



TE OPE KĀTUA O AOTEAROA
DEFENCE FORCE

Defence Health

HEALTH + READINESS

A GUIDE FOR NZDF WĀHINE TOA

Who do I call for help?

IF YOU ARE FEELING UNSAFE OR IF THERE IS AN IMMEDIATE RISK TO YOU OR SOMEONE ELSE, CALL 111 IMMEDIATELY.

NZDF HEALTH LINE	0800 268 437 Automated telephone directory for Defence Health Centres , including after-hours care arrangements
URGENT CARE	If you have health issues that need to be seen within 24 hours, contact your local Defence Health Centre or Defence Dental Centre . For after-hours issues, go to the nearest civilian urgent care clinic or hospital emergency department.
EMERGENCY CARE	Call 111 or go to the emergency department of the nearest public hospital.
AFTER-HOURS CARE	If you become unwell outside of work and cannot wait until the next workday to seek care, call the NZDF Health Line . The recorded message will detail after-hours provisions for your Camp or Base.
YOUR DEFENCE DENTAL CENTRE	Call the NZDF Health Line for your local Defence Dental Centre's contact details. 0800-1630 dental care (urgent and routine) on all Camps or Bases.
YOUR DEFENCE HEALTH CENTRE	Call the NZDF Health Line for your local Defence Health Centre's contact details. 0800-1600 primary healthcare (urgent and routine) on all Camps and Bases.
CHAPLAINS	Scan the QR code or refer to health.nzdf.mil.nz for contact details. 24/7 pastoral care, mental health support and welfare support on all Camps and Bases.
NZDF HARMFUL SEXUAL BEHAVIOUR RESPONSE LINE	0800 693 324, +64 4 527 5799 from overseas 0700-1900 7 days a week confidential support for those who have experienced, witnessed or used harmful sexual behaviour.
NZDF4U WELLBEING SUPPORT AND COUNSELLING	0800NZDF4U (0800 639 348), +64 9 414 9914 from overseas, Text 8881, wellbeingsupport@nzdf4u.co.nz 24/7 free, confidential mental health and wellbeing support from a health professional outside of the NZDF.
MINISTRY OF HEALTH HEALTHLINE	0800 611 116 , 24/7 free, confidential health advice from trained nurses outside of the NZDF.
LIFELINE	0800 54 33 54 , 24/7 free, confidential counselling service outside of the NZDF.
NEED TO TALK?	Call or text 1737 , 24/7 free, confidential mental health and addiction support outside of the NZDF.

The information in this handbook is for general educational purposes only, and it does not create any legal rights or entitlements. The information is current at the time of publication but may change without notice. Always seek advice from your NZDF healthcare professional for any health concerns. For the most up-to-date version, search the Defence Health website at health.nzdf.mil.nz

© Copyright New Zealand Defence Force 2026

From the Surgeon General

Defence Health Directorate



To our wāhine toa,

This handbook has been created for you. It is designed to support you in better understanding your health and when to access care – including topics that aren't always openly discussed in our workplaces.

I encourage you to use this handbook as a guide – something you can come back to when you need it. It is also a reminder that you don't have to figure everything out on your own. Your Defence Health team is there to support you, wherever you are in your career or life. Ask questions, get support early, and don't ignore things that don't feel right.

As servicewomen, we carry many responsibilities. Balancing work, relationships and commitments to whānau and community can make it easy for our own health to slip down the priority list. Looking after your hauora (health and wellbeing) is one of the most important things you can do for yourself, your team, your whānau, and your future.

The NZDF's operational effectiveness depends on the strength of its people, and wāhine toa are integral to that strength. Through manaakitanga and supporting hauora across all stages of service, Defence Health aims to ensure our servicewomen thrive during service and beyond.

Ngā manaakitanga

Brigadier Charmaine Tate
NZDF Surgeon General
Director Defence Health



Welcome

Me aro koe ki te hā o Hine-ahu-one

Pay heed to the
dignity and power
of women.

This whakataukī reflects the inherent mana, strength, and lifegiving potential of wāhine. Hineahuone, the first woman in Māori creation traditions, embodies both strength and tenderness. 'Aro ki te hā' encourages recognition of that mana and dignity, and the importance of treating it with respect and care.

Wāhine play a vital role within Te Ope Kātua o Aotearoa, the New Zealand Defence Force (NZDF), contributing valuable skills and perspectives, that strengthen operational effectiveness, leadership, and the wellbeing of teams.

WHY THIS RESOURCE WAS CREATED

Globally there has been limited research and education focused on women's health in military settings. As a result, military women are not always equipped with the information needed to fully support their performance, health, and wellbeing.

To help address this gap, the NZDF Women's Performance, Health, and Wellbeing Programme was established in 2023. The programme is led by Defence Science and Technology (DST) scientists and guided by NZDF stakeholders and sponsors. Between 2023-2024, extensive efforts were made during scoping work to hear directly from NZDF wāhine about their lived experiences, challenges, and needs. This identified key areas needing better support – some requiring further research, and others clearer, more accessible education.

In response, this resource has been developed to provide evidence-based women's health education. It was inspired by the UK Servicewomen's Health Handbook and adapted for the New Zealand and NZDF context. Content was developed collaboratively by the Defence Health Directorate (DHD), DST, and NZDF healthcare professionals.

A full list of references and supporting resources for each chapter can be found at health.nzdf.mil.nz



This handbook primarily uses a Western biomedical framework, drawing on current evidence and clinical practice. We acknowledge that hauora is also shaped by cultural, spiritual, and holistic perspectives. These perspectives are valid and important, and this resource aims to complement, not replace those understandings.

