



Combating Infertility During Military Service

The American Fertility Association
www.theafa.org

AS IF YOU DIDN'T HAVE ENOUGH TO DEAL WITH

Military families are the strength of our nation. Our men and women in uniform represent the best of what our country is, and deserve the best our country can provide.

On top of the stresses and challenges associated with military life, you may also be struggling with infertility. This Handbook is designed to provide you with the knowledge that can help you to become a parent, despite the challenges inherent in a difficult job like serving our nation.

Whether you are active military, a reservist, veteran, or family member, if you need more information, The American Fertility Association is here for you. There are additional articles, videos, and fact sheets on all aspects of family building, from early diagnosis and treatment options to male genital trauma at our website, www.theafa.org. There is also a list of providers who offer discounted services for the military and their families.



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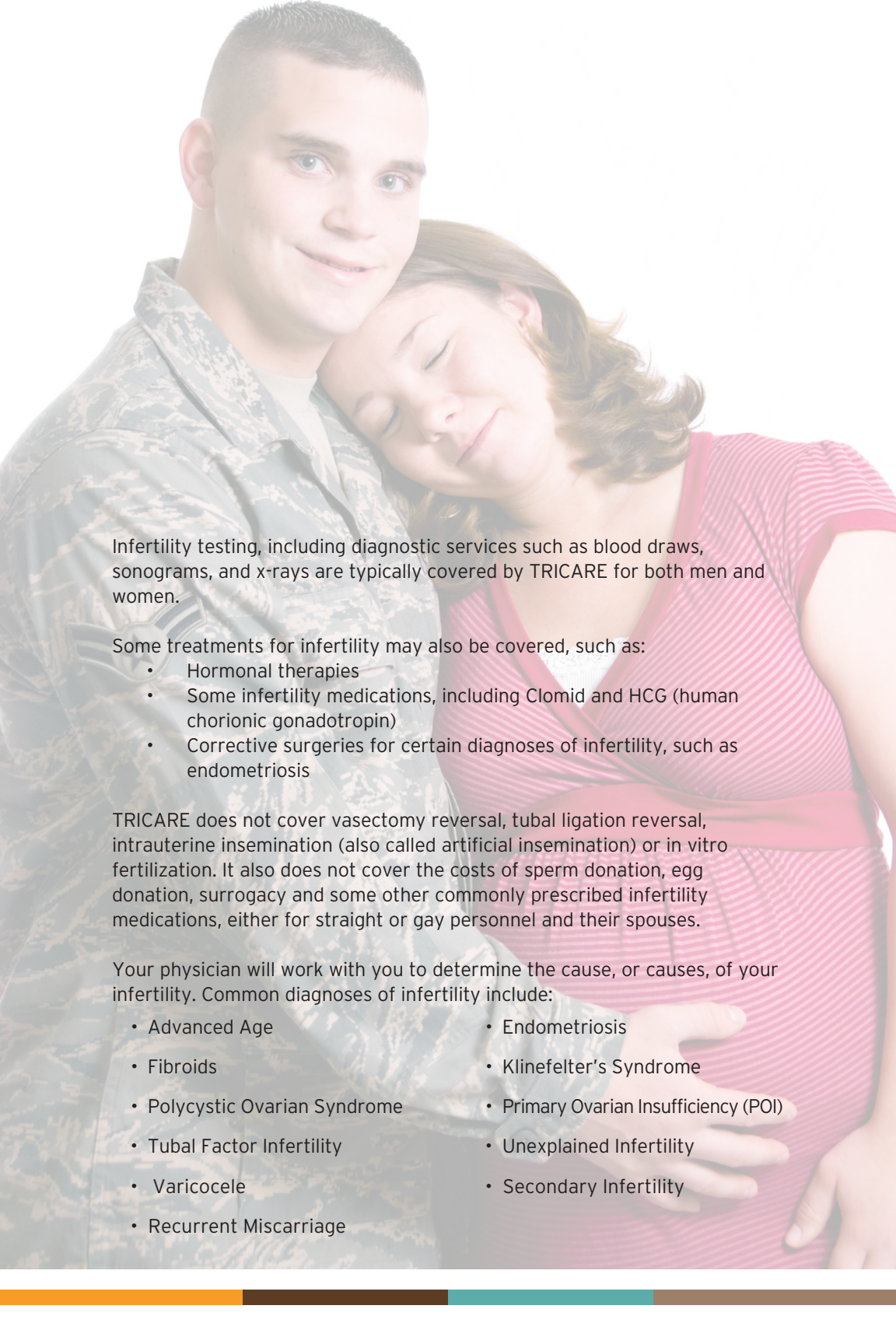


