<table>
<thead>
<tr>
<th>Speaker</th>
<th>Topic</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYCOM</td>
<td>HMCM Coleman updates</td>
<td>10</td>
</tr>
<tr>
<td>MRD-SD</td>
<td>LCDR Gutweiler Zika Virus Guidance</td>
<td>20</td>
</tr>
<tr>
<td>MRD-SD</td>
<td>LT Hightower PFB Guidance</td>
<td>30</td>
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<tr>
<td>Break</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>NMCSD</td>
<td>Dr. Marengo-Barbick Contraception</td>
<td>30</td>
</tr>
</tbody>
</table>
TYCOM/MRD SD Announcements

• HMCM Coleman
  – Flu shots
  – Command Support Directorate (CSD)

• LCDR Gutweiler
  – Zika Virus Guidance
Zika Virus Guidelines
31 August 2016
References

• Public Affairs Guidance – Joint Staff Surgeon (10 August 2016)


• www.cdc.gov/zika
Countries/Territories with Active Zika Virus Transmission (23 Aug 2016)

Confirmed Zika Virus Cases in US
(24 Aug 2016)

Zika Cases Reported in the United States

Laboratory-confirmed Zika virus disease cases reported to ArboNET by state or territory (as of August 24, 2016)

Background

• The Department of Defense (DoD) follows Centers for Disease Control and Prevention (CDC) guidance on the prevention, diagnosis, and treatment of Zika disease, including compliance with any travel advisories.

• As of 10 August 2016, there were 69 confirmed Zika virus cases among Military Health System beneficiaries —all of these personnel acquired the virus overseas: 52 Active Duty (including one pregnant Service member), 9 Dependents, and 8 retirees.

• Based on data collected from across the United States over the period of May 2015 through 3 August 2016, CDC reports: 1,825 travel-related cases of Zika virus, 16 sexually transmitted cases, and one laboratory acquired case.
Zika virus is a flavivirus that is primarily transmitted via the bite of the Aedes mosquitoes, similar to dengue virus or chikungunya virus. The virus can also spread through blood transfusions and unprotected sexual contact with an infected man. Zika virus infection during pregnancy has been linked to microcephaly and other birth defects. The CDC recommends pregnant women postpone travel to any area with active Zika virus transmission.

Zika virus symptoms may include fever, red and irritated eyes, rash, joint and muscle aches, and headache. Most people infected with Zika virus have no symptoms, but if symptoms occur, they typically occur 2-7 days after being infected. Currently, no vaccine or drug is available to prevent Zika virus infection, and there is no specific treatment for the disease. The best way to prevent infection is through mosquito bite prevention and safe sex practices.

Source: med.navy.mil/sites/nmcphc
On March 11, 2016, the Under Secretary of Defense for Personnel and Readiness issued guidance on **Outside the Continental United States (OCONUS)** personnel movement options related to the Zika virus (see OUSD(P&R) memorandum re Zika OCONUS and attachment). This guidance focused on pregnant Service Members, pregnant DoD civilians, and pregnant family members. All Services, as well as SOUTHCOM, United States Northern Command, and United States Pacific Command have issued implementing guidance.

Now that Zika transmission has been identified in the Continental United States (CONUS), the Office of the Secretary of Defense, the Joint Staff, and the Services are closely monitoring the situation and reviewing options for managing personnel, using CDC guidance as our baseline. As explained in greater detail below, the management of Service members, DoD civilians, and their family members stateside is a Service responsibility. The Services have a number of available options and authorities that can be invoked, at Service discretion, to accommodate public health concerns, while ensuring mission completion.
Guidance (wrt SOCOM)

- As of 3 August 2016, the U.S. installation hosting United States Southern Command (SOUTHCOM) Headquarters (HQ) is **NOT** located within the local area of Zika transmission, which the Florida State Department of Health, in close coordination with CDC, has identified as a one square mile area in the Wynwood neighborhood of Miami, Florida.
- HQ, USSOUTHCOM is located approximately 12 miles east of the Wynwood neighborhood of Miami; therefore, the current CDC advisory applicable to people living in or traveling to Wynwood **DOES NOT** apply to HQ, SOUTHCOM.

