

Women's Health

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MAY 2015



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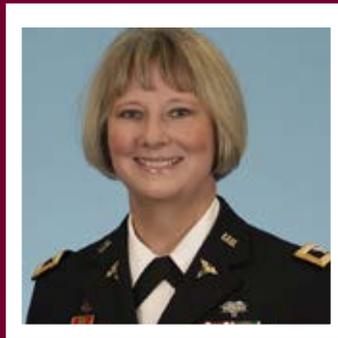
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BIOS



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Table of Contents



Women's Health Edition

05

06

07

08

10

11

13

14

16

18

22

The Performance Triad

20

26

Spotlight

31

23

24

25

28

29

32



Foreword

As your Army Surgeon General, I am pleased to offer this first special edition of MERCURY to highlight Army Medical Command's recent accomplishments in the field of women's health. As the roles of women in the Army, and workforce in general, continue to expand, it is imperative that we bring women's health to the forefront of our military healthcare system and integrate the latest information and research in alignment with MEDCOM's movement towards a System for Health.

This special edition provides an overview of MEDCOM's key initiatives in women's health, including the work of the Women's Health Task Force, which was established in 2011 following my deployment to Afghanistan as the Special Assistant for Health Affairs. The task force arose out of a multidisciplinary effort to address health concerns of women serving in combat. After three years of research and ensuing changes in health policy and practice, women serving in combat roles today have the benefit of resources and innovations to better address and manage preventable health risks.

As more military occupations become available to women, MEDCOM is actively engaged in addressing potential mental and physical health concerns that these new roles may bring. Our involvement in the Soldier 2020 Gender Integration Study seeks to identify potential health concerns these specialties may present to our female Soldiers.

This special edition also highlights programs and facilities that exemplify the best of Army Medicine and the communities we serve. We feature General Leonard Wood Army Community Hospital's exemplary service in natural childbirths and as a provider of rural healthcare, Warrior Transition Command's Adaptive Reconditioning Program support of female Soldiers, accomplishments of the Fort Belvoir Community Hospital's Breast Health Center, and Madigan Army Medical Center's "CenteringPregnancy" Program.

Over the past three years my key focus to improve the health of our beneficiaries has centered on concepts of wellness and disease prevention. Within the concept of



Lt. Gen. Patricia D. Horoho

Lifespace, we have an initiative called the Performance Triad that promotes healthy behaviors and informed decisions. The three pillars of the Triad are Sleep, Activity, and Nutrition - a focus on sleeping well, being active, and eating better. When they all work together, they generate a positive and synergistic effort on health. Additionally, I am a champion of High Reliability Healthcare which seeks to achieve zero preventable harm to our patients when in a provider's care. Women's health and our healthcare system are dependent upon healthier lifestyle behaviors and highly-aware practitioners, who are committed to systemic sustainable changes that will improve our provision of health and wellness programs and medical practice.

I congratulate my team of women's health consultants and health communicators who collaborated to produce this reflective and informative product.

Serving to Heal...Honored to Serve





Why Women's Health Matters

The reproductive, psychological, and physical health of women - the health of women in uniform and of the Family members at the home front - are critical aspects of military readiness.

By Lt. Col. Nicole Powell-Dunford, MD, MPH, FAFP, MC, OTSG Women's Health Consultant

Disease prevention and management are tremendously important. However, attaining the highest level of health means something more - it means functioning as a Soldier Athlete, achieving one's best potential and being able to contribute as a member of the team. Women's health represents more than the disease prevention and management of a demographic population. Women's health means optimized performance in the work place and in the Lifespace, with attention to the three tenets of the Performance Triad (sleep, activity, nutrition) and reproductive health. Women's health impacts the Army as a whole, as well as the psychological well-being of partners, spouses, children and parents within our communities. On a global scale, women's health has a profound impact on regional security and stability, with direct implications for U.S. military involvement. In short, women's health matters - within our Army, within our communities and on the international stage.

First and foremost, women's health is nested in the Readiness and Resiliency Campaign. The reproductive, psychological, and physical health of women - the health of women in uniform and of the Family members at the home front - are critical aspects of military readiness. Women's health in these respects is supported through

effective prevention and empowerment programs as well as through educational campaigns addressing contraception, the prevention of sexually transmitted infections (STIs), and other urogenital infections at multiple care points across the career continuum and across the entire Army Force. Readiness is further supported through military relevant research and development that enable optimized function in the austere environment, utilizing innovations such as the female urinary diversion device, appropriately contoured body armor and urogenital infection self-diagnosis field kits. Cervical and breast cancer screening programs not only save lives, but enable our Soldier coworkers and Soldier Family members to execute the mission without the shared burden of a deadly illness.

Women have proven themselves on the battlefields of Iraq and Afghanistan and are now poised to formally integrate into combat arms career tracks. Given increased career opportunities, access to and education about effective contraception has never been more relevant. Likewise, fitness and injury prevention become more important than ever before. What fitness and nutrition programs will best enable women to transition into combat arms Military Occupational Specialties (MOS)? Which pregnancy and post-partum fitness programs are the best to

adopt across our organizations?

Programs that enable women's health enable a vibrant future of maximum potential. The U.S. Army Medical Command must lead the most ready and relevant women's health programs within the DOD, NATO and allied military Commands. Strong and healthy women enable the military spouse to unhesitatingly deploy to austere locations. Strong and healthy women in uniform stand alongside their brothers in all combat arms military occupational specialties as force multipliers. Strong and healthy Retirees, Veterans and civilian partners enrich and stabilize our communities around the nation and around the world.

To this end, our research and development must enable continued success for our next generation of warfighters. Women must be knowledgeable about and have access to contraception that will enable continuous self-determination, and must be empowered with preventative knowledge in regards to STIs and other urogenital infections.

The entire Force must be engaged in prevention and empowerment survivor programs. Women's health is not just the disease prevention and management of a demographic population - it is the way forward for improved performance across our Army, nation, and global community.

The Women's Health Task Force

By Maj. Michael Wissemann, Executive Officer-Women's Health Task Force and Service Line

In 2011, Maj. Gen. (P) Patricia Horoho deployed to Afghanistan as the International Security Assistance Force Joint Command Special Assistant for Health Affairs to conduct an assessment of theater Health Service Support with a multidisciplinary team of experts varying from information technology to combat casualty care and women's health. Upon return from deployment, this group of professionals wrote a series of reports that comprised a comprehensive Health Services Support Assessment (HSSA) completed in May 2012.

The Women's Health Assessment Team composed a White Paper entitled "The Concerns of Women Currently Serving in the Afghanistan Theater of Operations (ATO)," which was subsequently integrated into the HSSA. The Women's Health Task Force was established in December 2011 to address concerns identified in the HSSA. Twenty-six tasks were identified as specific to women's health. They were centered on six broad categories and operationalized into eight functional teams. Since its inception over three years ago, numerous personnel have dedicated significant time and resources to follow the tasks through to completion.

Some highlights from the Women's Health Task Force (WHTF) include providing better female health education, advocating for better body armor for females with Program Executive Officer (PEO)-Soldier, creating clinical practice guidelines for use by medics and providers, and to provide better visibility of the Female Urinary Diversion Device (FUDD). Other areas of work included addressing the psychological needs of Families when Service members deploy, addressing Sexual Harassment and Assault Response Prevention, addressing the psychological effects of women in combat, and examining the feasibility of a 12-month postpartum deployment deferment.

Education was a central theme in many tasks. Women's health content was introduced into Basic Combat Training for recruits. Working with U.S. Army Training and Doctrine Command (TRADOC) and the Army Medical Department Center & School (AMEDDC&S), the WHTF crafted a class focused on female-specific readiness issues for leaders in noncommissioned officer (NCO), officer and pre-command courses. In an effort to combat barriers to seeking care, the WHTF developed a program of instruction that addresses patient confidentiality and privacy in austere settings.

Another item used to break down barriers to seeking care was the development of algorithms for both medics and providers with limited female healthcare experience. In the end, algorithms developed for providers and for medics included "Evaluation and Treatment of Abnormal Uterine Bleeding," "Urinary Incontinence," "Evaluation of Sexual Transmitted Illness (STI)," "Pelvic Inflammatory Disease Treatment Protocols," "Menstrual Cycle Control," "Emergency Contraception" and when to consult gynecological and inpatient services.

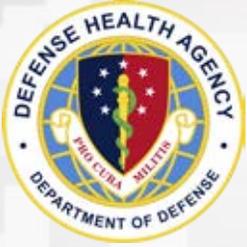
Medic-specific assessment protocols included "Vaginal Bleeding," "Vaginal Discharge," and "STI Concerns." While currently available on the U.S. Army Public Health Command Women's Health Portal, they are also being incorporated into the new Army pamphlet, Algorithm Directed Troop Medical Care (ADTMC).

The WHTF promoted efforts already underway with PEO-Soldier to improve women's gear. Body armor that was designed with men in mind resulted in ill-fitting body armor due to women's anatomical differences. Females traditionally have wider hips, narrower shoulders and shorter frames. Without these differences accounted for during

the design of the body armor, most females had to obtain a best fit in one to two sizes larger. Therefore, their armor chafed hips, made seating a weapon in the shoulder difficult, and had a protective plate that hung low and would bang against legs. PEO-Soldier's redesign helped address those issues and the armor is being tested by women today.

