



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6200.02
May 13, 2019

DHA Medical Affairs/Clinical Support Division

SUBJECT: Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), in accordance with the requirements of References (c) through (i), and the guidance of References (j) through (v), establishes the Defense Health Agency's (DHA) procedures for comprehensive standards on healthcare with respect to access to comprehensive contraceptive counseling and the full range of contraceptive methods for members of the Armed Forces and all eligible beneficiaries of the Military Health System (MHS).

2. **APPLICABILITY.** This DHA-PI applies to:

a. The DHA, Military Departments (MILDEPs), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, and the medical treatment facilities (MTF).

b. The Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department, with regard to contraceptive counseling during Periodic Health Assessments (PHA) (Reference (d)), and accession points only.

c. Members of the uniformed services (Section 1072 (1) of Reference (e)), on active duty for a period of more than 30 days (including those Reserve Components on active duty for greater than 30 days) who, hereafter, are referred to collectively for purposes of this DHA-PI as active duty Service members (ADSM) (Chapter 55 of Reference (e) and References (f) through (h)).

d. Other beneficiaries eligible for MTF care (Reference (i)).

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (v), healthcare providers employed by the DoD will:

a. In providing the special benefits addressed in Reference (i), adopt References (j) through (l) as the Department's clinical guidance for comprehensive contraceptive counseling and access to the full range of contraceptive methods. For the purposes of this DHA-PI, the term "clinical guidance" is synonymous with the term "clinical practice guideline" as referenced in Reference (m).

b. Adopt Reference (j) as the clinical practice guidelines for contraceptive methods and counseling to meet the requirements as set forth in Reference (m).

c. Establish that:

(1) ADSMs throughout the MHS receive comprehensive contraceptive counseling that includes the full range of contraceptive methods, including those not covered under TRICARE for pregnancy prevention and menstrual suppression. Contraceptive counseling will be included in the assessment of pre-deployment readiness for deployment training or the deployment itself.

(2) Other eligible beneficiaries (Reference (i)), have access to comprehensive contraceptive counseling and the full range of contraceptive methods for pregnancy prevention and menstrual suppression in at least one of the episodes of care described in Enclosure 3: Procedures, Section 2 annually, when feasible and medically appropriate.

(3) Sterilization of non-emancipated minors or people with questionable mental capacity may only be performed under a court order issued by a court of competent jurisdiction or otherwise provided by law.

(4) Healthcare personnel who, for moral, ethical or religious reasons, object to providing the full range of contraceptive counseling or prescribing the full range of contraceptive methods need not perform or assist in such activities or procedures, but are obligated to facilitate timely identification of a willing provider as set forth in Enclosure 3, paragraphs 2b(3)(b) and 2b(3)(e) of this DHA-PI.

(a) MHS leaders must adhere to policy set forth in Reference (n), unless it could have an adverse impact on military readiness, unit cohesion, and good order and discipline,. The Armed Forces will accommodate individual expressions of belief of a member of the Armed Forces reflecting the sincerely held conscience or moral principles of the member.

1. In so far as practicable, the Armed Forces may not use such expression of belief as the basis of any adverse personnel action, discrimination, or denial of promotion, schooling, training, or assignment.

2. This paragraph is applicable to individual expressions of belief of a healthcare professional reflecting the sincerely held conscience or moral principles of the individual that are grounded in an applicable professional ethics code.

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3. Nothing in this paragraph precludes disciplinary or administrative action for conduct that is proscribed by the Uniform Code of Military Justice, including actions and speech threatening good order and discipline.

(b) Such healthcare personnel must register their objections to the MTF Commander/Director or designee on arrival to the MTF in order to allow sufficient time to make alternative arrangements for patients to receive comprehensive contraceptive counseling and access to the full range of contraceptive methods and to alert scheduling staff prior to the need arising.

(5) Members of the Armed Forces and other beneficiaries throughout the MHS receive the full range of contraceptive methods for pregnancy prevention and menstrual suppression in a timely fashion including a comprehensive plan for either walk-in or within 24 hours availability in preparation for deployment and in deployed settings.

4. RESPONSIBILITIES. See Enclosure 2.


5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <http://www.health.mil/dhapublications>.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).