Infertility Treatment Options for Stateside Personnel

You Are Not Alone

Current statistics cite one in eight couples as having infertility issues in the U.S. today and of course, this includes members of our military. Civilians attempting to conceive will typically find some type of solution to their conception problems within one to three years. Either infertility treatments of some type will prove successful, a transition to adopting will be made, or a decision to become child-free will take hold. However, for those in the military, it might take much longer because of constant moves from assignment to assignment, deployment, clinic waiting lists, and issues associated with health insurance coverage. These added challenges can be daunting, yet are not insurmountable. With prior knowledge and planning, your odds of conceiving and having a family may improve, despite the unique obstacles military life can throw at you.

Active duty military, as well as reservists ordered to active duty for more than 30 days, are typically entitled to free health care through TRICARE, which is the Department of Defense's medical entitlement program. Family members can typically choose between three different types of plans under the TRICARE umbrella, however, none of the plans offer extensive coverage for infertility treatment.



Infertility testing, including diagnostic services such as blood draws, sonograms, and x-rays are typically covered by TRICARE for both men and women.

Some treatments for infertility may also be covered, such as:

- Hormonal therapies
- Some infertility medications, including Clomid and HCG (human chorionic gonadotropin)
- Corrective surgeries for certain diagnoses of infertility, such as endometriosis

TRICARE does not cover vasectomy reversal, tubal ligation reversal, intrauterine insemination (also called artificial insemination) or in vitro fertilization. It also does not cover the costs of sperm donation, egg donation, surrogacy and some other commonly prescribed infertility medications, either for straight or gay personnel and their spouses.

Your physician will work with you to determine the cause, or causes, of your infertility. Common diagnoses of infertility include:

- | | |
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| • Advanced Age | • Endometriosis |
| • Fibroids | • Klinefelter's Syndrome |
| • Polycystic Ovarian Syndrome | • Primary Ovarian Insufficiency (POI) |
| • Tubal Factor Infertility | • Unexplained Infertility |
| • Varicocele | • Secondary Infertility |
| • Recurrent Miscarriage | |



After a diagnosis is made, you may make a decision to try an infertility treatment that TRICARE covers. There are also Military Treatment Facilities (MTFs) which perform the infertility treatments TRICARE does not cover, such as intrauterine insemination (IUI) and in vitro fertilization, if you are willing to pay for them on your own. MTFs are often less expensive than other clinics might be, although many civilian facilities now give discounts to military personnel. Talk to your primary care manager (PCM) to determine if your local MTF has the facilities and a specialist able to perform IUIs, or if a local IVF clinic has been contracted out by TRICARE for this purpose in your area.

As of this writing, MTFs which provide infertility treatments such as in vitro fertilization are:

- Madigan Army Medical Center - Tacoma, WA
- Naval Medical Center - San Diego, CA
- Tripler Army Medical Center - Honolulu, HI
- Walter Reed National Military Medical Center - Bethesda, MD
- Wilford Hall at the Lackland Air Force Base - San Antonio, TX

Some, though not all, of these facilities report their success rates to the Society for Assisted Reproductive Technology (SART) where their information can be accessed at www.sart.org, along with information on other IVF clinics nationwide. The Fertility Clinic Success Rate and Certification Act mandates all clinics performing ART procedures to provide data on their success rates annually, to The Centers for Disease Control and Prevention (CDC), for compilation in their Assisted Reproductive Technology Success Rates Report, which can also be accessed online.

If you decide to utilize an MTF you will probably be wait-listed for treatment and might find yourself having to travel a far distance by the time you reach the top of the list. If you are unable to keep your appointment, please let the clinic know so someone else can move up the list.

