-44 have a Service-connected disability
• > 30% of women Veterans use non-VA Care in the Community

<table>
<thead>
<tr>
<th>FY15 Statistics</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>47.9</td>
<td>62.5</td>
</tr>
<tr>
<td>&gt; 12 Outpatient Encounters</td>
<td>51%</td>
<td>44%</td>
</tr>
<tr>
<td>Mental Health – Substance Use Condition</td>
<td>48%</td>
<td>31%</td>
</tr>
<tr>
<td>Musculoskeletal Injury</td>
<td>59%</td>
<td>48%</td>
</tr>
</tbody>
</table>
### Military Service Related Exposures

<table>
<thead>
<tr>
<th></th>
<th>Deployment</th>
<th>Sexual assault &amp; MST</th>
<th>Reproductive tract injuries</th>
<th>Environmental &amp; Occupational exposures</th>
<th>PTSD, Depression, Anxiety disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual dysfunction</td>
<td>?</td>
<td>+</td>
<td>+</td>
<td>?</td>
<td>+</td>
</tr>
<tr>
<td>Delay/opt not to have children</td>
<td>?</td>
<td>+</td>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Infertility</td>
<td>?</td>
<td>+</td>
<td>+</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Pregnancy complications</td>
<td>?</td>
<td>+</td>
<td>?</td>
<td>?</td>
<td>+</td>
</tr>
<tr>
<td>Preterm delivery</td>
<td>?</td>
<td>+</td>
<td>?</td>
<td>?</td>
<td>+</td>
</tr>
</tbody>
</table>

Much more research is needed
Women’s Health Services Provided at VA

• Gynecologic care (Basic and Specialty)
• Contraceptive care and counseling
• Mammography
• Breast and cervical cancer screening and treatment
• Menopause-related care

Services not provided at VA facilities:
• Obstetrical/maternity care
• Specialty Infertility services
• Use of VA maternity care has increased by 44% in the past 5 years
• Nearly all VA maternity care is outsourced
### VHA Directive 1332
#### Infertility Evaluation and Treatment

<table>
<thead>
<tr>
<th>Female Veterans (available to all enrolled Veterans)</th>
<th>Male Veterans (available to all enrolled Veterans)</th>
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</thead>
<tbody>
<tr>
<td>- Laboratory blood testing (i.e., follicle-stimulating hormone (FSH), thyroid stimulating hormone)</td>
<td>- Laboratory blood testing (i.e., serum testosterone, FSH, luteinizing hormone, estradiol, etc.)</td>
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<tr>
<td>- Genetic counseling and testing</td>
<td>- Genetic counseling and testing</td>
</tr>
<tr>
<td>- Pelvic and/or transvaginal ultrasound</td>
<td>- Transrectal and/or scrotal ultrasonography</td>
</tr>
<tr>
<td>- Hysterosalpingogram</td>
<td>- Semen analysis</td>
</tr>
<tr>
<td>- Saline infused sonohysterogram</td>
<td>- Evaluation and treatment of erectile dysfunction</td>
</tr>
<tr>
<td>- Surgical correction of structural pathology consistent with standard of care including operative laparoscopy and operative hysteroscopy</td>
<td>- Surgical correction of structural pathology (e.g., varicocelectomy, Peyronie’s repair)</td>
</tr>
<tr>
<td>- Reversal of tubal ligation (tubal reanastomosis)</td>
<td>- Vasectomy reversal (vasovasostomy)</td>
</tr>
<tr>
<td>- Hormonal therapies (e.g., controlled ovarian hyperstimulation)</td>
<td>- Hormonal therapies (e.g., clomiphene citrate, human chorionic gonadotropin, phosphodiesterase type 5 medications, testosterone)</td>
</tr>
<tr>
<td>- Oral medication for ovulation induction (e.g., clomiphene)</td>
<td>- Sperm retrieval techniques</td>
</tr>
<tr>
<td>- Injectable gonadotropin medications for ovulation induction (i.e., human menopausal gonadotropins)</td>
<td>- Post-ejaculatory urinalysis</td>
</tr>
<tr>
<td>- Additional hormonal therapies as approved by VA Pharmacy Benefits Management</td>
<td>- Sperm cryopreservation for medically indicated conditions</td>
</tr>
<tr>
<td>- Intrauterine insemination</td>
<td></td>
</tr>
<tr>
<td>- Oocyte cryopreservation for medically indicated conditions</td>
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Infertility Care Implementation