Another item that the task force worked with was the FUDD. An anatomically correct funnel that sits against the perineum, it has an attached tube that allows women to void when standing or during a tactical pause. This is designed to decrease the need of women to hold their bladder while on mission or sacrifice hydration, both of which can lead to urinary tract infections. While it is available for order in the supply system, the task force is still working to make this a Rapid Fielding Initiative so deployed women would all receive one. In the meantime, it has become an essential packing item for females attending Ranger School; see page 13 for more information.

Over the life of the task force, dozens of persistent team members have valiantly strived to bring changes to women's health in the deployed setting. Many of these issues will continue to be relevant as operations tempo decreases and we transition back to a garrison based environment. Programs established to help educate healthcare providers, Soldiers, and their leaders will continue to increase female readiness and those advancements in behavioral health will continue to help children and Families. To ensure continuity, the Women's Health Service Line will adopt the remaining tasks from the WHTF, seating them in their operational line of effort to ensure completion, relevance, and perform updates as needed.



The Military Health System's (MHS) Women's Health Resources

The Military Health System (MHS) recognizes women's health month in October. Throughout the month of October, the Military Health System focuses on women's health topics, including breast cancer, mental health, and general wellness as well as sharing information about exciting programs and research on women being conducted within the Military Health System. Some of the common health issues female service members, Family members, and Retirees

should be aware of include breast diseases, menopause, pregnancy, reproductive health, uterine diseases and sexual related health issues.

Resource the Women's Health page on Health.mil at: <http://www.health.mil/Military-Health-Topics/Operation-Live-Well/Preventive-Health/Womens-Health/Womens-Health-Month>



PREGNANCY

Women who are pregnant or are planning to get pregnant can help give babies a healthy start with regular visits to healthcare providers.



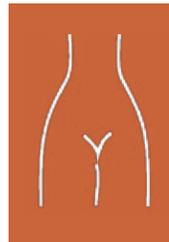
BREAST DISEASES

Most women experience breast changes at some time. Age, hormone levels and medicines may cause lumps, bumps and discharges.



UTERINE DISEASES

An early sign of uterine disease may be bleeding between periods or after sex. Causes of abnormal bleeding include hormones, thyroid problems, fibroids, polyps, cancer, infection or pregnancy.



MENOPAUSE

Menopause is the time in a woman's life when her menstrual cycle ceases. It usually occurs naturally, most often after age 45.



REPRODUCTIVE HEALTH

Reproductive health issues can impact fertility, overall health and a person's ability to enjoy a sexual relationship.



HEART HEALTH

Although heart disease is not gender specific, women may experience symptoms in a different manner from men.



The Army Recognizes National Women's Health Month



Women's Health Portal

Health-related resources and support specifically tailored to meet the unique needs of our female service members and beneficiaries



THE U.S. ARMY PUBLIC HEALTH COMMAND

As women expand into different roles in our military ranks, it is clear that the heart of a Warrior is not limited to one gender. Increasing service opportunities for women have been accompanied by an increased need for health-related resources and support specifically tailored to meet the unique needs of our female service members. This Women's Health Portal has been designed to

help meet those needs by providing service members, leaders and family members with up-to-date information about a variety of women's health topics to include: health and wellness, self-care, and health considerations for the deployed environment.

To learn more, please visit: <http://phc.amedd.army.mil/topics/healthyliving/wh/Pages/default.aspx>



Women's Health Month: Improving the Lifespace of Women

By Dr. Valecia L. Dunbar, DM, MPA, Army Medicine Public Affairs and Adjunct Professor Army Baylor MHA/MBA Program

National Women's Health Month (May 2015) is an opportunity to educate and increase awareness throughout the Army about the wide range of Women's Health programs and initiatives aimed at improving the Lifespace of female Soldiers, spouses and other beneficiaries.

The objective is to educate female Soldiers, leaders, Family members and other beneficiaries about the resources and programs available in Army Medicine that promote Women's Health and encourage them to make their health a top priority.

As an Army Family, we all play a role in women's health. Women often put the needs of their spouses, children, and others before their own. We must work as individuals, Families, and as an Army community to support the crucial need for women to make their physical, mental, emotional and spiritual health a priority by taking proactive measures that influence their Lifespace -- getting plenty of Sleep, increasing their Activity, and monitoring their Nutrition.

Resources for Women

Army Medicine offers and promotes key regular check-ups and preventive screenings to aid in avoiding the onset of disease and health issues before they start.

Army Medicine has established a Women's Health Service Line, which will manage the unique needs of women's health as a population by building the fundamentals of sound, gender-based programs and policies. The service line will recognize and adopt best practices that will focus on women's health management in order that care to women is coordinated, collaborative, and patient focused. The development and structure

for care delivery will be appropriate for all female beneficiaries and tailored to also address unique, gender specific needs of female service members.

Resources for Women in Combat

The Army Medical Department welcomes the increasing range of opportunities available for women in combat roles and has a long history of working to provide superb predeployment readiness and deployment/ post deployment healthcare for female service members. The Government Accountability Office (GAO) report, released in Jan. 2013, concluded that the DOD is addressing the healthcare needs of deployed servicewomen. (GAO 13-182)

Female service members play many key roles during deployment and focus on female Soldier readiness remains a critical priority. Predeployment Soldier counseling includes a focus on

Family planning, hygiene, menstrual cycle control options and information about urinary devices and urinary tract infections. The U.S. Army Public Health Command (PHC) has developed a Warrior Readiness Guide that discusses common female conditions and preventive practices. PHC also offers a Women's Health Portal which provides women's health preventive practices and self-care resources.

Army Medicine is committed to preserving the health and viability of our females and is actively engaging these issues in order to ensure the highest standards in healthcare for all beneficiaries regardless of gender.

Throughout May, U.S. Army Medical Command facilities and military treatment facilities will participate in presentations and briefings, at health fairs, town hall meetings, and community events to raise awareness about Women's Health issues.



Maintaining Women's Health During Deployment

Tips for the Female Soldier

By Col. Lori L. Trego, PhD, CNM Women's Health Task Force and Retired Lt. Col. Nancy Steele, PhD, WHNP- BC

History has often demonstrated that the course of battle is influenced more by the health of the troops than by strategy or tactics. Health is largely a personal responsibility. A woman's personal hygiene habits while in the field environment, such as during a deployment or field exercise, can have a strong impact on her well-being. Good health does not just happen; it comes with conscious effort, good habits, and self-care practices.

Challenges in the environment can lead to changes in personal hygiene practice, and may result in negative health outcomes. Common problems reported by women during deployments were related to vaginal and urinary tract infections as well as menstrual cycle symptoms. Yet, many military women have felt ill-prepared to deal with the hardships that the deployed environment imposed on their health maintenance practices.

These reports from women in the field were compiled by The Women's Health Task Force, a program of the Army surgeon general, and have resulted in the development and implementation of a class in basic combat training programs as well as leader development courses to help women, their peers, and their leaders know what to look for. Here are some tips to be better prepared to experience a healthy, safe, and comfortable deployment.



What women say: "You manage but you're always dirty...hands were nasty, always constantly cleaning, [using] hand

sanitizer, trying to stay clean, so you wouldn't have any type of infections or diseases or whatever or get sick."

The Problem: The lack of privacy, and of hand washing, shower, and laundry facilities has been associated with urinary tract infections and vaginal infections. You may be unable to adequately wash or stay clean and have difficulty tending to feminine hygiene during menstrual cycles. Women also hold their urine because of dirty latrines or lack of latrines, lack of privacy, and the inconvenience of undressing in full battle gear. This can lead to urinary tract infections (UTI) and vaginal infections. It is hard to take care of yourself in a port-a-potty!

TIP

TIP: The most important tip to preventing UTIs is to practice good personal hygiene. Good hand washing

will decrease chances of infection.

- *You should wash your hands before, as well as after, using the latrine and changing menstrual products.*
- *You should also empty your bladder as soon as the urge to urinate occurs, do not hold your urine.*
- *Drink plenty of fluids, preferably water, every day to help flush bacteria out of the urinary system.*
- *Use a female urinary diversion device (FUDD), which is a device that allows*



females to urinate through the fly of the uniform while standing or sitting, to eliminate the problem of holding your urine.

To prevent vaginal infections like yeast and bacterial vaginosis (BV), avoid the use of perfumed sanitary products and do not douche. Perfumed products and douching increase the pH of the vagina, which is unhealthy and encourages infection. Wear only cotton panties, as cotton allows moisture to escape whereas other materials may trap moisture and encourage the growth of yeast. Use baby wipes or personal wipes if no soap and water are available, but buy baby wipes that are perfume-free. A good idea is to carry supplies with you in a plastic ziplock, such as hand sanitizer and unscented wipes to help "keep it clean."



What women say: "I would go like a couple of months, like three months, without having a period and then I had a period. It would be really heavy at times."

The Problem: Servicewomen have



reported changes in their menstrual cycles, such as irregular spotting and increased bleeding, which they have associated with increased physical and emotional stress during deployments. Research has shown that physical and emotional stress can contribute to both menstrual cycle changes and increases in vaginal infections. Many other things can cause your menstrual cycle to change, too. Extreme physical stress, like that of an elite athlete, for example gymnasts and distance runners, can upset the hormonal balance in your body. Extreme limitation of your caloric intake and extreme physical work outs contribute to the loss of the menstrual period.

