Health Care Utilization

53.0% said it was usually or always easy to get an appointment with an MHS provider.

59.5% were able to get an appointment with a primary care physician within 7 days (the TRICARE guideline for a general health care visit is 7 days).

65.4% were able to get an appointment with an OB/GYN within 28 days (the TRICARE guideline for a specialty care visit is 4 weeks).

Birth Control and Contraception Use

47.1% obtained birth control from the MHS in the past 12 months.

During the most recent periodic health assessment (PHA), an MHS provider:
- discussed benefits, side effects, and risks of different types of birth control with 26.8%.
- discussed using birth control methods to reduce or suppress menstruation with 25.2%.
- discussed protection against sexually transmitted infections, including condom use, with 35.0%.

20.4% were ever unable to get their preferred birth control method from the MHS.

36.1% were more comfortable getting birth control from providers outside the MHS.

63.3% ever needed or wanted to regulate or suppress menstruation since joining the military.

Fertility and Pregnancy

15.5% were pregnant in the past 12 months.

23.6% among pregnancies in the past 12 months, 23.6% ended in miscarriage.

The unintended pregnancy rate in the past 12 months was 5.9%.

40.0% used no contraception at the time of unintended pregnancy.

56.3% of those who had a past-year pregnancy reported depression during or after pregnancy; of those, 42.7% sought care from a health care provider.

40.2% of those who had a past-year pregnancy talked to an MHS provider about postpartum depression.

Infertility

14.3% ever tried to conceive for 12 months or more and were not successful.

12.1% were told by a doctor that they had fertility problems not related to age.

13.2% saw an MHS provider and 5.3% saw a non-MHS provider to discuss ways to help get pregnant.

Advice, infertility testing, and drugs to improve ovulation were the three most common infertility treatments received both inside and outside the MHS.

Among ADSV who received infertility treatment through the MHS, 29.5% stopped the service or treatment before getting pregnant.

Deciding to see whether pregnancy would occur without medical services or procedures was the most common reason for stopping treatment.

Since joining the military, 11.5% wanted help to get pregnant but did not receive it.

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Reproductive Health During Training, Predeployment, and Deployment

Among those deployed in the past 24 months, 18.3% received any predeployment contraceptive counseling from an MHS provider.

30.6% received their preferred method of birth control prior to deployment, if deployed in the past 24 months.

25.7% had ongoing access to birth control or contraceptives through the MHS during the most recent deployment in the past 24 months.

37.7% ever had a urinary tract infection (UTI) or vaginal infection during field exercises or extended training.

- Among those with a UTI or vaginal infection, 75.7% were sometimes or always able to get care.
- Among those with a UTI or vaginal infection, 62.5% indicated that such infections sometimes or always interfered with military job duties or performance.

22.2% ever had a UTI or vaginal infection during deployment.

- Among those with a UTI or vaginal infection during deployment, 72.2% were sometimes or always able to get care.
- Among those with a UTI or vaginal infection during deployment, 65.9% indicated that such infections sometimes or always interfered with military job duties or performance.

43.4% sometimes or often lacked access to personal hygiene products, and 39.0% sometimes or often lacked access to bathing facilities to address hygiene needs during training.

33.1% sometimes or often lacked access to personal hygiene products, and 29.0% sometimes or often lacked access to bathing facilities to address hygiene needs during a deployment in the past 24 months.