- The current CDC advisory for people living in or traveling to Wynwood provides that:
  - Pregnant women should not travel to this area.
  - Pregnant women and their partners living in or traveling to this area should follow steps to prevent mosquito bites.
  - Women and men who live in or travel to this area and who have a pregnant sex partner should **use condoms or other barriers to prevent infection** every time they have sex, or avoid having sex during the pregnancy.
General Guidance

• DoD is actively involved with other federal and private partners in the development of a candidate Zika vaccine. The Walter Reed Army Institute of Research has developed a new Zika vaccine that has been shown to be highly effective in animal models and has entered into a partnership with Sanofi Pasteur, a multi-national pharmaceutical manufacturer to begin Food and Drug Administration (FDA)-required human trials (Phase1) starting in the September timeframe. DoD anticipates that if all proceeds as planned, an FDA-licensed human vaccine should be available within **two to three years**.

• All DoD personnel should follow CDC’s steps to prevent mosquito bites:
  – Avoid contact with mosquitoes by remaining in doors in air conditioned locations, wear long-sleeved protective clothing, apply effective mosquito repellant, and eliminate/avoid ANY standing water (mosquitoes can breed in as little as a thimble-full of water).
Personnel Management

- **OCONUS.** DoD is taking proactive steps to protect DoD personnel and their families, especially pregnant women, from the threats of widespread transmission of Zika and other mosquito borne illnesses by offering relocation options for pregnant beneficiaries who are stationed in Zika-affected areas **OCONUS** (see OUSD(P&R) memorandum in re Zika OCONUS and attachment).

- **CONUS.** The management of Service members, DoD civilians, and their family members stateside is primarily a Service responsibility. The Services have a number of available options and authorities that can be invoked at Service discretion.
  - The CDC **HAS NOT** recommended relocating pregnant personnel out of the identified local area of Zika transmission in Florida. DoD will continue to coordinate closely with CDC to remain fully up to date on the situation in Florida and on the applicable CDC advisories..
  - At this time, the *Joint Travel Regulation, Chapter 6, Evacuation Allowances* does not apply to the current situation. However, the options set forth below are available and may be employed by the Services as they deem appropriate.
CONUS OPTIONS FOR PREGNANT DEPENDENTS

- A pregnant dependent may elect to pay for her own travel out of an identified local area of Zika transmission and return at her own expense after the birth of her child.

- Service members with orders to an area an identified local area of Zika transmission may request that the travel of any pregnant dependent who was slated to accompany the Service member be delayed until after child birth and convalescence (in accordance with applicable assignment policies and regulations).

- Service members presently stationed at or near an identified local area of Zika transmission, who have PCS orders to another assignment, may request that a pregnant dependent move early to the new PCS location (in accordance with applicable assignment policies and regulations).
Questions:

NEPMU – 5 Preventive Medicine and Entomology
(619) 556-7070
Pseudofolliculitis Barbae (PFB)

LT Cameron Hightower, DO
(not pictured)
I have nothing to disclose about any financial relationships.
Objectives

• UNDERSTAND:
  – How to diagnose Pseudofolliculitis Barbae (PFB)
  – How to treat of PFB
  – Phases 1-3
  – Failed treatment of Phases 1-3
  – Phase 4
Reference

- BUPERSINST 1000.22B
  - PFB instruction
Definition

• “Shaving bumps” are a foreign body inflammatory reaction primarily affecting curly haired males who shave
  – Can lead to scarring with keloid formation

• As the sharp lip of closely shaved hair grows out, it curves sharply, forms a loop and penetrates the skin adjacent to the hair follicle.
Diagnosis

• Clinical diagnosis and symptoms resolved with discontinuation of shaving
• History - Shaving bumps in the beard area typically affecting young black males and other races with strongly curved hair.
• PE - Smooth, skin-colored, firm papules or pustules (2-5mm) centered around hair follicles
  – distributed in areas the SM shaves; on the chin, cheeks, and predominantly neck
  – Larger, keloidal plaques are present on occasion
Treatment