R. C. BONO
VADM, MC, USN
Director

Enclosures

1. References
2. Responsibilities
3. Procedures
4. Procedures for Emergency Contraception

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
- (d) DoD Instruction 6200.06, "Periodic Health Assessment (PHA) Program," September 8, 2016, as amended
- (e) United States Code, Title 10
- (f) United States Code, Title 32
- (g) DoD Manual 1000.13, "DoD Identification (ID) Cards: ID Card Life-Cycle, Volume 1," January 23, 2014
- (h) Joint Publication 1-02, "DOD Dictionary of Military and Associated Terms," current edition and any additions
- (i) Code of Federal Regulations Part 199, Title 32
- (j) Centers for Disease Control and Prevention, "U.S. Selected Practice Recommendations (SPR) for Contraceptive Use," current edition and any additions
- (k) Centers for Disease Control and Prevention, "U.S. Medical Eligibility Criteria for Contraceptive Use," current edition and any additions
- (l) Centers for Disease Control and Prevention, "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs," 63 (RR04); 1-29, April 25, 2014
- (m) National Defense Authorization Act for Fiscal Year 2016, Section 718, November 25, 2015, as amended
- (n) DoD Instruction 6025.27, "Medical Ethics in the Military Health System," November 8, 2017
- (o) DHA-Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Healthcare in Medical Treatment Facilities (MTFs)," July 3, 2018
- (p) Director, DHA, Memorandum, Delegation of Authority and Assignment of Responsibility for Administration of Selected Military Medical Treatment Facilities for Fiscal Year 2019, October 1, 2018¹
- (q) National Defense Authorization Act for Fiscal Year 2017, Section 747, December 23, 2016, as amended
- (r) Healthy People 2020 Washington, DC: "U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion," January 10, 2018

¹ This reference can be located by contacting the DHA Publication Support Office at: dha.ncr.j-6.list.publications-office-owners@mail.mil

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- (s) Hager KO, Lamme J, Cleland K. “State of emergency contraception in the U.S.”, 2018. *Contracept Reprod Med* 2018; 3(20)²
- (t) Cleland K, Raymond EG, Westley E, Trussell J. “Emergency contraception review: evidence-based recommendations for clinicians.” *Clin Obstet Gynecol* December 2014; 57(4): 741-750
- (u) DoD Instruction 1010.10 “Health Promotion and Disease Prevention,” April 28, 2014, as amended
- (v) DoD Instruction 6025.19 “Individual Medical Readiness,” June 9, 2014

² This reference can be found at: <https://contraceptionmedicine.biomedcentral.com/articles/10.1186/s40834-018-0067-8>

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs, the Director, DHA, will:

a. In accordance with Reference (m), ensure the MHS, Secretaries of the MILDEPs, Joint Staff, Combatant Commanders, and the MTF Commanders/Directors, as defined in Reference (p), use the Centers for Disease Control and Prevention, U.S. Selected Practice Recommendations (SPR) for Contraceptive Use, (Reference (j)), current edition, with additions and accompanying documents, (References (k) through (l)), as the clinical guidance for provision of comprehensive contraceptive counseling on the full range of contraceptive methods for pregnancy prevention and menstrual suppression, and ensure all eligible beneficiaries have access to the full range of contraceptive methods, when feasible and medically appropriate, in accordance with all requirements set forth in this DHA-PI.

b. Provide leadership, guidance, and ensure implementation of this DHA-PI.

c. Ensure compliance with the requirements set forth in:

(1) References (m) and (q), mandating access to contraceptive counseling informed by clinical practice guidelines, and access to the full range of contraceptive methods.

(a) Establish creation of a dissemination plan for use of the SPR in accordance with Reference (j), with additions and accompanying documents in accordance with References (k) and (l), including updates as they are issued, as set forth in Enclosure 3 of this DHA-PI.

(b) Collaborate with the Secretaries of the MILDEPs to ensure a written plan is in place for members of the Armed Forces and other eligible beneficiaries to receive comprehensive contraceptive counseling and access to the full range of contraceptive methods in cases where a healthcare provider has moral objections to providing that care, as set forth in Enclosure 3, paragraph 2b of this DHA-PI.

(c) Ensure if a healthcare provider has moral objections to caring for a patient who wishes to receive counseling on the full range of contraceptive methods, and access to their chosen methods, in accordance with Reference (n), the patient is referred in a non-judgmental and timely manner in accordance with the 24 hour access standard within the MTF and within 7 days if referred to purchased care as defined in Reference (o), to another healthcare provider for that care, as set forth in Enclosure 3 of this DHA-PI.