Grappling with Diagnosis and Treatment During Moves and Deployment

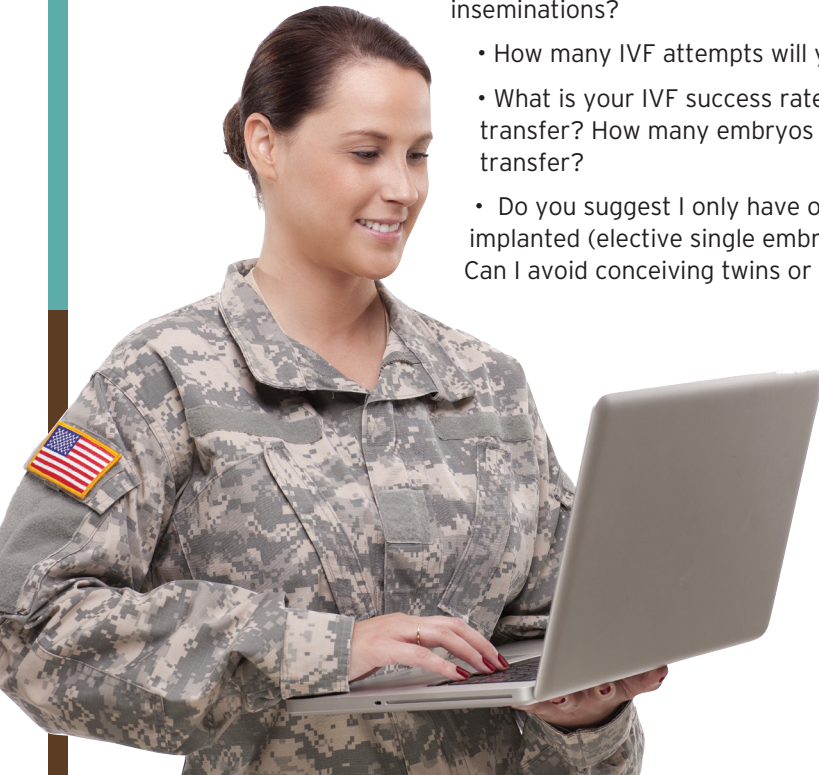
One of the challenges military families face is constant moves from assignment to assignment, which results in delays that can cost valuable time and add huge stress to an already stressful situation. Moves are a fact of military life but will be less daunting if you keep yourself organized.

- Keep a file that includes the contact information for all of your former doctors, including email addresses, telephone numbers, and fax numbers along with a running medical history of your treatment there. If possible, also keep copies of your medical records.
- When you get to your next duty station, set up an appointment with your PCM and state honestly that you need to be seen by an infertility specialist. If you have a documented history of infertility issues such as varicocele, endometriosis, or missed menstrual cycles, you may be able to receive a referral for a specialist more quickly. Make sure you let the PCM know what tests have already been done on both partners. If your doctor is hesitant to give you a referral or is less than understanding about your situation, request a different doctor. This may be easier said than done, but might get you an appointment at a nearby medical facility affiliated with another arm of the military or with a civilian doctor.



When you get an appointment with a specialist, some questions to ask include:

- What testing will my partner and I have to go through prior to fertility treatment?
- How long will it take to diagnose our infertility issue?
- How long will it take from when we are diagnosed to when we can begin treatment?
- Is there any sort of waiting list for treatment?
- How long should I expect to undergo treatment?
- What percentage of your patients are in my age group?
- What percentage of your patients are in the military?
- Do you participate in clinical trials? If I am eligible, will I be able to participate?
- What are your live birth success rates?
- What surgical procedures might you recommend for my partner and/or me?
- How many ovulation induction cycles with or without intrauterine insemination (IUI) do you recommend before moving to in vitro fertilization (IVF)?
- How does your office handle weekend inseminations? Are they done here or at another site? Do you perform weekend inseminations?
 - How many IVF attempts will you make?
 - What is your IVF success rate per embryo transfer? How many embryos do you generally transfer?
 - Do you suggest I only have one embryo implanted (elective single embryo transfer)? Can I avoid conceiving twins or triplets?





- When undergoing IVF, will you perform all egg retrievals and embryo transfers? If either of these are not always performed by you, who will perform them?
- When undergoing IVF, will egg retrieval be performed at your office or through the outpatient clinic at a hospital?
- How will you monitor my treatment and how often?
- Will you always perform treatment monitoring or is it possible that on occasion another physician or a nurse might monitor?
- How is your practice affiliated with the embryology lab? Are the lab procedures done here or off-site?
- What are the credentials of your laboratory and your laboratory director?
- What do you think about complementary medicine such as massage, acupuncture, and relaxation?
- What are your office hours and are you available after hours and on weekends?
- How will I communicate with you? Do you return phone calls the same day? Do you call back personally if I request?