• Refer to PFB instruction BUPERSINST 1000.22B
• 4 step-wise phases
  – Requires DOCUMENTATION on NAVPERS 1000/1
• The PFB therapy is intended to be a ONE TIME thorough evaluation
  – No repeat evaluations required for entire Naval career.
• Almost all cases resolve with Phase 3
**PSEUDOFOLLICULITIS BARBAE (PFB) SHAVING WAIVER/EVALUATION/DISPOSITION**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
<th>SSN (LAST 4 DIGITS)</th>
</tr>
</thead>
</table>

**MEDICAL OFFICER INITIAL EVALUATION**

- No PFB or other medical condition that prevents shaving
- Pseudofolliculitis Barbae (PFB)
- Facial Nodulocystic Acne
- Other: ___

**NAME OF MEDICAL OFFICER/RANK**

**SIGNATURE/DATE**

Due to the medical condition as specified above NO SHAVING of facial hair is recommended on a temporary basis for:

**SPECIFY PERIOD OF TIME**

**TITLE/SIGNATURE/DATE**

**MEDICAL OFFICER/SMDR DOCUMENTATION FOR PFB PROTOCOL COMPLETION:**

- [ ] PHASE I
- [ ] PHASE II
- [ ] PHASE III
MEDICAL OFFICER/SMDR DOCUMENTATION FOR PFB PROTOCOL COMPLETION:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Signature/Title/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td></td>
</tr>
<tr>
<td>Phase II</td>
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<tr>
<td>Phase III</td>
<td></td>
</tr>
<tr>
<td>Phase IV</td>
<td></td>
</tr>
</tbody>
</table>

### FAILURE OF PFB PROTOCOL RECOMMENDATION

This Navy service member has failed the established PFB protocol. A permanent "NO SHAVE" status is recommended.

<table>
<thead>
<tr>
<th>Signature/Title</th>
<th>Date</th>
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</thead>
</table>

### COMMANDING OFFICER DECISION

- [ ] A permanent "NO SHAVING" status is authorized.
- [ ] Refer to NAVPERSCOM (PERS-83) for Administrative Separation

<table>
<thead>
<tr>
<th>Name/Rank/Title</th>
<th>Signature/Date</th>
</tr>
</thead>
</table>

**FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE**
Treatment

• Medical to educate patient and supervisors
  – Patient must comply with all treatment protocols
  – Supervisors to monitor and ensure treatment regimen followed

• “No Shave” chit – facial hair must not exceed ¼ inch in length, well maintained, but not styled

• If patient fails all steps, may apply for permanent “No Shave” chit
  – Approved by CO

• Failure can result in AdSep
Treatment: Phase I
Control of Mild Cases (< 30 bumps)

- Give SM temporary “No-Shave” chit
- No shaving for 3-4 weeks until bumps resolve
- Apply Vioform-HC cream every morning
- Nightly Retin-A cream to beard as tolerated
  - Softens facial hair
- Circular brushing of beard QID
Phase I: (FIRST OPTION)

• Once bumps subside: Soften beard with hot water for 5 minutes
  – Use lubricating shave gel
  – Avoid close shave using ONE-bladed razor
  – Shave with the grain, one stroke per area
    • Do not stretch skin
  – Shave only every 2-3 days
Phase I

• Once bumps subside: (SECOND OPTION)
  – Use electric razor
  – prepare beard with electric razor pre-shave
  – do not stretch skin while shaving
  – shave with the grain of beard growth
  – avoid multiple repetition of strokes in the same area
  – do not press razor head hard against the skin
  – shave every other day
Phase I

- After shaving, rub in Vioform- HC cream at the first sign of irritation, tenderness, or new papule formation.
Phase II
Control of Moderate Cases (20-60 bumps)

• Phase I steps of Vioform, Retin-A, and circular brushing, PLUS depilatory.

• 1) Barium Sulfide
  – q 48-72 hours
  – Apply 3 minutes, remove with blunt straight edge
  – Remove AGAINST the grain
  – Neutralize with diluted vinegar

• 2) Calcium Triglycolate
  – Same as above, but no vinegar rinse
Not this Nair...
(Navya Nair)
This Nair.
Phase III
Control of Severe Cases
(or refractory to Phase I and II)

- Phase I steps of Vioform, Retin-A, and circular brushing, PLUS barber’s clipper.
- Use clipping guard (1/4”)
- Glide along face AGAINST grain
- Don’t stretch skin or press hard against skin
- Use clippers DAILY
If SM fails PFB management Phases 1-3

