



Military Abortion Information for Patients

What is the Navy Policy on Abortion Services?

- By law, elective abortion services cannot be performed in military medical treatment facilities nor can federal funds be used to pay for this service.
- Abortion can be performed with the use of federal funds (ie, at a military medical treatment facility or if it cannot be done at a military medical treatment facility, in a civilian facility covered by Tricare) in cases of rape, incest, or for life of the pregnant woman.
- The health care provider may determine (good faith belief) that the pregnancy was the result of rape or incest; if later, it is determined that the pregnancy was not found to be the result of rape or incest (such as if it went to trial), the provider is not held liable for the use of federal funds if they made a good faith determination.
- Abortion services must be provided within 7 days from when the patient presents.
- Privacy must be kept for the patient (the chain of command does not need to be notified) in the case of rape or incest if the patient wishes to file a restrictive report.
- Providers can refuse on moral grounds to perform an abortion if they are uncomfortable, but must immediately refer to another provider. If they are the only provider available and the life of the pregnant woman is at risk, they are obligated to perform the procedure.
- If overseas, the military medical treatment facility must follow the country's abortion policies/laws.
- If the military medical treatment facility cannot perform the procedure, the facility must refer the patient to a facility (civilian) that can perform the procedure.

What is TRICARE Policy Regarding Abortion Services?

TRICARE covers abortions only when:

- The pregnancy is the result of an act of rape or incest. A physician must note in the patient's medical record that it is their good faith belief, based on all available information, that the pregnancy was the result of an act of rape or incest.
- The life of the pregnant woman is at risk. The physician must certify that the abortion was performed because the life of the pregnant woman would be endangered if the fetus were carried to term.
- TRICARE also covers medical and/or [mental health](#) services related to the covered abortion.

You can get covered abortions from TRICARE-authorized providers including:

- Hospital outpatient departments
- Freestanding ambulatory surgery centers
- Individual providers

TRICARE doesn't cover:

- Services and supplies related to a non-covered abortion
- Counseling, referral, preparation and follow-up for a non-covered abortion
- Abortions for fetal abnormality or for psychological reasons



Why Can't Military Medical Facilities Perform or Fund Elective Abortions?

U.S. Code 1093, states that no Department of Defense (DoD) facility or funds may be used for abortion except when the life of a woman is at risk; or if a pregnancy is the result of rape or incest

How much does an abortion cost? (when the pregnancy is not in cases of rape or incest):

In 2011–2012, the median cost of a surgical abortion at 10 weeks' gestation was \$495, and an early medication abortion cost \$500.

How does the abortion pill work?

“Abortion pill” is the popular name for using two different medicines to end a pregnancy: mifepristone and misoprostol. Your doctor or nurse will give you the first pill, mifepristone, at the clinic. Pregnancy needs a hormone called progesterone to grow normally. Mifepristone blocks your body's own progesterone. You may also get some antibiotics.

You use the second medicine, misoprostol, 24-48 hours later, at home. This medicine causes cramping and bleeding to empty the uterus. It's kind of like having a really heavy, crampy period, and the process is very similar to an early miscarriage.

How effective is the abortion pill?

The abortion pill is very effective. For people who are 8 weeks pregnant or less, it works about 98 out of 100 times. From 8-9 weeks pregnant, it works about 96 out of 100 times. From 9-10 weeks, it works 93 out of 100 times.

The abortion pill usually works, but if it doesn't, you can take more medicine or have an [in-clinic abortion](#) to complete the abortion.

When can I take the abortion pill?

You usually can get a medication abortion up to 70 days (10 weeks) after the first day of your last period. If it has been 71 days or more since the first day of your last period, you can have an [in-clinic abortion](#) to end your pregnancy.

Why do people choose the abortion pill?

Which kind of abortion you choose all depends on your personal preference and situation. With medication abortion, some people like that you don't need to have a procedure in a doctor's office. You can have your medication abortion at home or in another comfortable place that you choose. You get to decide who you want to be with during your abortion, or you can go it alone. Because medication abortion is similar to a miscarriage, many people feel like it's more “natural” and less invasive. Your doctor, nurse, or health center staff can help you decide which kind of abortion is best for you.

What are the types of in-clinic abortions?

In-clinic abortion works by using suction to take a pregnancy out of your uterus. There are a couple of kinds of in-clinic abortion procedures. Your doctor or nurse will know which type is right for you, depending on how far you are into your pregnancy. Suction abortion (also called vacuum aspiration) is the most common type of in-clinic abortion. It uses gentle suction to empty your uterus. It's usually used until about 14-16 weeks after your last period.

Dilation and Evacuation (D&E) is another kind of in-clinic abortion procedure. It uses suction and medical tools to empty your uterus. You can get a D&E later in a pregnancy than aspiration abortion -- usually if it has been 16 weeks or longer since your last period.



How effective are in-clinic abortions?

In-clinic abortions are extremely effective. They work more than 99 out of every 100 times. Needing to get a repeat procedure because the abortion didn't work is really rare.

When can I get an in-clinic abortion?

How early you can get an abortion depends on where you go. In some places, you can get it as soon as you have a positive pregnancy test. Other doctors or nurses prefer to wait until 5-6 weeks after the first day of your last period.

How late you can get an abortion depends on the laws in your state and what doctor, abortion clinic, or Planned Parenthood health center you go to. It may be harder to find a health care provider who will do an abortion after the 12th week of pregnancy, so it's best to try to have your abortion as soon as possible.

Why do people choose an in-clinic abortion?