- Public Law 114-223 gave VA the authority to provide Assisted Reproductive Technology (ART) services to include In-vitro Fertilization (IVF) to Veterans and non-Veterans spouses when the eligible Veteran has a service connected condition that results in their inability to procreate without the use of fertility treatment.
- January 2017 regulation released.
- Implementation through VA Care in the Community.
Implementing a Veteran-centered Growth Strategy to Meet the IVF Needs

Growing a national network takes time. Third-Party Administrator’s (TPA) focusing efforts on areas where there is demand and available providers who are willing to enroll.

Expanding network of Reproductive Endocrinology and Infertility (REI) specialists for Veterans with service related injuries resulting in infertility and their spouses.
PRECONCEPTION AND INFERTILITY

Ginny L. Ryan, MD, MA, FACOG
Stephanie Edmonds, PhD, MPH, MBA
Overview

• Preconception Health
  – What is preconception health?
  – What are some important things to do before I get pregnant?
  – What about Zika?

• Infertility
  – What is infertility?
  – What can cause infertility?
  – What services does the VA provide for infertility?
• Compared to female Veterans who have never experienced sexual assault, women who experienced sexual assault were:
  – More likely to report delaying having children or deciding to never have children
  – More likely to report yes to “Have you ever wanted to have a baby but couldn't?”

What **should** you do if you want to get pregnant next year?

- Meet with your primary care provider
- Take a prenatal vitamin or multivitamin
- If you smoke, stop smoking
- Be aware of alcohol use
- Eat a healthy diet
- Exercise
- Avoid travel to places with Zika
Zika and Pregnancy

• Virus from mosquitoes
• Men can spread virus through sex for up to 6 months
• Can cause birth defects in baby
• If you want to get pregnant you and your male partner should avoid travel to these places
• Visit CDC website or discuss with your provider for more information
What is Infertility?

- No pregnancy after 12 months of unprotected, regular sexual intercourse
- Women 35 years of age or older should seek infertility care after 6 months of trying
- Known reason for infertility, treatment should start right away
What Causes Infertility?

- Female: 30%
- Male: 30%
- Both: 10%
- Unexplained: 25%
- Other: 5%
What Services does the VA Provide for Infertility?

- All enrolled Veterans
  - Counseling
  - Testing like ultrasounds, blood work, ovulation predictor kits, and semen testing
  - Some treatments
    - Medicines
    - Intrauterine insemination (IUI)
    - Freezing of eggs or sperm, tubal or vasectomy reversal, retrieval
- Married Veterans with a service-connected condition leading to infertility
  - In-vitro fertilization (IVF)
  - Non-Veteran spouse covered by VA benefits
MATERNITY CARE COORDINATION

Heather Able, MSN, RNC
Maternity Care Coordination

- Each VA medical facility has a Maternity Care Coordinator (MCC) to assist women Veterans navigate VA health care services during her pregnancy.
- The MCC:
  - Facilitates communication between the Veteran, VA providers and community health care providers.
  - Provides support and education.
  - Assists with lactation needs
  - Screens for post-partum needs
  - Reintegrates Veteran into VA healthcare
After delivery, the MCC ensures:

- Postpartum contraception is initiated
- Community OB provider discharges Veteran back to her VA to resume care around 8 weeks postpartum.
- Veteran should have a preventative health visit with **Women’s Health Primary Care Provider** around 12 weeks postpartum to ensure proper healing and restoration of health after delivery.
- Communication will continue with Veteran as long as she is breastfeeding or when she resumes care with WHPCP if she is not breastfeeding.
Locating a Maternity Care Coordinator

1-855-VA-WOMEN (1-855-829-6636)

Provides women Veterans, their families, friends and caregivers information on eligibility, health care, and benefits. Warm hand off to Women Veteran Program Managers.