• SM requires a PERMANENT no shave chit
  – or must be Ad Sepped
• Recommended by Medical
• Approved by CO
• Use form NAVPERS 1000/1
• Lasts entire Naval career
• Prerequisite to Phase 4 - Dermatology Referral
MEDICAL OFFICER/SMDR DOCUMENTATION FOR PFB PROTOCOL COMPLETION:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Signature/Title/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td></td>
</tr>
</tbody>
</table>

FAILURE OF PFB PROTOCOL RECOMMENDATION

This Navy service member has failed the established PFB protocol. A permanent "NO SHAKE" status is recommended.

<table>
<thead>
<tr>
<th>Signature/Title</th>
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</table>

COMMANDING OFFICER DECISION

- [ ] A permanent "NO SHAVING" status is authorized.
- [ ] Refer to NAVPERSCOM (PERS-83) for Administrative Separation

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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Adsep

- Quote from Instruction BUPERSINST 1000.22B
- If CO's determine that a permanent "no shaving" status is detrimental to good order and discipline or affects the members ability to perform military duties, they may process for Administrative Separation under MILPERSMAN article 1910-120 for Convenience of the Government - Physical or Mental Conditions as evidenced by Pseudofolliculitis Barbae (PFB).
Phase IV (4)
Control of Severe Cases
(or refractory to Phase I, II, and III)

• Requires a PERMANENT “no shave” chit now.
• Dermatology referral for evaluation of potential laser treatment
• Non-permanent hair removal at trouble spots
• Treats left over nodules and bumps
• DOES NOT MEAN REMOVES ALL HAIR
  – SM will still continue Phase III clipper shave
Questions?
BREAK
Operational Forces Medical Liaison

• Bldg 2, Deck 1
• 619-532-6430
• Usn.san-diego.navmedcensan.ca.list.nmcsd-fmlolist@mail.mil
  • HM2 Advincula
  • HM3 Picton
Operational Forces Medical Liaison

- Remote access – Citrix
  - SAAR-N Form
  - Required forms
    - Consults
- Patient Visits on ward
  - LIMDU
- LAB/RAD patient notes
Operational Forces Medical Liaison

- MEDEVAC protocol
Operational Forces Medical Liaison

- Bldg 2, Deck 1
- 619-532-6430
- Usn.san-diego.navmedcensan.ca.list.nmcsd-fmlolist@mail.mil
  - HM2 Advincula
  - HM3 Picton
OPERATION PINC

Process Improvement for Non-Delayed Contraception

Toni Marengo-Barbick, MD
Staff Ob/Gyn
Associate Residency Program Director
Director of Family Planning
Naval Medical Center San Diego
**OPERATION PINC:**
A Walk in Clinic for Birth Control

**WHO:** All women and adolescents (active duty & dependents) in need of birth control services

**WHAT:** Same day services for:
- Birth control pills prescriptions/refills
- IUD insertions
- Nexplanon
- Depo Provera
- Contraception counseling
- Emergency contraception/Plan B

First come, first served; waiting times will vary

**NO APPOINTMENT NECESSARY, JUST COME ON IN!**

**WHERE:** Naval Medical Center, San Diego (Balboa)
Department of Obstetrics and Gynecology
Building 3, 1st floor
Phone: (619) 532-7082

**WHEN:** Monday–Thursday 0830–1530
Fridays 1300–1530
Epidemiology

- Approximately half of all pregnancies in the United States are unintended
- Half of the unintended pregnancies occur in women using some method of reversible contraception
- Nearly half of all unintended pregnancies are electively terminated
- 43% of all U.S. women will have had an abortion by age 45

Kost. Contraception 2008
Henshaw. Fam Plann Perspect 1998
Memorandum to Providers

• The provision of contraception, including new prescriptions and refills, is considered an essential part of well woman care. Primary care managers should continue to care for their patients family planning needs. When patients call for refills of their existing birth control methods, it should be provided immediately. If they are due for an annual wellness exam as well, they should be encouraged to make an appointment but there should no delay in provision of birth control. The provider or nurse surrogate can simply verify that there are no new medical conditions or contraindications to estrogen containing birth control (hypertension, history of blood clots, etc).

