

NATO STANDARD

AMedP-8.9

MINIMUM REQUIREMENTS FOR MEDICAL CARE OF WOMEN IN JOINT/COMBINED OPERATIONS

**Edition A Version 1
APRIL 2015**



NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

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NATO LETTER OF PROMULGATION

13 April 2015

1. The enclosed Allied Medical Publication AMedP-8.9, Edition A, Version 1, MINIMUM REQUIREMENTS FOR MEDICAL CARE OF WOMEN IN JOINT/COMBINED OPERATIONS, which has been approved by the nations in the MCMedSB, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2179.
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4. This publication shall be handled in accordance with C-M(2002)60.



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Director, NATO Standardization Office

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RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
ESP	<p>1) Point 2.10: Prescription of emergency contraception to a victim of a sexual assault will be made exclusively under medical indication and respecting the doctor's conscientious objection.</p> <p>2) Point 2.11: Deployed military doctors will make gynaecological diagnoses and treatments within reach of their possibilities. All the specific problems that could not be solved, will be evacuated to higher medical facilities.</p> <p>3) Point 2.12: Medications to stimulate uterine muscle contraction will be available only in Role 2 and higher medical facilities.</p>
EST	The Estonian Defence Forces provide organic medical support to own deployed units up to Role 1 level, which does not include personnel specialized in gynecology and obstetrics.
SVK	Doctors (surgeons) serving in the Armed Forces of the Slovak Republic and deployed to multinational operations are restrained by law to provide medical care in a field they are not specialized in and they are not allowed to administer treatment which can only be prescribed by a gynaecologist.
<p>Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.</p>	

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CHAPTER 1 INTRODUCTION

This standard defines the essential requirements for providing female-specific medical care to women in joint/combined operations.

Participating nations agree that women in joint/combined operations, or where likely to engage in joint/combined operations, will be provided with the gynecologic and obstetrical care detailed below appropriate with the level of competency of the tasked medical personnel. This is applicable to all military medical personnel in joint/combined operations, regardless of service branch or national affiliation.

Participating nations agree to provide competency appropriate female-specific equipment, medications to support this capability and adequate skilled medical personnel to fulfill this standard. Reasonable effort should be expended to incorporate sensitivity to cultural and religious practices and preferences.

The number of women found in military settings, as either combatants or noncombatants, has increased. Women are now routinely assigned in joint/combined operations. Other military units will often have women included, from various military branches and nationalities, either in military operations or in support of humanitarian missions.

While most women's medical care is the same as men's medical care, women have some unique obstetric and gynecologic medical needs. Obtaining and maintaining high levels of military readiness requires that these unique needs be capably addressed.

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CHAPTER 2 CONTENT

2.1. OVERVIEW

Nations are to ensure that women serving in joint/combined operations that do not have trained medical staff assigned, have ready access to appropriate medical facilities for the management and treatment of female-specific conditions. "Ready access" equates to timely medical support. "Appropriate medical facilities" applies to medical support from any military service branch, as well as civilian facilities and personnel. Reasonable effort should be expended to incorporate sensitivity to cultural and religious practices and preferences.

Prior to deploying to an operational unit, independent health care providers (Medical Officers or Medical Assistants) should possess the following skills if they will be providing care to women. The accepted competency of medical officers and medical assistants will have bearing on the level of care available.

This standard implies a level of proficiency of all medical personnel sufficient to allow proper routine female health care and to provide preliminary diagnosis and initial treatment or stabilization of more complex female-specific conditions. Clinical judgement and decision-making may be augmented by established protocols or through contact with a definitive care provider as appropriate.

2.2. ROUTINE CARE

Appropriate to physician/assistant competency, provide for the routine gynecologic care of women through the use of appropriate history, examination, and routine tests.

2.3. SEXUALLY TRANSMITTED DISEASES

Appropriate to physician/assistant competency, diagnose and treat sexually transmitted diseases.

2.4 . VULVO-VAGINITIS

Appropriate to physician/assistant competency, diagnose and treat the minor gynecologic ailments that lead to symptoms of vulvovaginitis.

2.5. CONTRACEPTION

Appropriate to physician/assistant competency, counsel and provide effective contraceptives. Recognize and manage contraceptive side effects or complications.

2.6. ABDOMINAL OR PELVIC PAIN

Appropriate to physician/assistant competency, diagnose and initiate treatment of the common causes for abdominal or pelvic pain in women.

2.7. ABNORMAL BLEEDING

Appropriate to physician/assistant competency, recognize and initiate basic life-saving techniques for management of abnormal vaginal bleeding.

2.8. URINATION PROBLEMS

Appropriate to physician/assistant competency, recognize and manage common urinary tract problems.

2.9. BREAST PROBLEMS

Appropriate to physician/assistant competency, evaluate and provide care for common breast problems.

2.10. SEXUAL ASSAULT

Provide, in accordance with suitable protocols, appropriate medical care to a victim of sexual assault, including emergency contraception and prevention of sexually transmitted disease.

2.11. PREGNANCY

Appropriate competency to diagnose and provide for initial medical management of early pregnancy, including common early obstetrical abnormalities.

2.12. MORE COMPLEX PROBLEMS

More Complex Early Obstetric or Gynecologic Problems. All providers will recognize when a woman's health care needs exceed available resources and provide for referral for further care, military circumstances permitting.

2.13. MATERIEL FOR WOMEN'S HEALTH CARE

Recommended material to provide female-specific care [for joint/combined operations with medical staff]:

- a. Medications to stimulate uterine muscle contraction may be held at role 2 or higher. Such medications could be necessary, however they are risky to use if not supported by an ultrasound examination first, to rule out pregnancy.

Because appropriate ultrasound equipment is often not readily available, the medications require special handling if kept in stock.

b. Oral contraceptive preparations. Even though a basic reserve resupply may be provided, it is considered a personal responsibility for women to bring an adequate supply of routinely-used medications.

c. Anti-fungal medications.

d. Vaginal specula of different sizes.

e. Lab supplies/equipment appropriate for early determination of pregnancy.

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