(2) Reference (q), which applies to ADSMs only, requires the inclusion of questions on the Health-Related Behavior Survey of Active Duty Military Personnel designed to obtain information on the experiences of the Armed Forces regarding:

(a) Family planning services and counseling;

(b) Use of family planning methods, including information on which method was used and, if pregnant during the past year of the survey, whether the pregnancy was intended, and whether deployment conditions affected the decision on which family planning method or methods were selected; and

(c) Establishment of process and outcome metrics that address progress toward the achievement of the Healthy People Objectives (Reference (r)) for members of the Armed Forces to include:

1. Family planning services and counseling; and

2. Use of family planning methods, including information on which method was used and, if pregnant during the past year of the survey, the intent to be pregnant at the time of the pregnancy, and whether deployment conditions affected the decision on which family planning method or methods were selected.

2. DEPUTY ASSISTANT DIRECTOR (DAD), DHA MEDICAL AFFAIRS. The DAD, DHA Medical Affairs will:

a. Devise a dissemination plan for use of the SPR, current edition, with additions and accompanying documents (References (j) through (l)), which under this DHA-PI, provide clinical guidance for the full range of contraceptive methods and comprehensive contraceptive counseling, and ensure healthcare providers provide access to these services across MHS settings. The plan will include, at a minimum, the following:

(1) Access to comprehensive contraceptive counseling and the full range of contraceptive methods for pregnancy prevention and menstrual suppression at each of the following episodes of care, when feasible and medically appropriate, at a minimum annually for all eligible beneficiaries, in at least one of the following settings:

(a) During MTF visits following PHA referral for members of the Armed Forces.

(b) During annual well woman visits and reproductive health screenings for all eligible beneficiaries in accordance with References (e), (f), and (i).

(c) During physical examinations in direct care and purchased care for all eligible beneficiaries in accordance with References (e), (f), and (i).

(d) In support of initial officer and enlisted training for members of the Armed Forces.

(e) During pre-deployment healthcare visits for members of the Armed Forces.

(f) When requested by the beneficiary.

b. Collaborate with the Clinical Communities and others as appropriate, to develop a plan for assurance updates to the clinical guidance and ensuring timely dissemination.

c. Periodically evaluate metrics toward the achievement of the Healthy People Objectives (Reference (r)) in members of the Armed Forces; and

d. To develop metrics and annually, on December 31 of each year thereafter, evaluate compliance with this DHA-PI for eligible beneficiaries.

3. SECRETARIES OF THE MILDEPs AND COMMANDANT OF THE U.S. COAST GUARD. It is the responsibility of the Secretaries of the MILDEPs and Commandant of the U.S. Coast Guard to:

a. Ensure compliance with this DHA-PI.

b. Ensure dissemination of this DHA-PI to all MTF Commanders/Directors.

c. Ensure referral to DoD MTFs or a TRICARE network facilities when services are not available within U.S. Coast Guard Healthcare Facilities.

4. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. The Chairman of the Joint Chiefs of Staff will:

a. Take appropriate actions to incorporate this DHA-PI into relevant joint doctrine, training, and plans, as appropriate.

b. In consultation with the Commanders of the Combatant Commands and the Chiefs of Staff of the Military Services, monitor the implementation of this DHA-PI.

5. COMBATANT COMMANDERS. The Combatant Commanders will collaborate with the Director, DHA, and the Secretaries of the MILDEPs to ensure healthcare providers provide ADSMs access to comprehensive contraceptive counseling and the full range of contraceptive methods, when feasible and medically appropriate, while deployed.

6. MTF COMMANDERS/COMMANDING OFFICERS/DIRECTORS. The MTF Commanders/Commanding Officers/Directors will:

a. Implement a dissemination plan for this DHA-PI to all MTF providers and healthcare personnel. The plan will include, at a minimum, requirements to:

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(1) Ensure members of the Armed Forces, and other eligible beneficiaries, have access to comprehensive contraceptive counseling and the full range of contraceptive methods for pregnancy prevention and menstrual suppression at each of the following episodes of care, when feasible and medically appropriate, at a minimum annually, in at least during one of the following:

- (a) During annual well woman visits and reproductive health screenings.
- (b) During MTF clinic visits following referral after the PHA.
- (c) During physical examinations.
- (d) During pre-deployment related visits.
- (e) When requested by the beneficiary.