• If a patient desires a long acting reversible contraception method (LARC) and there is not a provider in your clinic space that can provide this service, the options of walking in to the "PINC" clinic at NMCSD should be given, or, if the patient prefers an appointment, a consultation to NMCSD OB/GYN for LARC placement should be made.

NMCSD Dept. of Ob/Gyn Statement July 2016
Initiation of Contraception

How to Be Reasonably Certain That a Woman is Not Pregnant

A health-care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:

- is ≤7 days after the start of normal menses
- has not had sexual intercourse since the start of last normal menses
- has been correctly and consistently using a reliable method of contraception
- is ≤7 days after spontaneous or induced abortion
- is within 4 weeks postpartum
- is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeding), amenorrheic, and <6 months postpartum

“In situations in which the health-care provider is uncertain whether the woman might be pregnant, the benefits of starting the implant, depot medroxyprogesterone acetate (DMPA), combined hormonal contraceptives and progestin-only pills likely exceed any risk; therefore, starting the method should be considered at any time, with a follow-up pregnancy test in 2-4 weeks.”

www.cdc.gov
# Candidates for Combined Hormonal Contraception (CHC)

<table>
<thead>
<tr>
<th>No</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Are you currently breastfeeding a baby less than 6 months of age?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>Do you smoke cigarettes and are you more than 35 years of age?</td>
<td>Yes</td>
</tr>
<tr>
<td>3.</td>
<td>Have you ever been told you have breast cancer?</td>
<td>Yes</td>
</tr>
<tr>
<td>4.</td>
<td>Have you ever had a stroke, blood clot in your legs or lungs, or heart attack?</td>
<td>Yes</td>
</tr>
<tr>
<td>5.</td>
<td>Do you have repeated severe headaches, often on one side, and/or pulsating, causing nausea, and which are made worse by light, noise, or movement?</td>
<td>Yes</td>
</tr>
<tr>
<td>6.</td>
<td>Do you regularly take any pills for tuberculosis (TB) or seizures (fits)?</td>
<td>Yes</td>
</tr>
<tr>
<td>7.</td>
<td>Have you given birth in the last 6 weeks?</td>
<td>Yes</td>
</tr>
<tr>
<td>8.</td>
<td>Do you have gall bladder disease or serious liver disease or jaundice (yellow skin or eyes)?</td>
<td>Yes</td>
</tr>
<tr>
<td>9.</td>
<td>Have you ever been told you have high blood pressure?</td>
<td>Yes</td>
</tr>
<tr>
<td>10.</td>
<td>Have you ever been told you have diabetes (high sugar in your blood)?</td>
<td>Yes</td>
</tr>
<tr>
<td>11.</td>
<td>Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as smoking, obesity, or diabetes?</td>
<td>Yes</td>
</tr>
<tr>
<td>12.</td>
<td>Have you ever been told that you have a rheumatic disease such as lupus?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If the client answered NO to all of questions 1–12, the client can use CHCs. Proceed to questions 13–18.

If the client answered YES to any of questions 1–6, she is not a good candidate for CHCs. Counsel about other available methods or refer.

If the client answered YES to any of questions 7–12, CHCs cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime. See explanations for more instructions.
# When to Start Using Specific Contraceptive Methods

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>When to start (If the provider is reasonably certain that the woman is not pregnant)</th>
<th>Additional contraception (i.e., back-up) needed</th>
<th>Examinations or tests needed before initiation¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copper-containing IUD</td>
<td>Anytime</td>
<td>Not needed</td>
<td>Bimanual examination and cervical inspection²</td>
</tr>
<tr>
<td>Levonorgestrel-releasing IUD</td>
<td>Anytime</td>
<td>If &gt;7 days after menses started, use back-up method or abstain for 7 days.</td>
<td>Bimanual examination and cervical inspection²</td>
</tr>
<tr>
<td>Implant</td>
<td>Anytime</td>
<td>If &gt;5 days after menses started, use back-up method or abstain for 7 days.</td>
<td>None</td>
</tr>
<tr>
<td>Injectable</td>
<td>Anytime</td>
<td>If &gt;7 days after menses started, use back-up method or abstain for 7 days.</td>
<td>None</td>
</tr>
<tr>
<td>Combined hormonal contraceptive</td>
<td>Anytime</td>
<td>If &gt;5 days after menses started, use back-up method or abstain for 7 days.</td>
<td>Blood pressure measurement</td>
</tr>
<tr>
<td>Progestin-only pill</td>
<td>Anytime</td>
<td>If &gt;5 days after menses started, use back-up method or abstain for 2 days.</td>
<td>None</td>
</tr>
</tbody>
</table>
Useful Tools