- What role does the nursing staff play? Do they return calls or do you?
- If necessary, do you have access to donor egg, embryo, surrogacy, and sperm programs?

It is understandable that your stress level is going to be high during this time, particularly during pre-deployment. Stress can add an extra layer of difficulty to conception for some women but it doesn't have to be this way. Stress-busters like yoga, acupuncture, exercise, or simply talking it out can do you a world of good. If possible, identify an "infertility buddy" you can go through this with, or access some of the many chat rooms and Facebook groups for people going through infertility, some of which are specific to military families.

Remember that lifestyle choices count too! Smoking, drinking alcohol to excess or using recreational drugs can all adversely affect fertility in both men and women. Keeping your body mass index in a healthy range and watching your stress can also have a positive effect on baby-making potential.



Protecting Your Fertility Options Pre-Deployment: Men

Whether you are gay, straight, single or in a committed relationship, all men should consider freezing their sperm prior to deployment, which can be a comfort to those left stateside. Cryopreserved sperm can be stored for an indefinite period of time, although you are not obligated to use it if you decide not to. Sperm samples are batched into individual vials and can be thawed separately, allowing your partner to attempt conception during deployment. Sperm can also be thawed and used post-deployment, allowing men to father a child for a variety of reasons, including:

- Severe injury resulting from urogenital trauma or spinal cord injury
- Chemical exposure affecting the reproductive system or DNA
- Burn pit toxins exposure resulting in lowered testosterone levels
- Extreme heat exposure
- Temporary impotence resulting from post-traumatic stress disorder (PTSD)
- Death

It may be comforting to know that American military trauma centers are some of the best in the world. Of course, if urogenital trauma does occur, the medical specialists assigned to your case will be most concerned with saving your life. You can specify your desire to have your sperm extracted post-injury via legal documentation, but there is no guarantee the information would reach the appropriate medical personnel, nor are all trauma surgeons trained in sperm extraction procedures.

Freezing and shipping facilities would also be required in order to house the sample effectively. If this type of failsafe is important to you and your family, freezing a sperm sample prior to deployment is the safest and easiest backup available.



Sometimes, a sperm sample will be utilized posthumously. You should discuss this option with your family to determine a course of action that hopefully, will never be needed, but that makes your wishes clear prior to deployment. In the event of your death, there may be a time limit imposed in some jurisdictions as to how long after death your partner can use your frozen sperm for posthumous conception. It is also important to take into account the current uncertainty concerning social security benefits from the deceased to the posthumously conceived child.

Protecting Your Fertility Options Pre-Deployment: Women

Women who are deploying can also freeze their eggs or embryos, although this will require at least a month's preparation or longer and the services of an IVF clinic. Based on current medical knowledge, frozen eggs and embryos have an indefinite shelf-life. It is recommended, however, that they be thawed and used for implantation within a ten-year span. Freezing your eggs may not stop the biological clock, but it will give you more time to decide about motherhood at a later date.

Insurance will not typically cover the cost of sperm, egg or embryo freezing or, in the case of eggs and embryos, the technologies required to obtain them, such as in vitro fertilization. Most cryopreserving facilities such as sperm banks typically offer significant discounts to the military and first responders, and some IVF clinics nationwide do as well. A listing of facilities offering military discounts can be found at www.theafa.org.

Protecting Your Fertility During Deployment

It may be difficult to completely limit your exposure to many chemicals which are commonly found on military installations but if possible, these should be avoided or at least not inhaled or allowed to contact the skin. They include but are not limited to:

- Petroleum fuels such as benzene
- Pesticides
- Asbestos
- Heavy metals
- Radioactive substances
- Engine maintenance products

Chemicals such as these have been linked to a variety of health issues including decreased fertility.