WHO THIS GUIDE IS FOR

This resource provides NZDF military women, our wāhine toa, with practical information to help you make informed decisions about your health and access healthcare when needed. While addressed to wāhine, commanders, colleagues, partners, and whānau are encouraged to use this handbook to further their understanding of women's health and foster supportive conversations at work and at home. Specific guidance for leaders can be found in the *Considerations for commanders* section (page 14).

Throughout this handbook, the terms women and wāhine are used to support clear health education. We recognise that some people who do not identify as women may also experience the topics covered and may find this information relevant and useful.

Contents

1. Women's Health in the NZDF	9	6. Contraception	69
Women's health services	10	Types of contraception	70
Wellbeing services	12	Choosing a contraceptive	71
Considerations for commanders	14	Impact on hormones, periods, fertility, and training	78
Speaking with Command about women's health	16	Operational and deployment considerations	81
2. Health Screening	19	Emergency contraception	82
Occupational health screening	20	7. Pregnancy and Becoming a Parent	85
National health screening	21	Planning for pregnancy	86
Cervical screening	22	Early signs of pregnancy and next steps	90
Breast screening	25	Pregnancy care and considerations	93
3. Sexual Health	29	Health and wellbeing after birth	99
Female reproductive anatomy	30	8. Perimenopause and Menopause	109
Sexually transmitted infections	31	Phases of menopause	110
Vaginal thrush	34	Understanding hormonal changes	111
Pelvic inflammatory disease	34	Perimenopause and menopause symptoms	112
4. Urinary and Pelvic Floor Health	37	Symptom management	116
The urinary system and your health	38	Long-term health considerations	119
Urinary health in the military	40	Acknowledgements and Next Steps	122
Urinary tract infections	41		
Bladder control problems	44		
Pelvic floor health	46		
5. Menstrual Health	51		
Understanding the menstrual cycle	52		
Tracking the menstrual cycle	58		
Period products	59		
Managing periods in the military	62		
Training and the menstrual cycle	64		



Women's Health in the NZDF

Understanding your health, knowing what services and support are available, accessing care early, and engaging in conversations with Command when needed can help you navigate different life stages and health experiences with confidence.

In this chapter, you'll find practical information on:

- Women's health services in the NZDF, pages 10-11
- Wellbeing services available to you and your whānau, pages 12-13
- Considerations for commanders supporting women's health and readiness, pages 14-15
- Considerations for women discussing health and wellbeing with Command, page 16



IMPORTANT

Accessing NZDF healthcare services helps ensure your care is informed by the unique demands of military service and your individual circumstances. Having a complete and accurate medical record allows Defence Health to provide you with the best, individualised continuity of care.

If you do receive healthcare from any external providers, such as after-hours care or breast screening, it is your responsibility to ensure that any consultation notes, treatment information and test results are sent to your Defence Health Centre (DHC), or Defence Dental Centre (DDC) where relevant, so they can be added to your NZDF health record.

WOMEN'S HEALTH SERVICES

As primary healthcare providers for our Regular Force personnel, **NZDF healthcare professionals – our doctors, nurses, medics, dentists and dental hygienists – provide a wide range of health services.** Your local Defence Health Centre (DHC) and Defence Dental Centre (DDC) teams can provide tailored advice for training and deployments, coordinate specialist referrals, and support workplace adjustments when needed.

Note: Reserve or Territorial Force personnel can access Defence Health services for acute care while on active duty, but routine women's healthcare will be provided through your civilian general practice.

To contact your local DHC:

- Call the NZDF Health Line 0800 268 437 and follow the prompts to be transferred
- Scan the QR code



It's important that you feel comfortable and confident accessing care. If you're unsure which healthcare professional to see, speak with your DHC receptionist or a nurse – they can help guide you to the most appropriate provider for your needs.

If your needs are not being met by the healthcare professionals available, you're encouraged to discuss this with your DHC manager. They'll work with you to find a solution that aligns with your preferences and needs wherever possible.

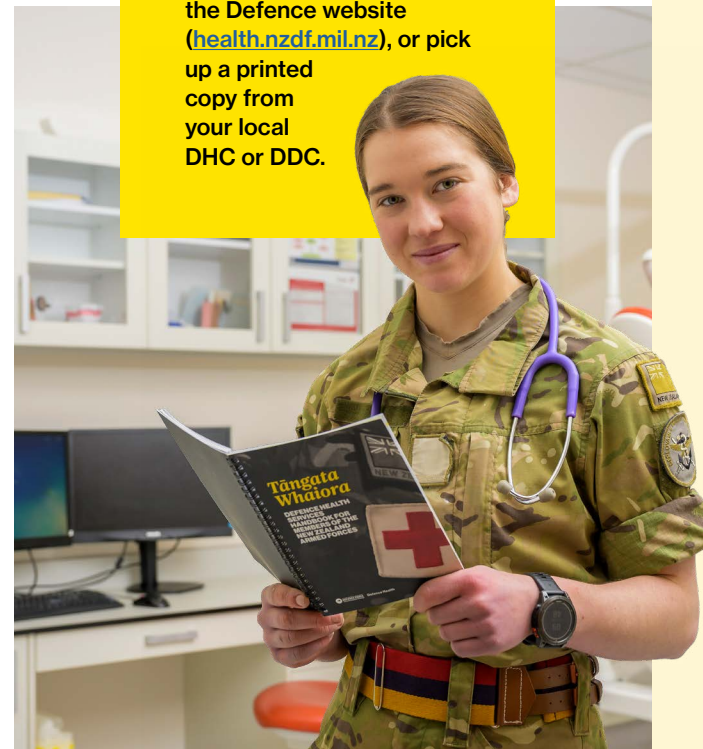
Your feedback is important to Defence Health and helps us deliver services that are responsive to your needs and continually improving. Feedback can be provided directly to your DHC or to the NZDF Health Quality Team by emailing: health.quality@nzdf.mil.nz

NZDF health policy

Defence Health policies can be found on the Defence Health ILP (Intranet Landing Page) under *Health Policy and Guidance*.