Which kind of abortion you choose all depends on your personal preference and situation. Some people choose in-clinic abortion because they want to have their procedure done at a health center, with nurses, doctors, and trained support staff there the whole time. (With the abortion pill, you have the abortion at home.) In-clinic abortions are also much faster than the abortion pill: most in-clinic abortions only take about 5-10 minutes, while a medication abortion may take up to 24 hours to complete. Your nurse, doctor, or health center counselor can help you decide which kind of abortion is best for you.

Does a service member have to notify their chain of command about her pregnancy or abortion?

Per SECNAV Instruction 1000.10A (September 9, 2005), a servicewoman who suspects she is pregnant is responsible for promptly confirming her pregnancy through testing by an appropriate medical provider and information her commanding officer of confirmation. However, if the pregnancy is due to rape or incest and the patient files a restricted report, she does not have to disclose the pregnancy to her command.

Resources:

Abortion services finder - Bedsider.org - https://www.bedsider.org/where_to_get_it (under "select a health center", enter your zip code, city or state, then under "show health centers with..." check "abortion services available")

Planned Parenthood education for patients and providers - <https://www.plannedparenthood.org/learn/abortion>

Association of Reproductive Health Professionals - resources for providers and patients
<http://www.arhp.org/Topics/Abortion>

ACOG handout for patients - <https://www.acog.org/Patients/FAQs/Induced-Abortion>

National Abortion Federation - <https://prochoice.org/>

Guttmacher: state laws on abortion including minors - http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf

U.S. Navy maternity and leave policy - <https://www.navycs.com/blogs/navadmin-046-16>

TRICARE Abortion Coverage - <https://tricare.mil/CoveredServices/IsItCovered/Abortions>

TRICARE Policy Manual 6010.60-M (April 1, 2015) Chapter 2, Sec 18.3, Abortions
http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=TP15&Change=15&Type=AsOf&Filename=C4S18_3.PDF&highlight=xm1%3dhhttp%3a%2f%2fmanuals.tricare.osd.mil%2fpages%2fPdfHighlighter.aspx%3fDocId%3d4790%26Index%3dD%253a%255cindex%255cTP15%26HitCount%3d24%26hits%3d11%2b4f%2b6d%2bca%2bea%2bec%2b103%2b10e%2b13f%2b173%2b1b9%2b1e5%2b1eb%2b1f1%2b280%2b28d%2b293%2b29a%2b2b5%2b2da%2b2dd%2b2e8%2b2eb%2b35c%2b

Summary of abortion access/laws around the world
<https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/AbortionMap2014.PDF>



CDC : 2014 Abortion Statistics - https://www.cdc.gov/mmwr/volumes/66/ss/ss6624a1.htm?s_cid=ss6624a1_w

List of places that provide abortion in the United States - http://www.abortion.com/abortion_clinics_country.php?country=United+States

NARAL Pro-Choice America resources available on State Legislation www.prochoiceamerica.org

Reproductive rights law and policy www.reproductiverights.org/resources

Abortion Care Network – abortion provider resources www.abortioncarenetwork.org

BUMED INSTRUCTION 6300.16A (Navy Abortion Policy 2014) - <http://www.med.navy.mil/directives/ExternalDirectives/6300.16A.pdf>

SECNAV INSTRUCTION 1000.10A) NAV MAN MED Chapter 15, Article 15-112 (states “Abortion services available for Servicewomen who are pregnant as a result of an act of rape or incest”):

<https://doni.documentservices.dla.mil/Directives/01000%20Military%20Personnel%20Support/01-01%20General%20Military%20Personnel%20Records/1000.10A.pdf>

Health and Human Services Conscience Protections for Health Care Providers; resources for providers who have moral objections to perform or accommodate certain health care services on religious or moral grounds

[http://www.med.navy.mil/directives/Documents/NAV/MED%20P-117%20\(MANMED\)/Chapter%2015%20Medical%20Examinations%20\(incorporates%20Changes%20126%20128%20135-140%20144%20145%20147%20150-152%20154-156,159%20and%20160%20below\).pdf](http://www.med.navy.mil/directives/Documents/NAV/MED%20P-117%20(MANMED)/Chapter%2015%20Medical%20Examinations%20(incorporates%20Changes%20126%20128%20135-140%20144%20145%20147%20150-152%20154-156,159%20and%20160%20below).pdf)
<https://www.hhs.gov/conscience/conscience-protections/index.html>

Planned Parenthood Federation of America, Inc. www.plannedparenthood.org:
(800) 230-PLAN (230-7526); (800) 287-8188; (802) 448-9700

ProChoice.org – Find a provider <https://prochoice.org/think-youre-pregnant/find-a-provider/#tab-fb4a1f16dbf58ba10d8>

National Abortion Federation - referrals to member clinics in the U.S. and Canada: Referral hotline: 1877-257-0012
<https://prochoice.org/think-youre-pregnant/naf-hotline/>

- Financial assistance: 1-800-772-9100
- Fetal anomaly, require specialized later abortion care, or are a medical professional looking for a referral 1-877-257-0012.

Adoption

- Adoption Resources from health.gov: <https://choicenetworkadoptions.com/>
- AdoptUSKids: (888) 200-4005; (877) 236-7831 (Spanish)
- Bethany Christian Services: (800) 238-4269 (Crisis Hotline)
- Child Welfare Information Gateway: (800) 394-3366
- National Adoption Center: (800) TO-ADOPT (862-3678)

More Web-based Resources: NMCPHC-SHARP Abortion Information page at:

<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/Abortion-Information.aspx>