Sperm and eggs are owned by the person providing the genetic material. If you wish to give someone else the authority to use these in your absence, you can legally identify them prior to deployment. You should make sure this information contains a doctor's consent form and is kept on file in your medical records. Make sure multiple copies are maintained for future moves and deployments. Cryobanks will have you complete a Tissue Release Authorization form with the signature of the person given permission, in order for them to utilize this material. You should also have a separate health care proxy that references in detail what the material can be used for. Make sure all forms are notarized and conform with applicable state laws.

It might seem counterintuitive to attempt parenthood during deployment, but many military couples do just that. If this is the route you both decide to take, create a support system and plan that includes people who can help during the medical treatments and subsequent pregnancy, such as a friend who agrees to go to Lamaze classes or to be a labor coach. You may also be able to plan out special moments, such as reading a pregnancy test together via Skype, or viewing baby's first sonogram photos or videos together. Simple emails, photos, postcards, and letters can be powerful tools you can use to keep yourselves connected to each other during this time. If possible, also try to establish a communication routine you can both count on.

Coming Home

Deployments have become longer over the past decade and you may have thought this day would never come, but hopefully, you are to be reunited with your family soon. If your partner conceived during your deployment, you'll be coming home to a whole new family and can expect a roller coaster ride of emotions you may be surprised by, sometimes even feeling resentment of your baby because of the time you lost, or because of the attention your partner devotes to him or her. Try to remember that your deployment was unavoidable and talk through your feelings together, so that you can enjoy each other as the family you are now.

If you do come home with physical injuries, a traumatic brain injury and/or combat stress or post-traumatic stress disorder, your readjustment may be challenging, but there are many organizations and individuals such as therapists and clergy who will be poised to help you and your family get through this time.

It may make sense to go slow during this period, as you and your loved ones readjust to your life together post-deployment. Acquiring and maintaining a positive attitude and the resilience you both relied upon during the past years will be beneficial. Don't forget to reach out to family, friends, and community for the support, love and sustenance you deserve.





You may eventually find yourself getting ready to become a parent, and opting to use the frozen sperm, eggs or embryos you left behind. Remember however, that you are under no legal obligation to do so and can opt to either destroy or donate these samples to other individuals who might benefit from them. If you do decide to utilize the samples, a doctor's support will be required and either artificial insemination or in vitro fertilization will be performed.

If you did not opt to freeze any samples, you may also become a parent by working with a sperm or egg donor and possibly a traditional surrogate or gestational carrier. Or, you may decide to work with a reproductive urologist, in order to obtain your own sperm via one of several different types of surgical procedures, such as testicular sperm extraction (TESE). These types of procedures will require the services of both a physician and, in the case of working with donors, surrogates or carriers, an attorney to guide you through the process. Some individuals will consider adoption as a way to create their families. No matter what you decide, all avenues to parenthood can be full of joy and fulfillment for those choosing them.

Glossary of Terms

Advanced Maternal Age - Typically refers to a woman 35 years old or older, who wishes to become pregnant and has not been able to after trying for six months.

Advanced Paternal Age - Typically refers to a man in his early 60's or older who is experiencing diminished fertility and wishes to father a child. Some studies also suggest that men over 40 may have higher rates of rarely occurring genetic and chromosomal issues.

Assisted Reproductive Technology (ART) - Any treatment or procedure that involves surgically removing eggs from a woman's ovaries and combining the eggs with sperm to help a woman become pregnant. Intrauterine insemination (IUI) is sometimes also considered an ART procedure.

Cryopreservation - A process by which embryos, eggs or sperm are frozen at very low temperatures in a substance such as liquid nitrogen in order to keep them viable for an extended period of time.

Donor Egg - The eggs taken from the ovaries of a fertile woman and donated to an infertile woman or gay man to be used in an assisted reproductive technology procedure such as IVF.

Donor Embryo - The giving, typically without financial compensation, of the excess embryos remaining after IVF to another person or couple, for the purpose of pregnancy.

Donor Sperm - The donation of sperm for the use by single and lesbian women and infertile couples or men experiencing severe male factor infertility.

Elective Single Embryo Transfer (eSET) - The implantation of only one fertilized embryo into the uterus of either an intended mother or a gestational carrier via IVF.

Endometriosis - A condition where endometrial tissue, which normally grows inside the uterus, grows abnormally and may be present on the ovaries, fallopian tubes, and other nearby organs in the pelvic area, sometimes causing scarring, bleeding, pelvic pain and infertility.