For more information about occupational health in the NZDF, refer to pages 20-38 of the [Tāngata Whaiora Defence Health Services Handbook](#).

You can view and download a copy from the ILP and the Defence website (health.nzdf.mil.nz), or pick up a printed copy from your local DHC or DDC.



DID YOU KNOW?

You're welcome to bring a support person or whānau member along with you to your medical appointments. Please advise your DHC in advance if you intend to do so.



TOP TIP

While concerns about the impact of health issues on medical grading and deployability are understandable, engaging early with NZDF healthcare professionals and Command often provides greater access to support, advice, and management options than delaying seeking help.

For more information about occupational medical assessments and gradings, refer to pages 20-26 of the [Tāngata Whaiora](#) handbook.

WELLBEING SERVICES

A wide range of NZDF wellbeing support services are available to you and your whānau. Contact details can be found on the inside cover. For more information about the services listed below, refer to pages 62-67 of the [Tāngata Whāiora Defence Health Services Handbook](#) or visit the Defence Health website (see page 13).

Eligibility criteria for wellbeing services

	Regular Force	Partners of Regular Force	Family/ Whānau of Regular Force	Active Reserve or Territorial Force
CHAPLAINS	✓	✓	✓	✓
SOCIAL WORKERS	✓	✓	✓	✓
DEFENCE COMMUNITY FACILITATORS/ NAVAL WELFARE LIAISON MANAGER	✓	✓	✓	✓
HARMFUL SEXUAL BEHAVIOUR (HSB) SUPPORT*	✓	Support from social workers and chaplains	Support from social workers and chaplains	For HSB experienced while on duty
NZDF4U TELEHEALTH WELLBEING SUPPORT*	✓	✓	For NZDF-related issues	For NZDF-related issues and crisis support
NZDF4U COUNSELLING (up to 6 sessions per 12-month period)	✓ (includes relationship counselling together with your partner)	✓ (includes relationship counselling together with your partner)	✓ Only if NZDF-related	✓ Only if NZDF-related

Harmful sexual behaviour (HSB) prevention and response support

Defence Health takes a 'no wrong door' approach to HSB. If you have experienced, witnessed, or used HSB, or simply want advice or support, you can seek help from any NZDF healthcare professional you trust, including doctors, nurses, social workers, and chaplains.

If you're not sure where to begin, a social worker can help you navigate the available support options and connect you with the services that best meet your needs. Our NZDF Social Workers (HSB) in particular are experienced in this field and can provide confidential support and guidance. No issue is too small.

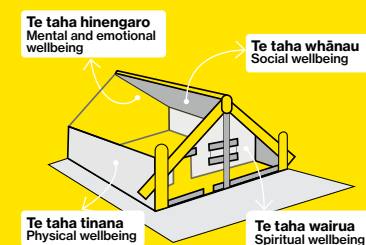
You can also access confidential advice and support through the NZDF HSB Response Line, available 7am-7pm, seven days a week.

Phone 0800 693 324, or from overseas +64 4 527 5799

Pūtahi Hauora Defence Health Hub health.nzdf.mil.nz

The Defence Health website hosts a wide range of health and wellbeing content developed specifically for Defence Force members and whānau.

Drawing on the Te Whare Tapa Whā model of health, resources span physical, mental, social, and spiritual wellbeing, including nutrition, sleep, fitness, relationships and parenting for military families, and financial wellbeing.



To learn more about how Defence Health services span the four dimensions of Te Whare Tapa Whā, refer to pages 42-45 of your [Tāngata Whāiora Defence Health Services Handbook](#). Further information about wellbeing support services, including eligibility criteria, can be found on pages 60-67.





CONSIDERATIONS FOR COMMANDERS

A healthy workforce is fundamental to the NZDF's operational effectiveness, mission success, and sustained organisational performance. By prioritising health as a capability enabler, commanders play a critical role in supporting the health and readiness of their personnel.

Commanders play a key role in:

- **Fostering a respectful, inclusive, and supportive culture** that promotes the health, safety, and wellbeing of all personnel, including encouraging professional behaviour, responsible alcohol use, early help-seeking, and awareness of available support services.
- **Integrating health considerations into operational and workforce planning** by ensuring appropriate facilities, resources, and services are available to meet the hygiene, privacy, and sanitary needs of all personnel in diverse military environments.
- **Supporting operational readiness** by encouraging and enabling attendance at health assessments, participation in recommended screening programmes, and other health activities that support deployment and military service.
- **Implementing workplace practices and reasonable adjustments** that support personnel to manage and optimise their health.

- **Maintaining confidentiality and respecting individual privacy and preferences** by recognising that health information is confidential and must not be disclosed without an individual's consent, except where required by law or for specific safety or operational purposes. Commanders should also avoid making assumptions about a person's willingness to discuss health matters based on gender, culture, background, or identity.

Some personnel may experience health-related needs and challenges that require specific consideration in military and operational environments, including those related to sex, gender, reproductive health, culture, disability, or other individual circumstances. Recognising these needs can help commanders identify potential barriers, respond appropriately, and foster workplaces that promote wellbeing, performance, and operational effectiveness.