Medical conditions such as the polycystic ovary syndrome, can also contribute to changes in your period, so always discuss any changes in your period with a provider.

TIP As you can imagine, if you are having unexpected or heavy bleeding, it would be quite difficult to stay clean in an austere environment. Here are some tips for healthy menstrual hygiene practices during deployment or training.

- Wash your hands before and after changing sanitary products, and change products frequently. Be prepared: Always carry supplies!
- Have hand sanitizer with you, and a supply of one-time-use baby wipe packets are convenient to keep yourself clean.
- A 30-day supply of female hygiene products is recommended for deployments or if to an area without access to a post exchange.
- Choose types of sanitary products suited

for the environment.

- Carry an assortment of sizes and absorbencies of sanitary napkins and tampons for unexpected bleeding, breakthrough bleeding, spotting, or for your peers who may experience the same symptoms.
- Take them with you in a quart-sized baggy, which will fit in your cargo pocket and keep the supplies clean. Plan for disposal of used products, carry extra Ziplocs with you.

TIP There are ways you can manage, and even prevent some changes that may occur in your menstrual cycle.

Self-care involves taking over-the-counter medications to try to alleviate your own symptoms. Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, can help to decrease the amount of bleeding and cramps that occur during your menstrual period. Taking hormones (estrogen and/or progesterone) is a way to regulate your menstrual cycles and decrease symptoms you might experience. You can change your cycle by using birth control pills, the patch, the ring, the progesterone IUD, or “the shot,” depo-provera to try to avoid some of these symptoms. Servicewomen have said that they would like more information regarding uses and effects of contraception, as well as knowledge regarding which ones are ill-suited for environmental conditions in theater. Make an appointment with your care provider at least three months prior to field training or deployment if you would like to try a hormonal method to control your menstrual cycle during deployment.



If you experience any of the following symptoms, whether deployed or not, you should seek healthcare.

- Heavy bleeding for three or more days in a row.
- Vaginal itching, burning, abnormal discharge or odor.
- Redness of the genital area.
- Pain or burning with urination.
- Excessive frequency or urgency to urinate.

Please do not hesitate to see a healthcare provider at your duty station or if you are deployed - seeking care for health problems is an important part of “self-care.” Taking care of yourself during field training and while deployed can prevent infections and reduce menstrual problems. It is up to you to maintain your own personal hygiene in the deployed setting, so that you will remain in optimum health. Whether you are a leader or a squad-mate of a female Soldier, it is also your responsibility to know how to best take care of your battle buddy or unit member. Everybody on a team should know how to prevent problems, recognize signs of illness, and recommend healthy actions for their teammates!

Reference: The quotes in this article are from the following publication: Trego, L.L. (2007). Military women’s menstrual experiences and interest in menstrual suppression during deployment. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 36(4), 342-347.



Army Provides Expanded Options for Military Women in the Field

The Female Urinary Diversion Device (FUDD)

By Retired Lt. Col. Nancy M. Steele, PhD, WHNP-BC

Urinary tract infections (UTIs) have been reported as the most common health risk for military women when deployed to austere environments. In order to meet urination challenges of military women, researchers developed a program to utilize the female urinary diversion device (FUDD) that appears to be effective as a self-care measure to mitigate risk factors for urinary symptoms and UTIs in women. The FUDD allows women to urinate while standing. There are various types of FUDDs available on the commercial market. They are used widely for female urination when hiking, biking, and skiing. One type available is a portable lightweight palm-sized funnel that has a 6-inch retractable spout. The device is reusable and stores in a zipped vinyl carrying case. This anatomically designed device allows women to position it and urinate while standing or sitting. The FUDD can be discreetly used inside or outside and requires minimal to no undressing. Once used, it can be rinsed off, returned to its carrying case, and stored in a military uniform pocket or pack. Current research has provided support for the FUDD as an efficacious self-care measure for urination in austere environments.



Sgt. Jessica N. Burke, female engagement team member, 4th Battalion, 17th Infantry Regiment, 1st Brigade, 1st Armored Division, conducts a pre-combat inventory and inspection of her gear, including the green Female Urinary Diversion Device, in Afghanistan, March 16, 2013.



The FUDD allows women to urinate while standing. There are various types of FUDDs available on the commercial market.

Soldier 2020: The Time for Including Women Has Come

By Gen. Robert W. Cone, Commander of U.S. Army Training and Doctrine Command

In 2013, the Army initiated a deliberate service-wide effort, Soldier 2020, to ensure that our units are filled with the best qualified Soldiers.

This effort includes opening previously closed positions and occupational specialties to women while maintaining our combat effectiveness. For generations, women in uniform have served our nation with skill, courage and tenacity. In the last 12 years, more than a quarter of a million women served in Iraq and Afghanistan, of whom approximately 150 were killed in action and another 800 were wounded. Today, women fulfill crucial combat support roles in combat arms battalions around the world.

Our recent wartime experience indicates there are few practical limits to the vital contributions women can make in our Army formations.

Therefore, the Soldier 2020 effort seeks to remove as many barriers as possible and allow talented people, regardless of gender, to serve in any position in which they are capable of performing to standard. Soldier 2020 is rooted in three principles:

Maintain the dominance of our nation's warfighting forces by preserving unit readiness, cohesion and morale.

Validate both physical and mental occupational performance standards for all Military Occupation Specialties (MOS) initially focusing on those currently closed to women. Set the

conditions so all Soldiers, men and women, have an opportunity to succeed as their talents dictate.

Including Women-The Time Has Come

The Army began expanding roles for women 40 years ago. Since then, women have trained and fought alongside men as members of the profession of arms. Starting in the 1970s, they used the same curricula, learned the same tasks and did so under the same conditions as their male counterparts.

Throughout the 1980s and 1990s, we integrated women into most of the force, making them part of nearly every training event. By the time we went into Iraq and Afghanistan, women were filling essential roles throughout the force. During the wars, commanders routinely attached women to small combat units when they possessed skills needed on the battlefield.

The contributions and sacrifices made by women have challenged many long-standing assumptions about their roles in battle as well as the efficacy of the rules meant to keep them from serving in combat units. This summer (2013), when the Army allowed women into a number of combat battalions in a MOS that was already open to them, there was no need for fanfare. The vast majority of our force is already integrated.

We are approaching the gender integration of the combat arms MOS

in a clear-eyed manner. We must do this right, lest we put women and our institutional credibility at risk. The combat readiness of our well-seasoned Army must remain the first priority.

While this integration requires a well-thought out approach, I am confident we can do this right and improve the total force. Moreover, our current challenges cannot be an excuse to stop examining integration and, where warranted, executing it.

U.S. Army Training and Doctrine Command (TRADOC) initiated this effort by examining current attitudes about women in combat units. We conducted interviews and focus group discussions with more than 2,500 participants from a variety of organizations. We found that most men who had worked and fought beside women expected them to do well in combat roles. Some work remains to be done in order to convince men with little or no experience serving alongside women that they will perform well in new roles, but I am convinced that those with concerns will change their views. Across the force, everyone—including our female Soldiers and leaders insisted that we not lower the standards for service in combat MOS. The one unmistakable message we received is that most Soldiers agree that women, based on their wartime performance, have earned the opportunity to stand in any one of our formations for which they qualify, if they wish to do so.

U.S. Army Medical Command

Throughout this endeavor, our partners at the U.S. Army Medical Command (MEDCOM) and U.S. Army Research Institute for Environmental Medicine (USARIEM) observed our processes and made sure our results remained scientifically valid. Once we possess clearly established standards and gain broad consensus, USARIEM will lead the final phase, transforming the standards into physical tests an individual must meet to enter a combat MOS.

We will not only develop a gender-neutral standard, but we will also ensure that everyone in an MOS can perform the necessary tasks associated with his or her job. Soldier 2020 holds the promise of improving quality across our warfighting formations while providing a level field upon which all Soldiers can succeed based upon talent.

While this initiative is a promising step toward gender integration, we must harness past lessons learned and discern points of friction the Soldier 2020 program will encounter. Therefore, in the second major effort, I directed the TRADOC Analysis Center (TRAC) to conduct an extensive study to identify integration challenges and develop mitigation strategies for overcoming institutional, cultural and implementation barriers. TRAC began with a detailed study of historical references, medical studies and experiences of foreign armies.

This thorough review developed research questions on policies, programs and requisite leadership action. TRAC is now employing its unique analytical skills, coupled with a command sergeant major support

team grounded in the rigors of war, to examine these questions. USARIEM and the U.S. Army Institute of Public Health will complement TRAC's study with pertinent historical and analytical data as well as scientific review. These analytical centers are employing a variety of tools to answer the most important questions. A distinguished collection of external scholars, writers and retired Army leaders is also providing advice. They offer a critical and comprehensive look at the viability of our planned methodology, study outcomes, and proposed

recommendations throughout every step of the process. Together, these studies and reviews will help us see the history of the issue, understand the lessons of the past and identify where leaders need to focus their attention and resources.

Note: This article has been modified from its original version. To read the full article visit http://www.ausea.org/publications/armymagazine/archive/2013/11/Documents/Cone_Nov2013.pdf.