Fibroids - Non-cancerous (benign) tumors that can inhibit fertilization from taking place. Fibroids occur in the uterine muscle wall and sometimes cause abnormal bleeding and/or pain.

Gestational Carrier - A woman who carries a pregnancy for an intended parent or parents and who has no genetic link to the baby or babies born as a result of her pregnancy. Gestational carriers often carry pregnancies for gay male couples, single men, and women who are either single or in a couple and unable to carry a pregnancy.

Intracytoplasmic Sperm Injection (ICSI) - A procedure in which a single sperm is injected directly into an egg prior to IVF. This procedure is used to overcome male factor infertility.

Intrauterine Insemination (IUI) - Sometimes called artificial insemination, IUI is a medical procedure that involves placing sperm into a woman's uterus to facilitate fertilization. The sperm can come from a partner or a donor and is performed in a doctor's office.

In Vitro Fertilization (IVF) - A procedure that involves removing eggs from a woman's ovaries and fertilizing them outside her body with sperm in a laboratory dish. The resulting embryos are then transferred into the woman's uterus through the cervix. IVF can also be utilized in conjunction with donor eggs or donor embryos.

Glossary of Terms continued

Klinefelter's Syndrome - A genetic condition in males resulting from being born with an extra copy of the X chromosome.

Polycystic Ovarian Syndrome (PCOS) - PCOS is a hormonal imbalance typically earmarked by insulin resistance and resulting in any two of the following three characteristics: overproduction of androgens (male hormones), irregular menstrual cycles, and an ultrasound demonstrating polycystic appearing ovaries.

Primary Ovarian Insufficiency (POI) - Also called Premature Ovarian Failure, POI is the loss of normal function of the ovaries in a woman who is not yet of menopausal age, causing her to have irregular periods or no periods at all. POI differs from menopause in that women with this disorder do occasionally ovulate and sometimes conceive.

Recurrent Miscarriage - Also called recurrent pregnancy loss. Refers to the inability to carry a baby to term after two or more pregnancy losses.

Reproductive Endocrinologist - Physicians specializing in reproductive endocrine disorders and infertility, and who have undergone additional fellowship training.

Secondary Infertility - The inability to conceive after the birth of one or more children.

Semen Analysis - The microscopic examination of semen to determine the number of sperm (sperm count) as well as their shape (morphology) and movement (motility).

Traditional Surrogate - A woman who carries a pregnancy for an intended parent or parents with sperm generated either from a donor or the intended parent. Traditional surrogates have a genetic link to the baby or babies born as a result of the pregnancy and are often known to the intended parent(s).

Testicular Sperm Extraction (TESE) - Surgical removal of testicular tissue that may serve as a source of living sperm to be utilized in an ART procedure.

Third Party Reproduction - Refers to the use of eggs, sperm or embryos from a person other than the intended parent(s) and/or the use of a gestational carrier or traditional surrogate.

Tubal Factor Infertility - Complete or partial blockage and/or scarring of the fallopian tubes, often caused by pelvic inflammatory disease, endometriosis or other factors. Tubal factor infertility causes a disruption of egg pick up and transport, fertilization, and also embryo transport from the fallopian tube down into the uterus where the embryo implants.

Unexplained Infertility - Also called idiopathic infertility, a cause or combination of causes resulting in an inability to conceive which cannot be explained or diagnosed. Unexplained infertility is sometimes the result of multiple issues stemming from both partners. Unexplained infertility often responds to treatments such as IVF.

Urologist - Physician who specializes in the treatment of disorders and diseases related to male and female urinary organs and male reproductive organs.

Varicocele - An enlargement of the veins in the scrotum which may cause diminished sperm production and quality.

A Note of Thanks

There are simply no words to encompass the gratitude of our nation to military personnel and their families for their sacrifice, courage and strength. May you and your family thrive and find the joy and serenity you have helped our country preserve.