This handbook provides commanders with practical information to better understand women's health and its potential implications for workforce participation, readiness, and performance. By improving awareness and supporting informed leadership decisions, commanders can help create an environment in which women can maintain their health, perform at their best, and contribute fully to NZDF capability and mission success.



TOP TIPS

Talking to Command about women's health

- **Keep it simple and factual:**
You don't need to overexplain – clearly state the issue and what is needed.
- **Explain the impact:**
If relevant, describe how the issue affects your health, wellbeing, hygiene, safety, or ability to perform your duties. This can help Command understand its significance.
- **Be clear about the action needed:** Say exactly what needs to happen (e.g. restocking supplies).
- **Follow up if needed:**
If nothing changes, it's okay to raise it again or escalate through appropriate channels.

"I'd like to discuss a health matter that's affecting me in this environment. I'd appreciate some support or guidance on the best way to manage it."

'There's currently no soap/period products in the toilets. This is a hygiene risk – can these be restocked?'

SPEAKING WITH COMMAND ABOUT WOMEN'S HEALTH

Open conversations about health in the workplace can help create environments where everyone feels supported, stays healthy, and performs at their best.

It is your choice if, when, and how much health information you share with Command. If you decide to have a conversation, Command may be able to help identify practical solutions, workplace adjustments, or other forms of support.

These conversations can sometimes feel uncomfortable, particularly if women's health topics are not commonly discussed within your team. Like any workplace conversation, they often become easier with preparation and practice. You may find it helpful to seek advice, guidance or support beforehand from a trusted person, such as a female medic or colleague.

Many NZDF women have shared that they have needed to guide commanders on considerations associated with women's health, such as pregnancy, menstruation, and hygiene requirements. Being clear about your circumstances, potential impacts, and any support you require can help Command understand your situation and respond appropriately.

KEY TAKEAWAYS

1 Know what support is available.

Defence Health offers a broad range of women's health and wellbeing support services.

2 Seek help early and keep your health records up to date.

Accessing Defence Health services as soon as you need them ensures you receive timely care. If you receive care outside the NZDF, ensure information is sent to your DHC.

3 Open conversations help create positive outcomes.

Clear, professional discussions with Command can help identify practical solutions and support health and readiness.





Health Screening

Staying up to date with recommended health screening is an important part of looking after your health. This includes both national screening programmes and occupational medical assessments that support your health and readiness for military service.

Screening can help identify potential issues before symptoms appear, when treatment is often simpler, less invasive, and more effective. Breast and cervical cancer are among the most common cancers that affect women. Regular screening can detect these cancers early and – in the case of cervical screening – can identify and treat cell changes before cancer develops.

In this chapter, you'll find practical information on:

- The health screening recommended for you, pages 20-21
- Your cervical screening options, pages 22-24
- How to register for breast screening, pages 25-26
- Looking after your breast health, page 27



TOP TIP

Use your routine occupational medical assessments as opportunities to discuss any workplace hazards or specific health risks related to your role or operational environment. This helps ensure risks are properly assessed and monitored.



IMPORTANT

Update your contact details in ESS whenever they change. If you are eligible for breast screening, also ensure your details are up to date with BreastScreen Aotearoa to receive screening invitations and reminders.

OCCUPATIONAL HEALTH SCREENING

Your Defence Health Centre (DHC) provides individual health screening tailored to the military environment as part of your routine occupational medical assessments. This may include assessments of your mental health, skin health, heart health, and hearing.

You can expect to receive reminders from your DHC when you are due for a medical assessment (at least every five years), and from your Defence Dental Centre (DDC) when you are due for a dental assessment (at least every two years). If you have any concerns between routine medical or dental assessments, contact your DHC or DDC.

For more detail on what to expect at your medical and dental assessments, refer to pages 20-29 of the [Tāngata Whaiora Defence Health Services Handbook](#).



NATIONAL HEALTH SCREENING

In addition to routine occupational medical assessments, military wāhine have access to the same publicly funded national screening programmes as the civilian population. Cervical screening and heart checks are provided at all DHCs, while breast and bowel screening are coordinated and delivered by [Health New Zealand | Te Whatu Ora](#).

SCREENING	RECOMMENDED AGE	HOW OFTEN?	WHO DO I CONTACT?
CERVICAL SCREENING (see page 22 for more details)	25-69 years old	Every 5 years	Your DHC or National Cervical Screening Programme Call 0800 729 729
BREAST SCREENING (see page 25 for more details)	45-69 years old (extending to 74 years old by 2029)	Every 2 years	BreastScreen Aotearoa Call 0800 270 200
HEART CHECK	From 40 years old for Māori, Pacific and South-Asian. From 45 years old with known risk factors (e.g. smoking, family history of heart problems, or high risk of developing diabetes). From 55 years old with no known risk factors.	Discuss with an NZDF healthcare professional	Your DHC
BOWEL SCREENING	56-74 years old	Every 2 years	National Bowel Screening Programme Call 0800 924 432 or email info@bowelscreening.health.nz

More information on cervical and breast screening is provided in the following pages. Information on heart checks and bowel screening, and the latest public screening recommendations, are available at healthnz.govt.nz. Speak with an NZDF healthcare professional if you have any questions about screening or your individual risk factors.



DID YOU KNOW?

The Human Papilloma Virus (HPV) vaccine, Gardasil 9, is safe and very effective at preventing infection from nine HPV strains. When combined with regular cervical screening, it provides the best protection against cervical cancer.

The HPV vaccine is also recommended for males, as it helps protect against a range of HPV-related conditions, including oropharyngeal (throat) cancers, anogenital cancers (affecting genitals and anus), and genital warts.