Cpl. Kristine Tejada, from Oakland, Calif., a truck commander for 1st Platoon, Higher Headquarters Battery, Task Force 2-82 Field Artillery Regiment, provides security at the ancient Ziggurat of Ur, Iraq. (U.S. Army Photo)

Contraception and Deployment

By Col. Michelle Munroe, DNP, CNM, AN

Menstrual cycle and fertility control are two important issues facing reproductive age women that impact unit readiness and deployment experience. The health and quality of women's lives could be markedly improved if all women received comprehensive education, had access to a full range of contraceptive options, and actually used one of these options. Comprehensive education combined with utilization of contraceptive methods has proven to allow women to effectively control their menstrual cycles, with implications for deployment health and the rate of unintended pregnancies. This combination of education and contraception has the potential to heighten unit readiness and resilience.

Contraception and education can play a significant role in the quality of life for active duty women. Lost duty days due to difficult menstrual cycles and unintended pregnancy impacts daily mission requirements, unit readiness and morale. It is important to provide education to servicewomen in order for them to understand all their options during deployment and their careers. Providing detailed contraception education at the right time and in the right venue can have a profound impact on women's lives and mission readiness.

Unintended pregnancy rates in the United States are as high as 50-65 percent,

with the Army reporting the highest rates among the branches of service. Over half of these pregnancies occurred in women who were not using any method of contraception, and most of these women were young, married or cohabitating and have lower education levels. The negative consequences associated with unintended pregnancy are decreased mission readiness, unit cohesion and morale. Providing contraceptive education to women early in their careers can combat these high unintended pregnancy rates and provide some long-term options that will benefit the individual service member and the military.

Women suffer regularly with premenstrual syndrome, mood swings, cramping, and irregular bleeding with

light and heavy days. Heavy days can be associated with anemia. For some, these symptoms result in lost duty days.

Many women only have a basic understanding of their menstrual cycles. There is widespread stigma that contraception is solely for "birth control" and few understand the important role that contraception can play in menstrual regulation. Contraception has other uses that are not often discussed or recognized, such as menstrual cycle control or suppression, that can increase the quality of life for women. Menstrual cycle control is when a woman uses hormones to control the number of cycles that she has per year whether that means having a cycle every month, quarterly, or none at all.

Education

Education regarding the menstrual cycle and the variety of contraceptive options available to improve menstrual cycle control should be done as early as possible in the service member's military career. Education benefits both the individual by increasing health awareness and knowledge, and the Army by decreasing the number of missed work days due to menstrual illness and unintended pregnancies.

A "menstrual wellness" refresher class should be offered whenever a unit is scheduled to deploy. According to



Army research, 74 percent of women deployed in support of OIF/OEF and Afghanistan reported that they did not receive information about menstrual cycle control prior to deployment. At a minimum, the class should review menstrual cycle control/suppression options and provide women with emergency contraception to take with them on deployment should they have unprotected/unplanned intercourse or experience a sexual assault. The Tricare Formulary offers 11 different options for emergency contraception. Check your local pharmacy for specific options available to you.

Deployment Options

A study of deployed women serving in Iraq finds that contraception use by active duty women averages 69 percent overall with a decrease in use during deployment to an average

Contraception use by active duty women averages 69% and decreases in use during deployment to an average of 58%.

of 58 percent. Women who deploy assume that they will not be sexually active therefore they choose to not use contraception without realizing the other benefits like menstrual cycle control and suppression. There are concerns about side effects like nausea, weight gain, headache and abnormal bleeding. If women do use contraception, they tend to choose more popular options like oral contraception. Oral contraception is not necessarily the best option during deployment. Limitations with this method include lack of availability and difficulty adhering to the daily regimen due to long shifts and mission requirements.

Providers can help to overcome the issue of availability by prescribing enough packs to last the entire length of the deployment. Female Soldiers can then bring their own supply to theater. If the deployment is extended, the Soldier would have plenty of time to identify resources to refill their prescription. Nuvaring® is an option that women choose because it only has to be changed once per month. The limitation with this option is it cannot be stored in temperatures above 86 degrees and it must be refrigerated for long-term storage.

Ortho-evra® “the patch” is another option because it doesn’t require daily dosing but weekly changing of the patch. Consideration of location of the deployment is important as many women have had difficulty with patch adherence in extreme temperatures resulting in discontinued use. Many

women are aware that Depo-Provera®, a long-acting injectable reversible contraceptive option can be very effective at decreasing or eliminating menstrual bleeding. Depo-Provera® does have some downsides. It may cause weight gain which is not a desirable side-effect for many active duty women. It also has to be injected every 12-14 weeks, which may be a problem during deployments, when geographic location or mission requirements limit access to the medication.

Other long-term options, Long-Acting Reversible Contraception (LARC) include Nexplanon and intrauterine devices (IUD) such as Skyla® and Mirena®, are other excellent options for military women. Nexplanon is a single implantable rod that is placed in the non-dominant upper arm that lasts for three years. Intermenstrual bleeding is a common complaint by women in the first few months of use so it should be placed well in advance of the deployment if possible. Skyla® and Mirena are hormonal IUDs that are FDA approved for dysmenorrhea and menstrual suppression that last for 3 to 5 years respectively. Most women have several months to prepare for deployment, offering an important window of opportunity for women to discuss the use of Depo-Provera® or LARC prior to the deployment.



National Mental Health Month Focus on Traumatic Stress in Women Veterans

A growing number of women are serving in the U.S. military. In 2008, 11 of every 100 Veterans (or 11%) from the Afghanistan and Iraq military operations were women. These numbers are expected to keep rising. In fact, women are the fastest growing group of Veterans.

May is National Mental Health Month and the impact of traumatic stress on women Veterans is a growing area of research at the National Center for Posttraumatic Stress Disorder (PTSD) at the U.S. Department of Veterans Affairs.

Stressors some women face in the military? Some stressful things that women might have gone through while deployed include:

Combat Missions. Women are not always trained for combat. Yet they often take part in stressful and dangerous combat or combat-support missions. More women are receiving hostile fire, returning fire, and seeing themselves or others getting hurt. An “urban warfare” setting like the one in Iraq can be even more stressful. After coming home, many male and female Veterans continue to be bothered by the combat they went through.

Military Sexual Trauma (MST). A number of women (and men) who have served in the military experience MST. MST includes any sexual activity where you are involved against your will, such as insulting sexual comments, unwanted sexual advances, or even sexual assault. After experiencing MST, many women feel depressed or have other difficulties. To learn more about MST, go to the National Center for PTSD webpage on Types of Trauma: War.

Feeling Alone. In tough military missions, feeling that you are part of a group is important. In some theaters, though, personnel are deployed to new groups where they do not know the other Service members. It can take time to build

friendships and trusting relationships. Not feeling supported can be very hard.

Worrying About Family. It can be very hard for women with young children or elderly parents to be deployed for long periods of time. Service members are often given little notice. They may have to be away from home for a year or longer.



Some women feel like they are “putting their lives on hold.” They worry that they can’t watch over their loved ones. If there are troubles at home, both women and men in the field might start to feel overloaded. After returning home, some women find it is hard to return to the “mommy role.” They may find that they have more conflicts with their children.

Because of these stressors, many women who return from deployment have trouble moving back into civilian life. While in time most will adjust, a small number will go on to have more serious problems like PTSD.

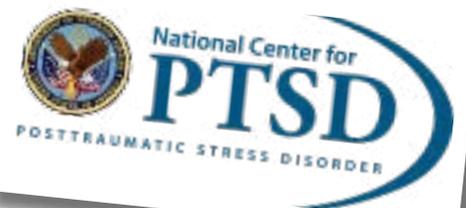
How many women Veterans have PTSD? Among women Veterans of the conflicts in Iraq and Afghanistan, almost 20 of every 100 (or 20%) have been

diagnosed with PTSD. We also know the rates of PTSD in women Vietnam Veterans. An important study found that about 27 of every 100 female Vietnam Veterans (or 27%) suffered from PTSD sometime during their postwar lives. To compare, in men who served in Vietnam, about 31 of every 100 (or 31%) developed PTSD in their lifetime.

What helps? Research shows that high levels of social support after the war were important for those women Veterans. Women who reported that they had close friends and Family were less likely to have symptoms of PTSD. Having someone to talk to and someone who really cared, helped women to adjust better to postwar life. It was also important for the returning women Veterans to feel that they could rely on others to assist them with tasks in times of need. Veterans who had this form of support suffered less from PTSD.

In response to the recent increase in women Veterans, the VA has put in place a number of healthcare and research programs just for women. This includes the Women Veterans Health Program and the Center for Women Veterans. Every VA in this country now has a Women Veterans Program Manager.

Source: National Center for PTSD-Traumatic Stress and Female Veterans: <http://www.ptsd.va.gov/public/PTSD-overview/women/traumatic-stress-female-vets.asp>





MEDCOM OBSERVANCES

- International Nurses Day, May 12
- National Nurses Week, May 6-12

ARMY NURSE CORPS

“Providing responsive, innovative, and evidenced-based nursing care integrated for all the Army Medicine Team to enhance readiness, preserve life and function, and promote health and wellness for all those entrusted to our care.”

For more information, visit: <http://armynursecorps.amedd.army.mil/>



Performance Triad

Rx for a Healthy LifeSpace

EFFECTIVE SLEEP HABITS:

- Get 8 hours of quality sleep per 24 hour period.
- Create a quiet, dark, comfortable sleeping environment.
- Remove distractions from the bedroom.
- Stop caffeine at least 6 hours before bedtime.
- Don't drink alcohol before bed.
- Get your exercise in by early evening.
- Don't go to bed hungry.
- Nap wisely 30-60 minutes in the late morning or early afternoon.