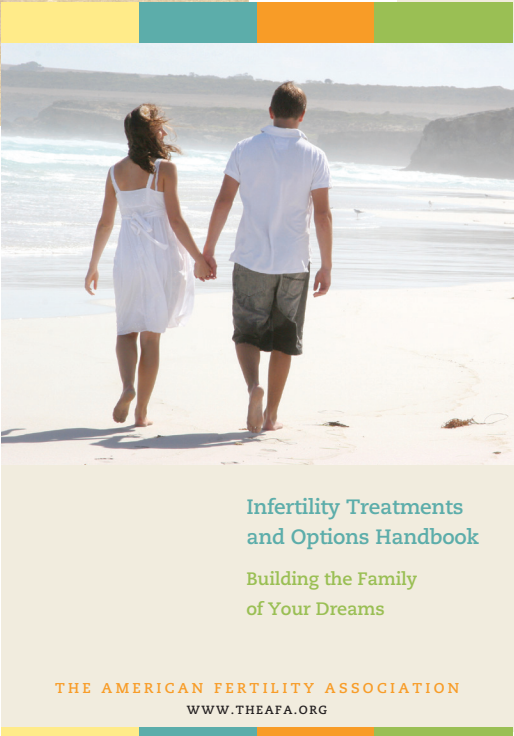
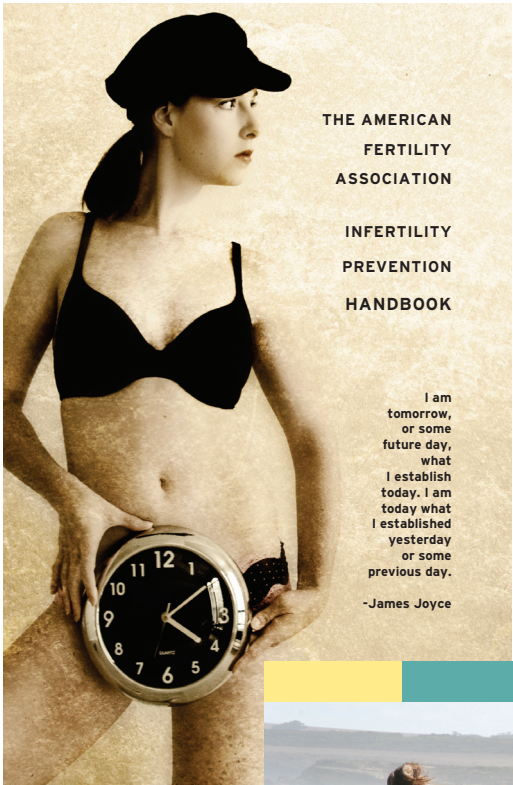
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More information on this topic, and all other topics relating to infertility, adoption, and family building can be found in the library section at www.theafa.org.

Other Handbooks Available From
The American Fertility Association



Handbooks can be ordered
free of charge at www.theafa.org



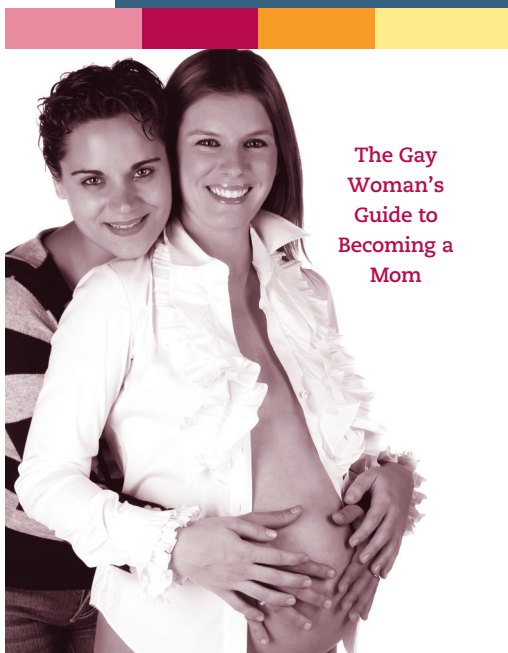
Parenting Options for the LGBT Community

*Building the Family
of Your Dreams*



Male Reproductive Health Handbook

One Step at a Time



The Gay Woman's Guide to Becoming a Mom

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The American Fertility Association (The AFA), is an inclusive organization committed to helping people create their families of choice by providing leading-edge outreach programs and timely educational information. The scope of our work encompasses reproductive and sexual health, infertility prevention and treatment, and family-building options including adoption and third party solutions. The AFA is a national, not-for-profit 501(c)(3) charitable organization headquartered in New York City.

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