(2) In the event a beneficiary sees a provider who has a moral objection to providing comprehensive contraceptive counseling, or prescribing or dispensing the beneficiary's chosen method of contraception; ensure the plan delineates the process to refer a beneficiary to another provider with 24 hour access standards, or no less than 7 days as set forth in Reference (o).

b. Disseminate updates in a timely manner as they become available to the MTFs.

ENCLOSURE 3

PROCEDURES

1. DISSEMINATION PLAN

a. The initial dissemination plan of the SPR clinical guidance will be completed within 60 days from the signature of this DHA-PI.

b. The dissemination plan will include:

(1) Assurance members of the Armed Forces and eligible beneficiaries have access to comprehensive counseling on current contraceptive methods (References (g) through (i)), and access to the full range of contraceptive methods within the MHS.

(2) A provision to proliferate updated guidelines within 60 days of being issued when revisions to the Centers for Disease Control and Prevention guidance documents are issued.

2. CONTRACEPTIVE COUNSELING AND ACCESS PLAN

a. Comprehensive contraceptive counseling and access to the full range of contraceptive methods for pregnancy prevention or menstrual suppression will be provided by appropriate healthcare providers, when feasible and medically appropriate, in the MHS during healthcare visits, including:

(1) Pre-deployment readiness assessments and healthcare visits providing specific information a Service member may need regarding the interaction between anticipated deployment conditions and various methods of contraception and methods of menstrual suppression.

(2) Healthcare visits during deployment.

(3) Initial enlisted and officer training.

(4) Annual well woman visits and reproductive health preventive screenings.

(5) When referred following the PHA.

(6) Physical exams.

b. MTF Commanders/Directors will have a written plan that:

(1) Identifies the steps to take during a healthcare visit if a beneficiary sees a provider who has a moral objection (Reference (n)), to providing comprehensive contraceptive counseling or prescribing or providing the beneficiary's chosen method of contraception as follows:

(a) For routine contraception and menstrual suppression an immediate referral, including an appointment to another provider who can provide comprehensive contraceptive counseling and access to the eligible beneficiary's chosen method of contraception is to be offered an appointment under the 24 hour access standard within the MTF, or within 7 days if referred as set forth in Reference (o).

(b) For pre-deployment ADSMs, or those desiring emergency contraception (EC), a process ensuring the beneficiary obtains a prescription/order for their chosen contraceptive method within 24 hours.

(2) Includes up-to-date sources for referral to another provider within purchased care geographic access standards of the MTF when there is no other provider within the MTF. The plan will also contain requirements for MTF personnel to assist the beneficiary in obtaining both comprehensive contraceptive counseling and their chosen method of contraception and access to EC services if needed. Assistance must ensure routine visits are scheduled using the 24 hour access standard, or no less than 7 days as set forth in Reference (o).

(3) Includes provisions for healthcare personnel who have moral objections to providing patients with comprehensive contraceptive counseling or prescribing the full range of contraceptives as follows:

(a) Allows healthcare personnel who have a moral objection to providing comprehensive contraceptive counseling, or who have a moral objection to prescribing/providing the full range of contraceptives, to opt-out of providing that care is by:

1. Noting the objection in their healthcare provider activity file.
2. Annotating no privileges requested for prescribing/providing the full range of contraceptives in their privilege inventory.

(b) Requires healthcare providers with a moral objection to notify the MTF Commander/Director or designee prior to taking the assignment or, if already assigned and a moral objection develops, to immediately notify the MTF Commander/Director or designee so that adjustments and/or alternative arrangements can be made to ensure that patients receive the full complement of contraceptive services.

(c) Include a question in the script for schedulers that asks if they desire contraceptive counseling or contraception during their visit and a mechanism to avoid scheduling with healthcare providers who have a moral objection.

(d) Ensure that if it is a privileged health care provider, they not be assigned as the sole women's healthcare provider in emergency or urgent care departments or clinics.

(e) Require that if a patient who desires counseling on the full range of contraceptive is inadvertently assigned to a healthcare provider with a moral objection, the healthcare provider will adhere to this written plan, and immediately refer the patient requesting comprehensive contraceptive counseling or a selected method of contraception in a non-judgmental and timely manner in accordance with 24 hour access standards as defined in Reference (o) of this DHA-PI.

(4) Is reviewed and updated, including sources for referral, no less than every 6 months.