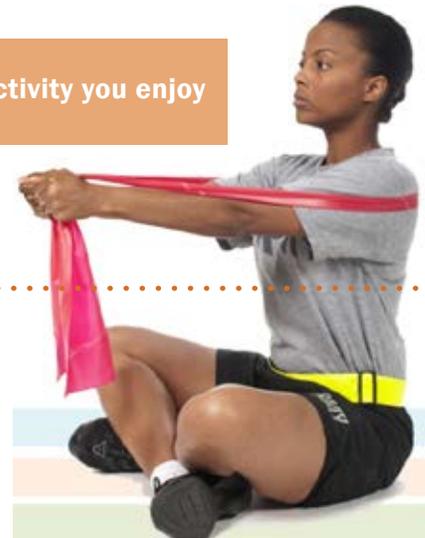
Stop caffeine at least 6 hours before bedtime



OPTIMIZING ACTIVITY:

- Take at least 10,000 steps per day; for optimal activity an additional 5,000 a steps a day can be spread throughout the day.
- Include resistance training two or more days per week. For optimal activity, add one day of agility training.
- Incorporate at least 150 minutes of moderate or greater intensity aerobic exercise per week. For optimal activity, add 75 minutes of rigorous intensity per week.
- Pick an activity you enjoy.
- Get up and move at least 10 minutes of every hour.
- Muscular Strength and Endurance (MSE)/Resistance Training improves bone density.

Pick an activity you enjoy



OPTIMIZING NUTRITION

- Good oral health and proper nutrition work together.
- Refuel 30-60 minutes after strenuous exercise.
- Eat at least 8 servings of fruits and vegetables per day.
- Plan your meals like you plan your workouts.
- Replenish fluids frequently, even when you are not thirsty.
- Eat breakfast every day. It provides the fuel you need to begin the day.
- Your plate should be proportioned like the plate on the next page...EVERY MEAL, EVERY DAY!
- Portion sizes and snacks will vary based on your energy needs and training goals.

Eat at least 8 servings of fruits and vegetables



Rx for a Healthy Pregnancy



Additional tips for Pregnant Women:

- Make sleep a priority and maintain a consistent bed time.
- Use extra pillows to support abdomen and back; wedge-shaped and full-body length are helpful!
- Side-sleeping is recommended.
- Regular exercise will aide in sleeping more deeply.
- Sleep when the baby sleeps.
- Accept help from others.
- Get the baby on a sleep schedule that works best for the Family.
- A short afternoon nap of 20-30 minutes can help.

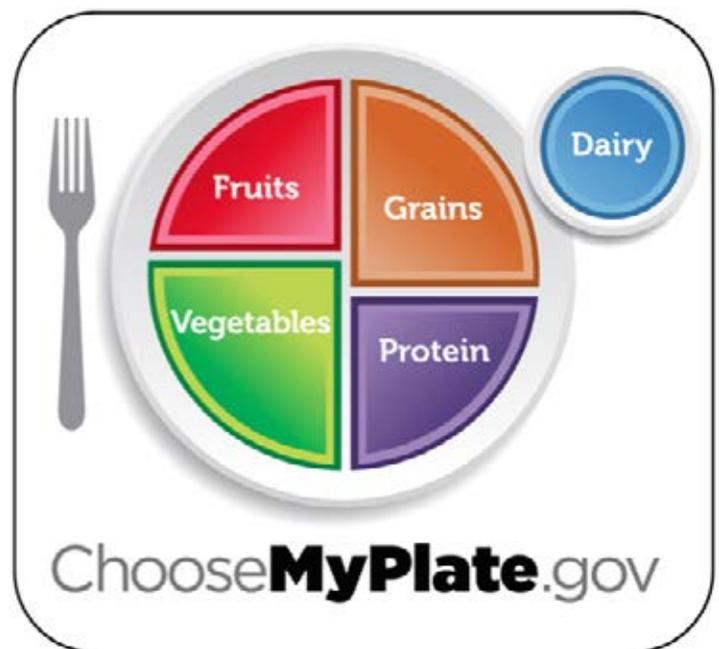
Additional tips for Pregnant Women:

- Add 30 Kegel exercises daily to strengthen the pelvic floor.
- Pelvic floor exercises that should be performed regularly, especially during and after pregnancy.
 - Maximizes effective pushing during labor.
 - Facilitates quicker recovery of postpartum muscle strength.
 - May decrease risk of urinary and bowel incontinence.
 - Kegel Exercise Video: <http://www.youtube.com/watch?v=oVKemhvgekk>.
- Recommend performance of a variety of exercise activities to reduce the risk of overuse injury.
- Your center of gravity will change as pregnancy progresses; careful movement is required to stay balanced and reduce the risk of falling.
- Exercise does not have any adverse effects on breast milk volume or composition.
- Recommend feeding the baby or pumping prior to exercise to increase mom's comfort; wear a supportive sports bra.
- Exercise with your baby: <http://www.youtube.com/watch?v=akOb5HEnVKM>
- As a reminder at any time during exercise, STOP IMMEDIATELY if you feel uncomfortable or concerned.



Additional tips for Pregnant Women:

- A prenatal vitamin that includes folic acid, calcium, Vitamin D, and DHA.
- Eating a healthy diet and taking a prenatal vitamin (PNV) will ensure your baby gets adequate nutrients for healthy development.
- Attend prenatal nutrition classes and discuss specific dietary needs with your provider.
- Choose whole grains at least 50% of the time.
- Get calcium rich foods; Focus on fruits; Vary the veggies; Go lean with protein.
- Extra calories needed: 1st Trimester: no extra calories-2nd Trimester: +340 calories/day-3rd Trimester: +450 calories/day.
- Breastfeeding women should continue their prenatal vitamins and consume at least 1000mg of calcium each day.





Madigan's Prenatal Ultrasounds Nationally Recognized

By Suzanne Ovel, Madigan Army Medical Center Public Affairs

Madigan Army Medical Center recently earned national recognition for its excellent performance in prenatal ultrasounds when its Antenatal Diagnostic Center was recertified in January 2015 by the American Institute of Ultrasound in Medicine (AIUM), making Madigan the only military treatment facility in the United States with this designation, said Supervising Sonographer Joann Acosta.

"We are providing our pregnant patients with the highest quality of ultrasound in our unit through our exceptional support staff, sonographic techs, and high-risk doctors," said Maj. Brad Dolinsky, chief of the Antenatal Diagnostic Center, Maternal-Fetal Medicine.

Madigan is also just one of five centers in Washington state with an AIUM certification for fetal echocardiography, which is an ultrasound test used to view a fetus' heart.

As the governing body for the use of ultrasound in medicine, AIUM sets forth the criteria for what should be checked during prenatal ultrasounds. These ultrasounds focus on thoroughly checking on the overall healthy development of babies, looking at everything from the brain to the heart, the diaphragm to the spleen, and the kidneys to the umbilical cord.

Madigan sonographers, or ultrasound technicians, tend to run

these comprehensive checkups when the fetus is between 19 and 22 weeks old.

"That's when the baby is big enough. We can see everything, but not so big that it shadows us out," Acosta said. "As the baby gets bigger, the bones get bigger and harder. We can't see through the bones as well as at 19 weeks."

Out of the about 675 prenatal ultrasound exams that Madigan conducts each month, they tend to find about two to four fetuses with anomalies. The more common anomalies involve heart, spine, renal or chromosomal defects, along with cleft lips and palates, and club feet.

Babies identified with anomalies are watched more closely in their development, and specialists start working closely with the parents to explain the condition as well as the medical options. The hope is to preplan what medical care the baby will receive once it's born as well as to increase the parents' peace of mind.

"(Doctors) prepare the patient for what's going to happen once the baby's born so they're not surprised," Acosta said.

Acosta emphasized that doctors will sit down with parents the day of a diagnosis to explain it, and will also make time for a follow-up appointment to give the parents options to decide how they want to proceed. When specialists need to be on hand shortly

after birth, parents can opt for a controlled delivery - a C-section or inducement is scheduled to better control the timing of the delivery to help ensure a specialist can be present.

If needed, anomalies detected in fetuses can sometimes be operated on while fetuses with lower spinal defects, for instance, may be sent to specialists to operate on them so they can continue to develop properly in the womb. Madigan's sonographers assist in these vital diagnoses by obtaining the best possible images to give to the doctors to diagnose, Acosta said.

"If we can't get the pictures, we're not going to have a diagnosis," she said.

While there are minimal guidelines for conducting prenatal ultrasounds, she said that Madigan goes above those, even the AIUM guidelines. Acosta said obtaining the national AIUM certification can give Madigan prenatal patients increased confidence in their care here.

"They can rest assured that Madigan can give them the proper care when it comes to their babies," Acosta said. "We have state-of-the-art machines, the best-trained ultrasonographers, and the best-trained high-risk obstetrical physicians in the field of ultrasound."