- Eligibility
- Benefits
- Healthcare
- Claims
- Survivor Benefits
- Services
- Locate WVPM
Pregnancy and Childbirth: A Goal Oriented Guide to Prenatal Care and the DoD/VA Pregnancy Passport is available to all pregnant Veterans to help document their pregnancy as well as provide evidenced based guidance each step of the way through pregnancy.
A wallet-size card for patient use that provides a single location for vital health care provider names and phone numbers including the maternity care coordinator and the women Veteran program manager’s.
ZERO TO THREE and Text4baby™

VA is Federal Partner with Text4baby™, the largest mobile health initiative in the nation. Text4baby™ provides critical information to pregnant women Veterans and mothers with infants under age one.

Enrollment

To enroll in the Text4baby™ service, women Veterans can text BABY (or BEBE for Spanish) to 511411 and receive at least three free text messages a week containing expert health topics and safety information, timed to their due date or baby’s birth date.
Maternity Resources

First Quality Enterprises Inc.  Breastfeeding Supplies

First Quality

Women Veterans Health Care
Breastfeeding...Healthy for Baby...Healthy for Mom

You served, you deserve the best care anywhere

Department of Veterans Affairs
Learn more at www.womenshealth.va.gov
PERINATAL DEPRESSION: IMPACT AND TREATMENT

Michael O’Hara, PhD
Burden of Depression in Women

• Leading cause of disability (lost years of health life) among women in the world aged 15 to 44 years

• In the U.S. depression is a leading cause of non-obstetric hospitalizations among women aged 18-44

Burden of Perinatal Depression

• For mother
  – Personal suffering, continued depression, poor health
• For the child
  – Delayed prenatal care, shorter gestation
  – Fussiness, feeding problems, poor weight gain
  – Delays in cognitive skills, social skills, language
  – Behavioral problems, insecure attachment
  – Later depression
• For the family
  – Relationship discord, divorce
Burden of Perinatal Depression (Continued)

- Low mood
- Loss of pleasure
- Feeling slowed down
- Loss of appetite
- Tired all the time
- Trouble concentrating
- Excessive guilt
- Thoughts of suicide
Screening for Depression after Childbirth

• Recommended by…
  – U.S. Preventative Services Task Force
  – American College of Obstetricians and Gynecologists
  – Association of Women’s Health, Obstetric and Neonatal Nurses
  – American Academy of Pediatrics

• Endorsed by VA Women’s Health Services

• More importantly, it offers the opportunity to…
  – Reduce suffering in women
  – Reduce morbidity in children
• Online treatment program for postpartum depressed women veterans
• 6 sessions over 6 weeks
• Based largely on Cognitive Behavioral Therapy approach
• Regular Phone Coach support
• Developed with support from NIMH
• Supported by the VA Office of Rural Health and VA Office of Women’s Health Services


Eligibility and Enrollment for MomMoodBooster

• A woman is eligible if she:
  – Is a Veteran
  – Has had a baby in the past 18 months
  – Is feeling down or depressed
  – Has access to a high speed internet connection
  – Is willing to participate in six sessions over a six week period

• A woman may be directly referred by VA staff such as maternity care coordinators or self-referred

For more information about the VA Office of Rural Health ONLINE PPD TREATMENT PROGRAM, Please contact the MomMoodBooster program: 866-849-6636 or www2.psychology.uiowa.edu/mommoodbooster/
• Postpartum depression is a serious mental health problem
• It is burdensome for women, their children and families
• It can become chronic and affect the developing child
• There are easy ways to detect PPD
• There are efficacious treatments for PPD
• The VA is making available an online treatment program that can serve all women Veterans
FACILITATED DISCUSSION WITH PANEL