3. ACCESS/DISPENSING

a. Prior to deployment, female ADSMs will receive an adequate supply of short-acting reversible contraceptives for the entire length of deployment (e.g., 6 months, 12 months). If menstrual suppression is planned, extra supply of the chosen method will be ordered and dispensed as necessary to ensure the member has enough active medication for the entire length of deployment.

b. All beneficiaries who fill prescriptions at MTF pharmacies may receive up to a 12-month supply of short-acting reversible contraceptives at one time, when medically appropriate. In case a shorter trial is determined to be medically appropriate by the healthcare providers, there will be an appropriate number of refills for a total of 12 months of treatment.

c. All EC methods as approved by the DoD Pharmacy and Therapeutics Committee, and the Director, DHA, as part of the Uniform Formulary are to be included in the Basic Core Formulary and must be on formulary and stocked in all MTFs and dispensed in accordance with appropriate standards.

d. For beneficiaries seeking surgical sterilization as a preferred method of contraception:

(1) Beneficiaries will be provided surgical sterilization after appropriate counseling without age or parity restrictions or waiting periods.

(2) Providers will establish a treatment plan, when medically indicated, includes appropriate counseling, discussions of risks and benefits of the sterilization method of family planning, alternative FDA approved methods of contraception, and include a period of transition during which the individual has an opportunity to reconsider undergoing sterilization.

4. TRAINING. All members attending initial officer or enlisted training will:

a. Be allowed to continue their personal supply of current contraceptive method for pregnancy prevention or menstrual suppression until it is exhausted. At or before that time, based on the member's preference and provider's clinical judgment, they may be transitioned to a formulary contraceptive method.

b. Receive comprehensive evidence-based family planning and contraception education on all available contraception methods, including EC, menstrual suppression, and the prevention of common sexually transmitted infections.

ENCLOSURE 4

PROCEDURES FOR EMERGENCY CONTRACEPTION

1. EC INDICATIONS. EC is indicated for pregnancy prevention after an episode of unprotected intercourse, regardless of when the patient presents during the menstrual cycle. It is to be used in patients, for:

- a. Unprotected intercourse or reproductive coercion.
- b. Known or suspected contraceptive failure as stated by the patient.
- c. Sexual assault including incest.

2. STORAGE AND DISPENSING

a. MTF commanders and directors will implement procedures to ensure Food and Drug Administration (FDA)-approved emergency contraceptive agents will be ordered, stored, dispensed, distributed, and accounted for in accordance with this DHA-PI.

b. MTF commanders or directors should discuss with the local legal counsel if there are host nation concerns.

c. Oral emergency contraceptive medication must be dispensed over the counter by a licensed pharmacist or health care provider in accordance with FDA drug approval notifications and guidance available at <http://www.fda.gov/>, or approved standing protocols, and documented in the medical record and the medication profile to screen for overlaps and contraindications before dispensing.

d. Upon dispensing, every patient will receive the FDA-approved drug information handout provided by the manufacturer or downloaded from the FDA website.

e. Males requesting emergency contraceptives from the pharmacist must present their military identification card along with the military identification card of the female beneficiary who will consume the medication.

f. Intrauterine devices must be inserted by appropriately trained and qualified healthcare providers.

g. Procedures for the stock and replenishment of FDA-approved emergency contraceptives will be coordinated and monitored by the pharmacy and medical logistics departments.

h. Medical personnel who object to dispensing emergency contraceptive medications or engaging in family planning services for moral, ethical, or religious reasons, will not be required

to engage or assist in such procedures unless the refusal poses a life-threatening risk to the patient, but must follow adhere to Enclosure 3, paragraph 2b(3) of this DHA-PI.

i. The MTF commander or director must ensure alternate arrangements are available for the patient to obtain the medication with no delay in care.”

3. METHODS OF EC AND ADMINISTRATION

a. To date, there are three methods of EC (Reference (t)), approved to prevent pregnancy after unprotected sex for any reason. These methods are:

(1) Single entity progestin, levonorgestrel products should be prescribed as a single dose (1.5mg) or as a split dose (1 dose of 0.75 mg of levonorgestrel followed by a second dose of 0.75 mg of levonorgestrel 12 hours later) and initiated as soon as possible within 72 hours (3 days) after unprotected sex, however, it may be given up to 5 days after intercourse, but is only approved by the FDA for use up to 3 days after intercourse and has been shown to be less effective than ulipristal acetate but can be dispensed by a licensed pharmacist without a prescription or health care provider order.