Brittany Lynch, a patient in Fort Belvoir Community Hospital's Centering-Pregnancy program, is examined by certified nurse-midwife Maj. Safiya Peterson during a recent appointment. In the alternative-model Centering-Pregnancy, health assessment, education, and support are provided in a group facilitated by a care provider, which allows expecting parents to also receive conventional obstetrics care and additional services such as immunizations, lactation services, and nutrition guidance- all in one setting. (Department of Defense photo by Alexandra Snyder)

Centering Pregnancy Program, A Modern Approach Soothes Pregnancy Stress

By Alexandra Kocik, *Northwest Guardian*, Joint Base Lewis-McChord

In a small sea-foam-colored room full of chairs, a group of people sit in a circle, staring intently at one woman. Their eyes widen as Mary-Paul Backman, speaking to her “CenteringPregnancy” group, speaks of varicose veins, bleeding, and swollen feet. It is the second session of 10 in their prenatal group, which focuses on how to relieve pregnancy discomforts. All but two pregnant women in this group are on their first child.

CenteringPregnancy combines regular check-ups with a chance to learn more about different facets of pregnancy. One session may focus on nutrition while the next is on pain relief, and the groups change depending on who is available.

Roxanne Piecek, chief of midwifery services at Madigan Army Medical Center, said that every group gets the same base information, but adapts to the concerns of participants.

“It may be the same themes as groups past, but the different experiences and concerns of the groups completely changes the direction of our conversation,” she said.

This differs greatly from the traditional approach to prenatal care, with 15- to 20-minute long appointments with providers.

Communication

The open communication between

everyone who attends CenteringPregnancy groups help bring up topics the parents may not be otherwise discussing. One activity involves cards where women fill out the most important aspects of birth for them, then must face what will happen if it doesn't work out. Exercises like this help parents work out their own plans and gives the staff a chance to know what the parents are expecting.

“It's better to start thinking about this now when you're not stressed, not in labor and to start working through some of those feelings,” Piecek said. “You don't want to be delivering or even after, taking care of that baby, feeling like a failure. You have a really big job, in raising that child. That's more important than what just happened in the delivery room.”

Piecek hopes this approach makes women feel more involved with their pregnancy and be prepared for surprises that may change the plan. “I do both traditional care and Centering care, and in both I am sure to ask the women what their plan is,” she said. “That way they know what to expect and be more prepared for that day.”

Education and Care

CenteringPregnancy focuses on bringing the educational and medical aspects of expectant mothers together. The groups

begin with one-on-one checkups, like listening to the baby's heart and taking tests. Often, things requiring traditional patients to make several appointments are done at these groups, including genetic testing and vaccinations. Unlike traditional appointments, a group of eight to 12 women (and their spouses, if available) meet 10 times throughout their carrying time. There is another group meeting after the babies are born, which acts as a kind of reunion after everyone gives birth. Women who are around the same pregnancy date get together for 10 sessions plotted out as soon as the women sign up. What began as just one group grew to a rotation of around three different time slots for these groups.

Crystal and Chad Eaddy chose the CenteringPregnancy path because this is their first child.

“I chose this because we wanted to be sure we had all the information we could,” Crystal Eaddy said. “We've already learned a lot in these two sessions here.”

Cassandra and Casey Blood, who are also expecting their first child, agreed. “I felt like this was the best choice for us as soon as my doctor mentioned it,” Cassandra Blood said. “Centering makes me feel a lot less stressed about the delivery because I'm not as confused as I would be otherwise.”



♀ Putting Patients First: An Evidence-based Approach to Healthcare

Fort Belvoir's Baby-Friendly Hospital Initiative

By Alexandra Snyder, Fort Belvoir Community Hospital Public Affairs

Ensuring patients receive the highest standard of care, Fort Belvoir Community Hospital became the second facility in Virginia and one of only four facilities in the Military Health System to attain accreditation through the Baby-Friendly Hospital Initiative.

The accreditation, awarded by Baby-Friendly USA, Inc., signifies the hospital's commitment to educating and providing mothers with the information, confidence, and skills necessary to successfully breastfeed their babies or feed formula safely. In keeping with making the patient's overall well-being the top priority, Belvoir Hospital has also implemented an alternative model of prenatal care for mothers-to-be, called CenteringPregnancy.

An international evidence-based wellness program, the Baby-Friendly Hospital Initiative provides Families with a strong foundation in the early days of a baby's life and ensures patients receive consistent information on breastfeeding, skin-to-skin contact, infant feeding and caring for their baby regardless of where they receive care in the hospital. The Breastfeeding Resource Nurse course provides additional education for nursing and other staff outside the inpatient setting to improve the support that mothers and infants receive in all clinical spaces.

"The best part about baby-friendly is that it really prioritizes the needs and wants of the baby and the mother," said Angela Love-Zaranka, a lactation consultant at Belvoir Hospital. "It gives a voice to the most vulnerable people in the room. It's not about all the administrative things the staff needs to perform around the birth. It's about using evidenced-based care to ensure the two patients are receiving the best possible outcome in their experience with us and in their health when they're released."

Note: The Army has not embraced pursuit of Baby-Friendly accreditation for all Army Medicine hospitals. Army Medicine is pursuing implementation of a lactation friendly environment that supports the Ten-Steps of Breastfeeding.



Jenn Hemmer (left) - her 4-week-old daughter, Riley, in her arms - speaks with pediatrician Elizabeth Hasert Aug. 2 at Madigan Army Medical Center on Joint Base Lewis-McChord, Wash., about healthy baby weights during one of the hospital's Moms Own Milk group sessions. MOMs group is a twice-weekly organized effort by the MAMC lactation consultant office to bring breastfeeding mothers together with staff members who provide education on the topic, support, weigh-ins and advice concerning every aspect of breastfeeding. (Photo by Sgt. Christopher M. Gaylord, 5th Mobile Public Affairs Detachment)

Adaptive Reconditioning Gives Two Women a New Appreciation for Old Passions

By Warrior Transition Command Public Affairs



U.S. Army Sgt. Kawaiola Nahale, Warrior Transition Battalion, Schofield Barracks, Hawaii, swims a preliminary race during the 2014 Warrior Games at the U.S. Olympic Training Center in Colorado Springs, Colorado, September 30, 2014. Nahale, also lost an important part of herself when she was unable to swim following her breast cancer treatments and related surgeries. "Not being able to be in the water was devastating. I've spent my whole life in the water, to include my civilian job." Once cleared to swim, Nahale said, "Being in the water was healing for me and kept me from worrying about taking meds, surgeries or treatments." (U.S. Army photo by Spc. Ronda Robb)

The U.S. Army Warrior Transition Command's Adaptive Reconditioning program includes any physical activities that wounded, ill, and injured Soldiers participate in regularly to support their physical and emotional well-being. These activities contribute to a successful recovery for Soldiers whether they are transitioning back to active duty or to civilian life

The adaptive reconditioning program encouraged U.S. Army 1st Lt. Kelly Elmlinger and U.S. Army Sgt. Kawaiola Nahale to renew their passions and provided a support system of Soldiers on a similar journey. "Before I started in the Adaptive Reconditioning program, I didn't know anyone else going through this," Nahale said. "Being around other cancer survivors and athlete survivors has made my recovery 100 times better. I can talk to somebody without hearing the shock and awe." Elmlinger echoed these feelings saying, "It's nice to talk to someone who understands what you're

going through and can tell you how they got through it or vice versa. You have to be mentally strong and being around other warrior athletes helps with that."

Both women are fierce competitors. At the 2014 Warrior Games, Elmlinger won three gold medals in swimming and four silver medals in track and field. Nahale won one gold and three silver medals in swimming. While winning medals is momentous, the camaraderie is what made their experiences priceless. Elmlinger and Nahale remain in contact with each other and with other Wounded Warrior athletes. They are both training to earn a spot on the Army Team for the 2015 Warrior Games to be held in June.

To learn more about adaptive reconditioning, visit the Warrior Transition Command's webpage on adaptive reconditioning activities for wounded, ill, and injured Soldiers and Veterans at: <http://www.wtc.army.mil/modules/Soldier/5-adaptiveReconditioning.html>



(U.S. Army photo by Sgt. Robert Stalker)

U.S. Army 1st Lt. Kelly Elmlinger, Warrior Transition Battalion, Fort Sam Houston, Texas, a member of the Army Team, celebrates after finishing the woman's 100 open event for the 2014 Warrior Games at the U.S. Olympic Training Center, Colorado Springs, Colorado, October 2, 2014. "It's about maximizing quality of life," explained Elmlinger. Adaptive reconditioning activities significantly enhance the recovery and transition of wounded, ill, and injured Service members. "Competing in adaptive sports gives us a piece of ourselves back and a community of support." "Running was my thing, and it's always been my thing. I craved going out to run because it was a stress reliever; that 'me time'." Elmlinger was diagnosed with synovial sarcoma, a rare form of cancer in her lower left leg with permanent foot drop, nerve damage, and left forearm nerve impairment. "Running was a positive way to make peace with God, myself and clear my mind. Losing that outlet was a really big deal for me," said Elmlinger.





“Who Says Rural Healthcare Doesn’t Deliver?”

GLWACH Exceeds National Standards in Natural, Multiple Childbirths

By John Brooks, General Leonard Wood Army Community Hospital

The Thomson twins, are beautiful baby girls born Dec. 23, 2014, at General Leonard Wood Army Community Hospital (GLWACH)-and one of three sets of healthy twins born at GLWACH over the holidays by natural delivery. This is not surprising to GLWACH’s obstetrics and gynecology department whose cesarean delivery rate for twins is consistently lower than the national rate.