http://www.cdc.gov/reproductivehealth/contraception/usspr.htm

http://www.bedsider.org
## USMEC - 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>With Clinical Judgement</th>
<th>With Limited Clinical Judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Use method for any circumstance</td>
<td>Yes (use the method)</td>
</tr>
<tr>
<td>2</td>
<td>Generally use the method</td>
<td>Yes (use the method)</td>
</tr>
<tr>
<td>3</td>
<td>Not recommended unless no other method available</td>
<td>No (do not use)</td>
</tr>
<tr>
<td>4</td>
<td>Do not use</td>
<td>No (do not use)</td>
</tr>
</tbody>
</table>

Source: [http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usmec.htm](http://www.cdc.gov/reproductivehealth/unintendedpregnancy/usmec.htm)

www.who.int
HOW WELL DOES BIRTH CONTROL WORK?

Really, really well

- The Implant (Nexplanon)
- IUD (Skyla)
- IUD (Mirena)
- IUD (ParaGard)
- Sterilization, for men and women

Works, hassle-free, for up to...
- 3 years
- 3 years
- 5 years
- 12 years
- Forever

Less than 1 in 100 women

O.K.

- The Pill
- The Patch
- The Ring
- The Shot (Depo-Provera)

For it to work best, use it...
- Every week
- Every month
- Every 3 months

6-9 in 100 women, depending on method

Not as well

- Pulling Out
- Fertility Awareness
- Diaphragm
- Condoms, for men or women

Use with any other method

12-24 in 100 women, depending on method

For each of these methods to work, you or your partner have to use it every single time you have sex.

FYL, without birth control, over 90 in 100 young women get pregnant in a year.
Emergency Contraception

- 4 methods available
  - Paragard IUD
    - Most effective. Insert within 5 days after unprotected sex.
  - Ella (ulipristal acetate)
    - One pill formulation. Blocks the hormones your body needs to conceive. Works up to 5 days after unprotected sex with no decreased efficacy between days 1-5.
  - Levonorgestrel-Based Pills (Plan B, Next Choice, My Way, etc)
    - Can work up to 5 days after unprotected sex, but effectiveness decreases each day.
  - Yuzpe method
    - Use of certain birth control pills to delay ovulation. Works best up to 3 days following unprotected sex.
- EC is contraception and NOT termination – it can stop a pregnancy before it starts.
Levonorgestrel Emergency Contraception- “Plan B”

- Single dose of 1.5 mg or two doses of 0.75 mg taken 12 hours apart
- First dose administered within 120 hours

On average can reduce the risk of pregnancy by 89%
- Approved for OTC status for women 17 years of age and older.
- Only effective before a pregnancy is established

Emergency contraception is not the same as a medical abortion!

LESS EFFECTIVE IN WOMEN WITH A BMI > 26!
Copper IUD is the Most Effective Emergency Contraceptive (EC)

- Nearly 100% effective as EC
- More effective than EC pills
- Good alternative for women 165+ lbs
- Provides ongoing contraception... No back-up needed!

Facilitating Contraception

- Pelvic examinations and screening for STIs are not mandatory before providing or continuing contraception
- Contraindications to contraception can be ruled on with a thorough medical history
- Extensive counseling should be done prior to initiating a chosen method of contraception
- Women should be encouraged to contact their provider prior to discontinuation so an alternate method can be provided

Questions?
Medical Readiness Division

MRD_SD_GMO@navy.mil

No office phones (yet)

Clinic: (619) 556-8114

Bldg 74
San Diego, CA 92136
Active Duty Clinic-Gen Surgery

No longer available!
Upcoming Meetings

• **September 28th** @ 1000-1200
  – Health and Wellness
  – GERD

• **October 26th** @ 1000-1200
  – TBD