If you are under 45, ask your DHC about whether the HPV vaccine is appropriate for you. The vaccine is given in three doses over several months.

CERVICAL SCREENING

Cervical cancers start with slow changes in the cells lining the cervix. These changes are caused by Human Papilloma Virus (HPV), a very common virus that affects up to four out of five people who have ever had intimate contact.

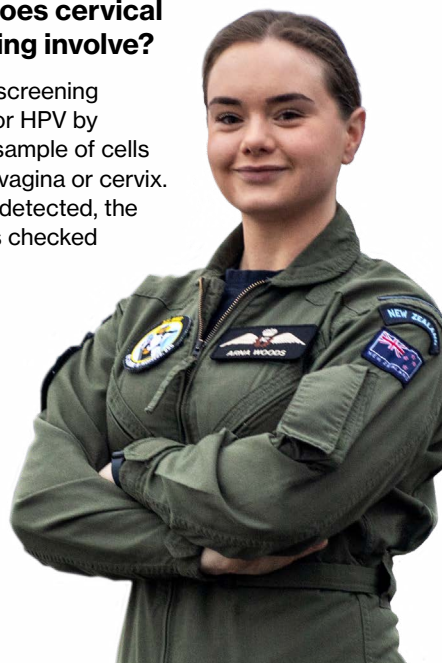
Most people with HPV don't know they have it because the infection often clears on its own without causing any problems. Sometimes, however, HPV remains in the body and may lead to the development of cervical cancer.

HPV can be spread through:

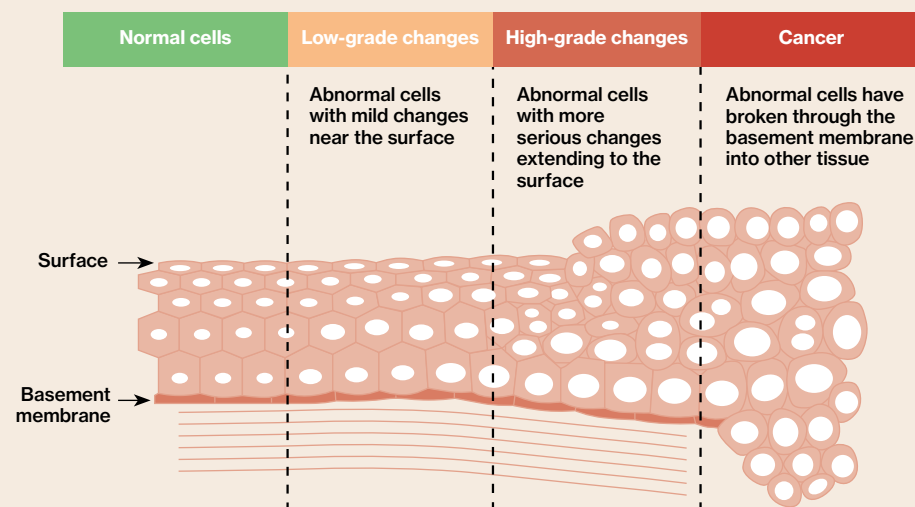
- Vaginal, oral, or anal sex
- Skin-to-skin contact of the genital area
- Sharing sex toys
- In rare cases, non-sexual contact (other skin-to-skin contact or from shared surfaces)

What does cervical screening involve?

Cervical screening checks for HPV by taking a sample of cells from the vagina or cervix. If HPV is detected, the sample is checked



How HPV can change healthy cells and lead to cervical cancer



for cell changes that could develop into cervical cancer over time if left untreated (see image above).

If your results show changes that need attention, a healthcare professional will explain the results and discuss next steps with you, such as follow-up tests or treatment.

Who should be screened?

Cervical screening is recommended for women aged 25-69 years who have ever had intimate sexual or genital skin-to-skin contact. This is important even if you have had the HPV vaccine. There are rare cases where HPV may be transmitted through non-sexual contact, so it is important to consider getting tested regardless of your sexual history.

How do I register for cervical screening?

It is your choice whether to receive cervical screening or not. Your DHC will send you a reminder when you are due for cervical screening, which is usually at least once every five years from age 25. If you think you are overdue for a screening, please contact your DHC to check this.

Once you've had a screening test, you'll be added automatically to the National Cervical Screening Programme, as all test results – including those from DHCs – are processed by Health New Zealand. You can choose to opt out of the programme at any time by emailing screening@health.govt.nz or calling 0800 729 729.



TOP TIPS

- Know when your screening is due.
- Set a calendar reminder one month before your screening is due to allow time to book an appointment. If you are unsure when it's due, contact your DHC.
- If you'll be deployed or otherwise unavailable when screening is due, book early or reschedule to minimise disruption and stay on track with your healthcare.
- You can still have your cervical screening done during your period if bleeding is light.
- Cervical screening is safe during pregnancy, but it's best to discuss this with an NZDF healthcare professional.
- After giving birth, wait six weeks to have your cervical screening to allow pregnancy and birth-related changes to settle.

What cervical screening options are available?

There are two options for a cervical screening test (a doctor or nurse can advise which option is best for you based on your health history):

1. **A high vaginal swab** which collects a cell sample from your vagina. You can do your own vaginal swab in private at your DHC, or if you prefer, a nurse can do the swab for you.

Scan the QR code for instructions on how to do the self-test



2. **A cervical sample**, or 'smear test', which involves a nurse collecting a cell sample from your cervix.

You can expect to receive your results through your DHC within two weeks of your screening. They will let you know if any further follow-up is needed.

For more information about cervical screening, search *Cervical Screening* on healthnz.govt.nz.

What should I do if I have symptoms before my next screening?