“We have had substantial success with vaginal deliveries of twins here with excellent neonatal outcomes,” said Col. (Dr.) Peter Nielsen, GLWACH

commander, a board certified physician in both Obstetrics and Gynecology as well as Maternal-Fetal Medicine.

For most pregnancies which are low risk, a major surgery such as cesarean section poses higher risk than vaginal delivery. For higher risk pregnancies including prior cesarean sections, blood pressure concerns, and multiple gestations, the decision about whether to deliver vaginally or by cesarean section must be carefully discussed between provider and patient, and is specific to each patient’s circumstances.

The choice of a natural delivery in a rural setting was an easy decision for Jessica Thomson, mother of the twin girls. “We’re from Wisconsin so rural is relaxing and not intimidating,” said Mrs. Thomson. Her spouse, Capt. Billy Thomson, agrees, “They were very personable-they seemed to know us every time they came into our room. The staff’s experience and knowledge-and the fact that the hospital commander is an OB and was on the team advising our doctors



Col. Peter Nielsen, a board certified physician in both Obstetrics and Gynecology as well as Maternal-Fetal Medicine—and General Leonard Wood Army Community Hospital (GLWACH) commander in his spare time—holds the Thomson twins on their one-month birthday visit. Capt. Billy Thomson, an Army Engineer stationed on the installation with his wife Jessica, bundled up the babies, along with their older brother and sister, to drop by for a few photos with Dr. Nielsen in the hospital’s Command Conference Room. “The three sets of healthy twins (born at GLWACH) over the recent holidays) highlight the extraordinarily safe, patient-centered care provided here,” said Maj. (Dr.) Melissa A. Grant, MD, FACOG, chief, Department of Obstetrics and Gynecology at GLWACH. Practicing in a rural setting does not decrease GLWACH’s standard of care and in many ways even improves care by allowing closer attention to patients, Grant said. GLWACH’s exceptional, balanced and coordinated rural healthcare care exceeds that of many big-city facilities, statistics show. “The perception that rural healthcare is substandard healthcare—that’s just not true,” Grant said. (U.S. Army photo by John Brooks).



was just comforting,” said Capt. Thomson who is an Army engineer stationed on the installation.

Additionally, the GLWACH Mother Baby Unit (MBU) received the “Best Customer Service in MEDCOM” award for the second year in a row. This is an award based on independent customer surveys sent by patients directly to the Army Surgeon General’s Office.

“I feel like people are just misled about the value of rural healthcare,” says Maj. (Dr.) Melissa A. Grant, MD, FACOG, chief, Department of Obstetrics and Gynecology at GLWACH. “Practicing in a rural setting does not decrease GLWACH’s standard of care and in many ways even improves care by allowing closer attention to patients. You get to know your doctor, I see my patients at Walmart, but at the same time we’re tied in with Western Regional Medical Command, we still work closely with Phelps County Regional Medical Center (PCRMC), with Springfield, and with University of Missouri, Columbia (UMC). We provide big-facility healthcare with a small-town feel.”

GLWACH’s exceptional, balanced and coordinated rural healthcare exceeds that of many big-city facilities and its healthcare providers, including nurse midwife providers, take pride in managing all pregnancies, both low and high-risk, based on current evidence and clinical practices, while providing and implementing safe options with a patient-centered approach.

The hospital’s Mobile Obstetrics Emergency Simulator (MOES) is a cutting-edge technology offered at GLWACH that improves safety. The MOES is a realistic “mechanical mom” that simulates common obstetric emergencies so residents and staff can train on situations involving fetal distress, neonatal resuscitation and post-partum hemorrhaging that can arise during a delivery.

Last year, the GLWACH mother-baby unit (MBU) began offering “Peek-a-Baby,” a system that allows GLWACH moms to see their babies when infant transfers are required and mothers need to stay behind.

“It’s an awesome thing to see a new mom burst into tears when we hand her a laptop showing her baby looking up at her on the screen,” said Maj. Ashonda Trice, MBU chief.

“So, the perception that rural healthcare is substandard healthcare—that’s just not true,” Grant said.

GLWACH continues to lead the way with new services and customer care initiatives.

Another GLWACH first provides real-time, routine medical appointment

patients from hospital to hospital via helicopter have safely and significantly been reduced here. Called “Stemi-hot load,” GLWACH’s new practice cuts patient transfer time by a whopping 68 percent.

“A 68 percent reduction in transfer time equates to saving 19 minutes of heart muscle,” said Randall Moore, GLWACH’s ER supervisory nurse.

Because of its rural location and proven potential for success, GLWACH was chosen for a pilot program to offer Electronic Intensive Care Unit (eICU) services here in

“...I see my patients at Walmart, but at the same time we’re tied in with Western Regional Medical Command, we still work closely with PCRMC, with Springfield, with UMC. We provide big-facility healthcare with a small-town feel.”

availability which can now be viewed on a large-screen display located outside the Emergency Room, on another display for those waiting to be seen inside the ER waiting room, and it’s even available online. Patients can book on the spot by picking up the phone or online, as well as by calling the TRICARE/UHC appointment line. GLWACH’s Operating Room provides the first ever “REST Assured” system which lets surgery patients allow their friends and Family to securely follow their progress through all six stages of surgery, from check-in to discharge, on a large-screen display located in the Surgical Services waiting room-or online from anywhere.

And, big-city healthcare protocol standards for transferring heart attack

2012. The eICU provides additional board certified physicians and critical care nurses via a unique civilian-military partnership with Baptist Healthcare in Little Rock, Ark. A high-definition video feed allows visual communication between GLWACH and Little Rock staff while the system sends the patient’s electronic monitoring information to the distant facility in real time. Physicians can speak to each other and the patient and even zoom in on the patient with the camera.

Significantly similar advances in services throughout the hospital occur often. For the latest, follow us at [Facebook.com/glwach](https://www.facebook.com/glwach).

GLWACH’s Recent Recognitions:

- * **PCMH Level 3 Accreditation: GLWACH and the Ozark Family-Centered Medical Home**
- * **Best Mother/Baby Unit customer service in the Army--two years in a row.**
- * **Technology Advancements: “Stemi hot-load” ER visual real-time appointment board, and “REST Assured”**
- * **National Accreditation: The Joint Commission**



Breast Cancer Care, A Team Effort at Fort Belvoir Community Hospital

By FBCH Public Affairs



To ensure breast cancer patients at Fort Belvoir Community Hospital (FBCH) receive the highest quality of-and access to-care, the Breast Health Center has implemented a multidisciplinary approach to treatment.

Patients in the clinic have access to comprehensive care, including a full range of services, a multidisciplinary team approach to coordinate the best treatment options, information about ongoing clinical trials, and new treatment options, said Maj. Alicia Williams, chief, Breast Health Center.

Medical personnel from radiology, oncology, social work and surgical clinics meet as a group every week to discuss each patient's treatment and progress.

The same clinics also meet with patients one-on-one to discuss individual aspects of their care.

"Sometimes when people hear 'cancer,' they become overwhelmed by the diagnosis," said Williams. "A person can only absorb so much information at once, which is why we meet with patients as soon as they are sent for testing, before they ever find out if the answer to 'is it cancer' is a yes or no. We go over the potential outcomes and treatment options, and any questions they may have. Then, if it is, us sitting there giving them that news isn't the first time they have met with us and they feel less afraid, knowing their options. We continue to meet with them and their Families through each step of their journey to ensure they remain satisfied with their chosen treatment."

Belvoir Hospital's multidisciplinary approach to breast cancer care is important for patients because as a

patient- and Family-centered care facility, this approach involves the patient, their support system(s), and a team of providers. Whose expertise, opinions and treatment recommendations assist our patients in making informed decisions regarding their total care from the onset of the breast cancer diagnosis, said Donna Hornhook, a social worker at Belvoir Hospital.

"The multidisciplinary approach enables the patient and their Family members to meet face-to-face with the team of specialists independently in an effort to gain understanding regarding

their diagnosis and explore various ways to treat the cancer and cope with the challenges that they may encounter throughout their treatment process," said Hornhook.

"We are committed to providing the highest level of breast cancer care utilizing a multidisciplinary approach from screening to diagnosis and subsequent treatment, because you can't successfully heal someone unless you focus on all the parts of them that are hurting- physically and psychologically," added Williams.



Speaking to staff members from Fort Belvoir Community Hospital, Maj. Alicia Williams, chief, Breast Health Center and Lt. Col. Michael Benson, pathologist (in blue scrubs) meet to discuss breast cancer treatments and diagnoses in the hospital's Breast Health Center. The multidisciplinary team meets weekly to review patient progress and prognosis and includes members from oncology, social work and surgical departments. (Department of Defense photo by Alexandra Snyder)





Military Women Face Extra Challenges to Quit Smoking

By Health.mil staff

Military women tend to feel more stress than their male counterparts, making it more challenging for women in the Armed Forces to give up smoking, recent surveys find.

Female Service members say they feel doubly stressed, first by their jobs and secondly by their status of being a military woman, according to Department of Veterans Affairs' studies. Smoking is used as a major stress reliever and coping mechanism for military women, conclude the researchers.

SMOKING AND THE STRESS RELIEF FALLACY

Although smokers believe they are reducing stress, non-smoking Service members report much lower stress levels than smokers, says Paul Fitzpatrick, retired Army officer and program manager of "Quit Tobacco" and its website.

"The addiction actually creates more stress," he says.