(2) Ulipristal Acetate (e.g. Ella[®]), should be prescribed as a single dose and initiated as soon as possible within 120 hours (5 days) after unprotected sex. This method is only FDA-approved oral medication for use between 72 and 120 hours post-coitus. It is recommended as the first choice for women with a body mass index greater than 26, or a weight greater than 165 pounds. Ulipristal acetate requires a prescription or health care provider order, but can be dispensed by set protocols within the MTF.

(3) Copper-bearing intrauterine devices (IUD) is the most effective form of EC and should be inserted by a qualified health care provider within 5 days post-coitus.

b. In cases where none of the methods described above are available, the patient must be referred to a qualified healthcare provider who can prescribe higher doses of available combined estrogen/progestin oral contraceptive pills given 12 hours apart within 72 hours (3 days) after unprotected sex as presented in the table below.

c. The healthcare provider must ensure the patient is an appropriate candidate for EC, and counsel for side effects and emergency signs and symptoms.

d. Encourage the patient to see their routine healthcare provider for follow-up.

Table: Yuzpe Method of Emergency Contraception (Reference (t))*

Oral Contraceptive Brands by Recommended Doses to be Taken 12 Hours Apart ³			
<i>Combined progestin and estrogen oral contraceptives (Below are examples of branded products available in the U.S.)</i>			
Four Pills for First and Second Dose		Five Pills for First and Second Dose	Six Pills for First and Second Dose
Altavera	Levora	Afirmelle	Amethyst
Amethia	Low-Ogestrel	Amethia Lo	
Ayuna	Marlissa	Aubra	
Camrese	Myzilra	Aviane	
Chateal	Nordette	CamreseLo	
Cryselle	Portia	Falmina	
Elinest	Quasense	Lessina	
Enpresse	Seasonale	LoSeasonique	
Introvale	Seasonique	Lutera	
Jolessa	Setlakin	Orsythia	
Kurvelo	Triphasil	Sronyx	
Levonest	Trivora	Vienna	

***Note:**

The Yuzpe method is a two-dose regimen: 1 dose of 100 µg of ethinyl estradiol plus 0.50 mg of levonorgestrel followed by a second dose of 100 µg of ethinyl estradiol plus 0.50 mg of levonorgestrel 12 hours later. (Reference (j))

Not all agents listed in this table may be available as Uniform Formulary or in stock at the local pharmacy.

³ <http://ec.princeton.edu/questions/dose.html>

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ADSM	Active Duty Service Member
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
EC	emergency contraception
IUD	intrauterine device
MHS	Military Health System
MTF	Medical Treatment Facility
MILDEP	Military Department
PHA	Periodic Health Assessment
SPR	Selected Practice Recommendations

PART II. DEFINITIONS

appropriate healthcare provider. Specifically for the purposes of this DHA-PI, a family practice, pediatric, emergency care, women's health provider, or other healthcare specialist, including pharmacists who dispense EC who either through educational training, or other means has the knowledge, skills, and abilities to prescribe contraceptives, including insertion of IUDs or contraceptive implants, or perform sterilization surgery in accordance with References (j) through (l).

comprehensive contraceptive counseling. Counseling on the full range of contraceptive methods, including its use for menstrual suppression when medically appropriate.

full range of contraceptive methods. Contraceptives including both short- and long-acting methods (these are copper containing IUD; levonorgestrel IUD; implant; injectable; combined hormonal; progestin-only pills; Standard Days; EC; female/male sterilization).

initial officer and enlisted training. Service-specific training for new recruits includes an initial Service-defined recruit training and appropriate occupational training following successful completion of the initial training.

PHA. The annual comprehensive medical readiness health assessment that includes routine annual preventive health care screening, in accordance with regulations prescribed by the Secretary of Defense, that reflect morbidity and mortality risks associated with the military service, age, and

gender of a Service member. The PHA is the basis for individual Service members to document their medical readiness to perform military duties.

well woman visit. A preventive care visit that includes health history and physical assessment, including a clinical breast examination, laboratory tests, and a pelvic examination, cervical cytology screening (“papanicolaou smear”), or mammogram, if medically indicated. The visit also includes a discussion of family planning and comprehensive contraceptive counseling when indicated. In a military setting, a discussion of menstrual suppression options for deployed settings may also be included. It is intended to promote health through disease prevention and preventive healthcare over the course of a woman’s lifetime, as discussed in Reference (u).

Yuzpe Method of EC. Oral contraceptives used in various combinations as EC as described in Reference (t).