Cervical screening does not identify all cases of cervical cancer. Do not wait until your next screening test if you develop symptoms.

Seek advice from an NZDF healthcare professional as soon as possible if you experience:

- Bleeding between periods, during or after sex, or after menopause
- Vaginal discharge that is unusual for you
- Persistent pelvic or lower back pain



BREAST SCREENING

Breast cancer is the most common cancer affecting New Zealand women. Around 1 in 10 wāhine in Aotearoa will be diagnosed with it at some point in their lives.

Breast cancer occurs when abnormal cells in the breast begin to grow and form a growth (tumour). Over time, these cells can spread to other parts of the body. Regular breast screening can detect breast cancer early, when it's easier to treat and recovery is more likely.

What does breast screening involve?

Breast screening usually involves a mammogram, which is an x-ray of the breast. Mammograms are very effective at finding abnormal changes in breast tissue.

Who should be screened?

Women aged between 45 and 74 are eligible for free mammograms every two years through BreastScreen Aotearoa, New Zealand's national breast screening service.

Some women may be at higher risk for breast cancer. This may be due to an inherited genetic condition, a strong family history of breast cancer, or certain medical treatments received in the past.

If you are worried about your risk of breast cancer, speak to an NZDF healthcare professional. They will assess your level of risk and advise whether you may benefit from specialist or earlier screening.

How do I register for breast screening?

It's your choice whether to have regular mammograms. Between the ages of 45 and 75, you can opt in, opt out, or rejoin BreastScreen Aotearoa's screening programme at any time.

If you are due for a mammogram, you should receive an invitation from BreastScreen Aotearoa by email, text, or letter.

You can book your mammogram:

- online using the secure personalised link in your invitation, or
- by calling 0800 270 200

BreastScreen Aotearoa will arrange an appointment for you at your nearest breast screening facility. You can usually expect your results to be sent directly to you within three weeks of your mammogram.

If you think you are overdue for breast screening but have not received an invitation, or if you wish to enrol, call the number on the left, visit health.govt.nz, or scan the QR code.



Be breast aware

In addition to regular mammograms, it's important to be breast aware. Check your breasts regularly and at different times during your menstrual cycle, to get to know how your breasts normally look and feel so that you can recognise any changes as early as possible.

Use the 'TLC' guidelines – *Touch, Look and get Checked* – from Breast Cancer Foundation NZ (search *Check Your Breasts* on breastcancerfoundation.org.nz).

If you notice anything that is not normal for you, don't hesitate to make an appointment with an NZDF healthcare professional for further evaluation.

KEY TAKEAWAYS

1 Screening is an important part of looking after your health.

Stay up to date with screening, keep an eye out for symptoms or changes in between, and seek advice promptly if concerns arise to protect your health and wellbeing.

2 Plan ahead.

Keep track of when your screening is due and arrange appointments in advance around work commitments and deployments.

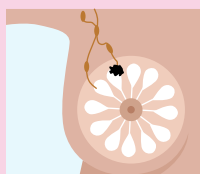


IMPORTANT

Don't forget to request mammogram results be shared with your local DHC (their email address can be found at healthnzdf.mil.nz).

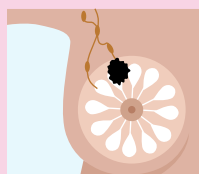
If you move, it's important to advise BreastScreen Aotearoa of your new DHC.

Breast cancer stages



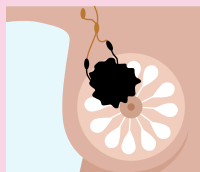
Stage 1

Tumour is <20mm in size



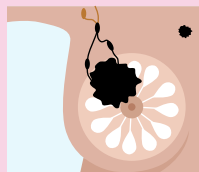
Stage 2

Tumour is >20mm in size and/or spread to nearby lymph nodes



Stage 3

Tumour is >20mm in size and involving lymph nodes or invading skin/other tissue

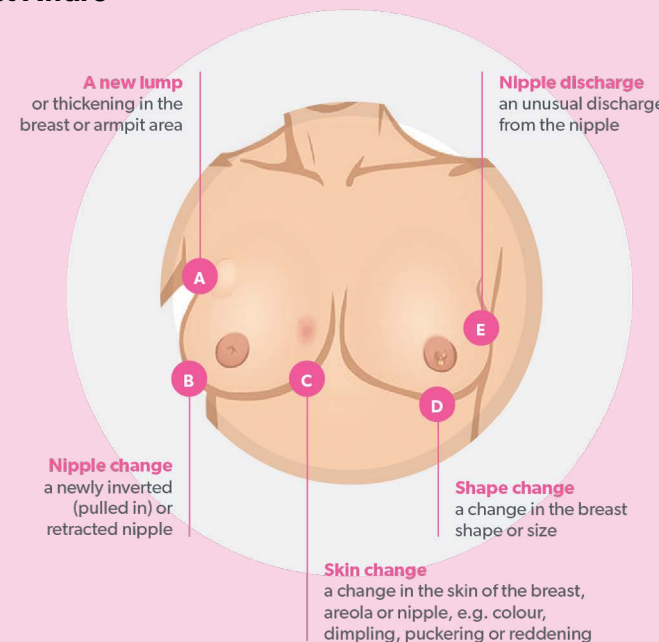


Stage 4

Cancer has spread to other organs beyond the breast, known as metastasis

Be Breast Aware

Image reproduced with permission from Breast Cancer Foundation NZ





Sexual Health

Sexual health is an important part of hauora. It encompasses your physical, emotional, mental, and social health and wellbeing in relation to your sexuality and sexual relationships. Good sexual health includes understanding how to prevent, recognise, and manage common sexual health concerns.