"Women and Smoking Cessation Handbook," published by the Veterans Health Administration (VHA), notes that female Service members face more barriers to quitting than civilians and are more susceptible than men to the dangerous effects of smoking. Quitting can be harder for military women because of accompanying depression (significantly higher rates in women than men), posttraumatic stress disorder or substance use.

BARRIERS TO OVERCOME

Smoke breaks are a familiar respite in military life that the Department of Defense (DOD) wants to discourage through discussions and briefings with Service members, says Fitzpatrick. Because smoke breaks give Service members daily opportunities to socialize with others of all ranks without regard to hierarchy, the change in conversation is challenging but necessary, he says.

"Tobacco use is a health risk to a

strong and ready force," Fitzpatrick says. "In the new culture, smoking would be frowned upon and not socially acceptable."

In addition to overcoming the social separation military women might feel from their smoking counterparts, they need to be ready to quit. Then they need to recognize the barriers to quitting -- withdrawal symptoms, fear of failure, weight gain, lack of support, loss of smoking enjoyment and relapse.

Recommendations offered by healthcare professionals, along with smoking cessation programs, are to practice relaxation techniques, drink more fluids, eat fruits and vegetables, and wait for the smoking urge to fade by engaging in another activity, such as a short, brisk walk. Exercise is a much healthier way than nicotine use to trigger the brain to release "feel-good" endorphins.

By using approaches tailored to



gender-specific motives for quitting and providing viable alternatives to managing stress, the VHA has found military women and Veterans can be successful in quitting and staying tobacco free. Likewise, the “Quit Tobacco” program, in its ninth year, has been instrumental in motivating Service members to make the decision to quit, says Fitzpatrick.

IMPACT ON WOMEN’S HEALTH

Smoking specifically affects women’s health in various ways:

- Smoking is even more harmful for women using oral contraceptives (especially women over age 35), which is more common among military women than civilians.
- Smoking is linked to menstrual symptoms such as premenstrual tension, irregular periods, heavy periods and severe period pain than nonsmokers.
- Smoking is a risk factor for low fertility gestational complications, birth complications, and perinatal problems.
- Smoking is linked to premenopausal signs of osteoporosis among women – likely due to estrogen deficiencies among female smokers.
- Women metabolize nicotine more rapidly than men. A higher metabolic rate and nicotine clearance can lead to increased smoking.
- Although more women are diagnosed with breast cancer, lung cancer (primarily caused by smoking) results in more deaths among women.

PLAN TO QUIT SMOKING

Military women and Veterans could benefit from several sessions of patient-centered smoking cessation counseling aimed at helping them meet the extra

challenges of quitting plus appropriate medication and other resources, according to the VHA’s handbook.

Defense Department surveys show that 60 percent of smokers in the military want to quit, Fitzpatrick says, “but clinically we know that the nicotine addiction is what gets in the way.” One out of three members who currently use tobacco started smoking after they enlisted, according to the surveys.

DOD’s “Quit Tobacco-Make Everyone Proud” public health campaign aims to modify the established military culture and confront the stress factors that have led to higher smoking rates among Service members, says Fitzpatrick. Currently, about 32 percent of active-duty Service members smoke, compared to 19 percent in the general public.

The DOD and TRICARE is the healthcare program for Service members (active duty, Guard/Reserve, Retired) and their Families around the world. TRICARE makes it easier for Service members to quit smoking by offering a smoking-quit line, a 24/7 telephone support and referral

Female Service members say they feel doubly stressed, first by their jobs and secondly by their status of being a military woman, according to Department of Veterans Affairs’ studies.

service with trained coaches, and a comprehensive collection of smoking cessation tools. For more information, visit the TRICARE website. A DOD quit tobacco website is also available with resources and a live chat feature.

Another Defense program offering information and resources for quitting

tobacco is “Operation Live Well,” which promotes the benefits of making healthy lifestyle choices. For more information, visit the Operation Live Well section of the [Health.mil](https://www.health.mil) website.

TRICARE covers smoking cessation medications, including prescriptions and over-the-counter medications. Covered smoking-cessation medications are available at no cost through military treatment facilities pharmacies and TRICARE Pharmacy Home Delivery. TRICARE medications are not covered when purchased at retail pharmacies. Smokers can have two “quit attempts” per year and still be eligible for counseling sessions and medicines, which Fitzpatrick says have been shown to be the most helpful tools for Service members to quit smoking for good.

REWARDS FOR QUITTING SMOKING

Rewards for quitting tobacco are numerous, especially for women Service members. They can perform better in physical activities, reduce coughing and wheezing and improve reproductive health. They also reduce the risk for heart and lung disease, cancer and

osteoporosis. Finally, Service members are able to save money and set a good example for their children. Later, when they leave the service, the VA studies have shown that female Veterans who quit smoking report significantly less depression than current smokers.



Future Initiatives in Women's Health Research

Army Medicine Supports Broader DOD Initiatives, Women Veterans Care

By The TriService Nursing Research Program and Military Women's Health Research Interest Group

The Military Women's Health Research Interest Group (MWHRIG) was created several years ago by a group of Army, Navy, and Air Force military women's healthcare providers who shared a passion to improve the health and care of women who serve in the U.S. military. Women in the armed forces serve in complex occupational specialties that sustain national policy and ensure the combat effectiveness of our forces. The complexity of military jobs and increased deployments to combat operations has led to increased occupational and health risks for women.

The MWHRIG systematically reviewed a decade of research articles on military women's health issues, both during deployment and at home. The team's goals are to use this information to determine gaps in the literature and to create a research agenda that will fill

those gaps in research.

The plans include looking at military women's health utilization data to determine which factors most often cause military women to seek care.

MWHRIG will post the findings in a searchable web-based repository to facilitate the conduct of research. The group has also compiled and published a Military Women's Health Researcher Guide to help aid networking and mentoring within the military women's health research interest community. Find more information about this guide (and how to obtain an electronic copy) when you "Like" the MWHRIG's Facebook page! <https://www.facebook.com/pages/Military-Womens-Health-Research-Interest-Group/117532448302481>

The work of the WHRIG was guided by the U.S. Department of Veterans Health Administration Health Services

Research & Development (HSR&D) department, who created a Veteran women's health research agenda. The U.S. Department of Veterans Affairs program on Women's Health Research continues to conduct valuable research driven by the comprehensive research agenda on women's health.

In 2011, the Health Services Research & Development (HSR&D) arm of the Veterans Health Administration released the report, "VA Adapts to Changing Demographics: Improving Healthcare for Women Veterans."

According to the 2011 report, women make up 20 percent of new military recruits, and it is estimated that women Veterans will comprise 10 percent of the Veteran population by 2018. The VA is committed to improving several key priorities for



Military Women's Health RIG members met in San Antonio this fall for a roundtable discussion at the TSNRP Research and EBP Dissemination Course. Front row (left to right): Megan Foradori, Lt. Col. (ret) Nancy Steele, Lt. Col. Candy Wilson, Col. Lori Trego, and Capt. Jacqueline Rychnovsky; back row (left to right): Lt. Col. Nicole Armitage, Maj Kimberly Hughes, Capt. Martina Taylor-Campbell, Cmdr. Abigail Marter, Maj. Ida Montgomery, Dr. Victoria von Sadovszky, Dr. Nancy Ryan-Wenger, Lt. Col. John Meyer, Cmdr. Lisa Braun, and Cmdr. Jennifer Buechel.



women Veterans care, including: access to care; culture of care surrounding women Veterans; women Veteran-centered care; and coordination of care across providers (e.g., primary and specialty care.).

New Initiatives in Women's Health Research

In addition to ongoing research in women's health and healthcare, HSR&D is funding a women Veterans' Practice-Based Research Network (PBRN). Building this infrastructure will enable and promote more women Veterans' participation in research, and support multi-site interventional

research, thus resulting in an expansion of research initiatives with the potential to transform VA care. The PBRN will provide a laboratory for examining new treatments, quality performance and quality improvements, models of care (e.g., integrated mental health and primary care), and provider education and training innovations.

The following additional resources are available by accessing the VA Office of Research & Development's [Women's Health Program page at: http://www.hsrd.research.va.gov/news/feature/womens_health.cfm](http://www.hsrd.research.va.gov/news/feature/womens_health.cfm)

- Search the VA Women's Health Literature database.

- Review archived sessions of the VA HSR&D Cyber Seminar Series, "Spotlight on Women's Health."
- Read proceedings of the July 2010 VA Women's Health Services Research Conference.

Download the Women's health Fact Sheet at: http://www.research.va.gov/pubs/docs/va_factsheets/WomensHealth.pdf

Source: Portions of this article are from the report: VA Adapts to Changing Demographics: Improving Healthcare for Women Veterans By VA Health Services Research & Development

30 Achievements in Women's Health in 30 Years (1984 - 2014)



A report by the Department of Health and Human Services Office on Women's Health gives a snapshot of the ways in which women's health has improved in the last 30 years. The report celebrates achievements such as the inclusion of women in clinical trials in 1993, improvements in breast cancer screenings that have greatly increased the number of women 50 and older who have

regular mammograms, and an increase in the lifespan for women.

- Download the Report
- Visit the WomensHealth.gov Website [health.mil/News/Articles/2014/04/17/Achievements-in-Womens-Health](http://www.womenshealth.gov/News/Articles/2014/04/17/Achievements-in-Womens-Health)





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