Military service can influence sexual health through factors such as deployments, overseas travel, shift work, separation from partners, and varying access to healthcare services.

In this chapter, you'll find practical information on:

- Sexually transmitted infections (STIs), pages 31-33
- Vaginal thrush, page 34
- Pelvic inflammatory disease (PID), pages 34-35

FEMALE REPRODUCTIVE ANATOMY

Understanding female reproductive anatomy can help you confidently discuss your sexual health needs and any health concerns you may have. The image below outlines key parts of the female reproductive system and their roles.

Uterus (womb)

A muscular and vascular organ where a baby develops during pregnancy. The lining of the uterus thickens throughout the menstrual cycle and is shed during a period if pregnancy does not occur.

Fallopian tubes

Connect the ovaries to the uterus. Fertilisation usually occurs here when a sperm joins with an egg.

Ovaries

Two small organs that produce hormones and release an egg, typically every menstrual cycle. Some hormonal contraceptives can disrupt this.

Cervix

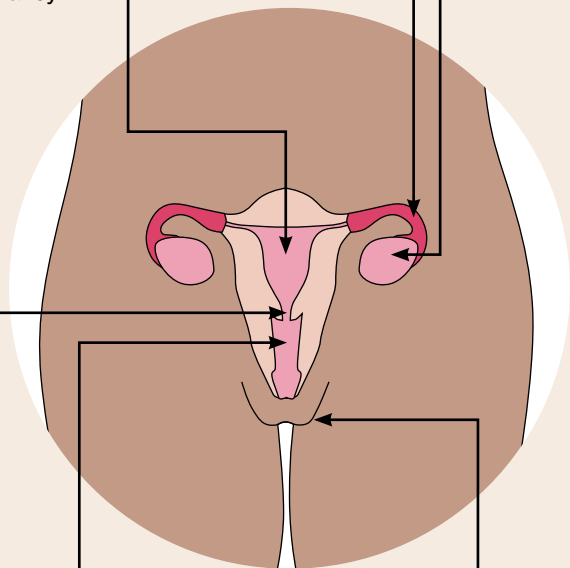
The opening to the uterus that connects to the vagina. This acts as a vital gateway and protective barrier, regulating what enters and leaves the uterus.

Vagina

An internal muscular tube that connects the external genitals to the cervix. It can stretch during sexual intercourse and childbirth. The vagina produces fluids (discharge) that help maintain a healthy environment and protect against infection.

Vulva

Outer parts of genital area which protect the vagina and reproductive organs by helping stop harmful bacteria from getting inside.



SEXUALLY TRANSMITTED INFECTIONS (STIs)

STIs are infections that can pass from one person to another through sexual contact (vaginal, anal and oral sex, and sexual contact using sex toys). STIs are common and can affect anyone. Some international research suggests that military personnel may be at increased risk of STIs, especially during overseas deployments where some infections are more common.

To reduce your risk of STIs:

- Use barrier contraception (e.g. condoms for vaginal, anal and oral sex; and oral dams for oral sex) whenever you engage in sexual activity, even if you are using another form of contraception to prevent pregnancy. Continue until both partners have been tested for STIs and are only having sex with each other.
- Have regular STI tests if you are sexually active, as no barrier method – including condoms – is 100% effective at preventing STIs.

STI testing

More than half of all New Zealanders will get an STI at some point in their lives. There are many types of STIs. Some cause symptoms like burning, itching, or unusual discharge, while others have no symptoms at all. If left untreated, they can lead to serious health problems, including fertility and pregnancy complications, and an increased risk of certain cancers (e.g. cervical). Having an STI once does not protect you from getting it again.



DID YOU KNOW?

Sexual health is a shared responsibility between sexual partners. Open communication, mutual respect, consent, and shared decision-making support healthy relationships and positive health outcomes. While some conditions are more common in women, everyone has a role to play in maintaining their own sexual health and supporting that of their partner's.



DID YOU KNOW?

Pubic hair helps protect and support vulval health. There is no medical or hygiene benefit to removing it, and hair removal can increase the risk of skin irritation, cuts, ingrown hairs, infection, and transmission of some STIs.

When should I get tested?

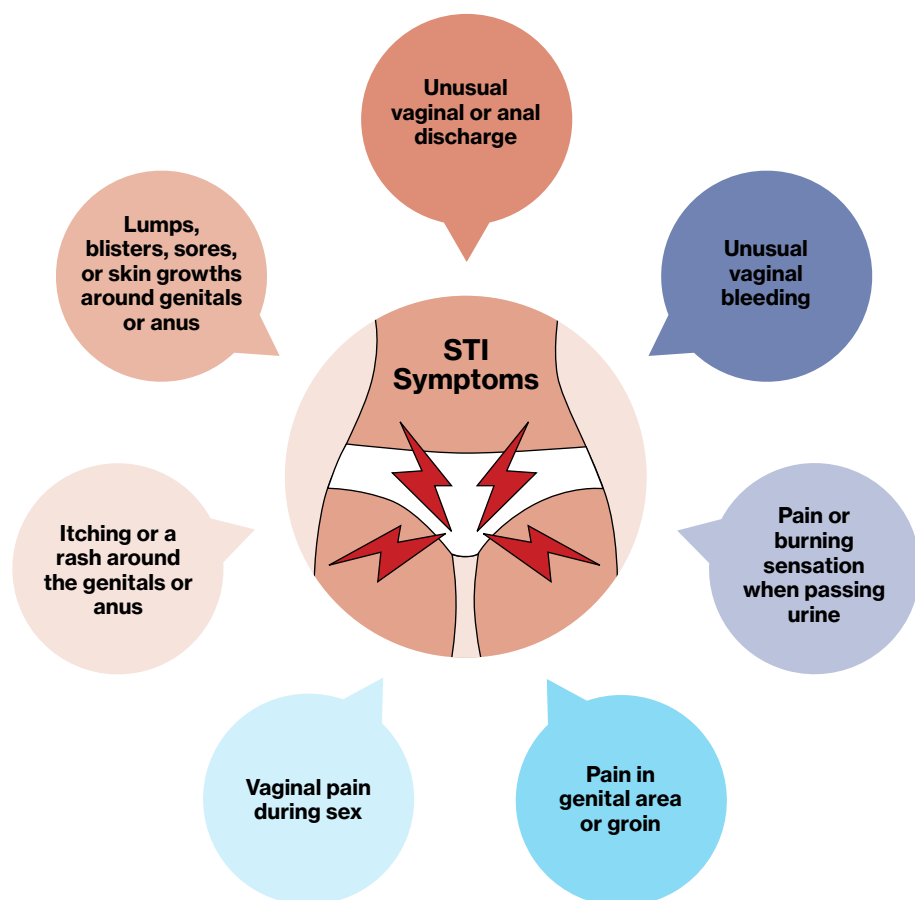
If you are sexually active, regular STI testing is the best way to detect and treat infections early. It is especially important to get tested if:

- You have had unprotected vaginal, anal, or oral sexual activity with another person (including if a condom or oral dam broke).

- You're starting a new long-term sexual relationship with only one person and plan to stop using condoms or oral dams.
- Your current or previous sexual partner has, or may have, an STI.

Note: *Because many STIs show no symptoms, it's important to get tested regularly. Early diagnosis and treatment can help protect your health and reduce the risk of passing an STI on to others.*

Seek advice from an NZDF healthcare professional as soon as possible if you experience any possible symptoms of an STI, including:



What does a test involve?

STI screening may include an internal or external examination, swabs, and blood tests.

You can request a more basic self-test using a high vaginal swab, but this is not recommended if you have any of the STI symptoms listed on page 32 or have had oral or anal sex.

All DHCs offer confidential and comprehensive STI testing and can advise which test is most appropriate.

What about deployments?

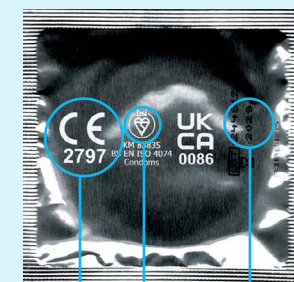
STI testing and treatment may be limited in some deployment locations, but advice can be provided by deployed NZDF healthcare professionals.



DID YOU KNOW?

Condoms are the best way of protecting against STIs during penetrative sex. Choose condoms marked with a CE or BSI kitemark, as these have been tested to high quality standards.

Look for these details on the packaging:



CE
kitemark



Expiration
date



BSI
kitemark

VAGINAL THRUSH

Yeast infections, caused by an overgrowth of the yeast candida albicans, commonly occur in warm, moist areas of the body including the vagina, groin, under breasts, armpits, and between fingers or toes.

Thrush is the specific name given to yeast infections that occur in the mouth or in the vagina. About 75% of women will experience vaginal thrush in their lifetime. Although usually harmless, it can be uncomfortable and infections may recur.

Symptoms of vaginal thrush may include:

- Odourless thick, white discharge (similar to cottage cheese)
- Itching or irritation in the infected area
- Soreness or stinging during urination or sex

To prevent vaginal thrush, keep all skin clean and dry. This may be more challenging in some operational environments but should be prioritised wherever possible.

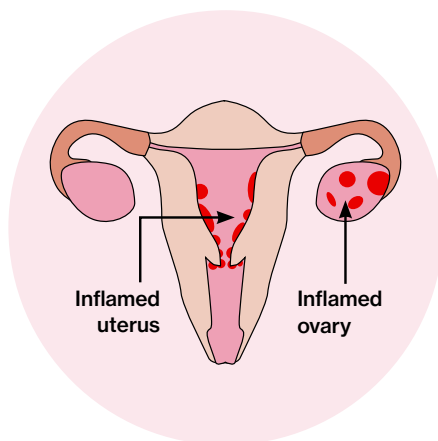
Thrush can usually be treated with antifungal creams, tablets, or vaginal pessaries. Speak to an NZDF healthcare professional for advice and treatment.

PELVIC INFLAMMATORY DISEASE (PID)

PID is a bacterial infection of the female reproductive organs. It is most common in women under 30 years, largely due to the higher rates of STIs in this age group. PID is most commonly caused by STIs, but can also occur when bacteria spread from your vagina to the reproductive organs (e.g. uterus and ovaries). This can happen after procedures such as intrauterine device (IUD) insertion or surgery, and after childbirth or a termination of pregnancy.

If diagnosed early, PID can be treated effectively with antibiotics. Early treatment is important to reduce the risk of serious health complications, including long-term pain and infertility.

All DHCs offer PID testing and treatment. If you have symptoms (see page 35) or concerns, contact your local DHC.



PID symptoms

Symptoms can vary from very mild to severe, and some women may have no symptoms at all.

Seek advice from an NZDF healthcare professional as soon as possible if you experience:

- Pain or tenderness in your lower abdomen
- Abnormal vaginal discharge
- Unusually heavy or painful periods
- Vaginal bleeding between periods or after sex
- Pain during or after sex
- Fever
- Nausea or vomiting

Seek immediate medical attention if you experience:

- Severe tummy pain
- Fever and chills
- Repeated vomiting where it's hard to keep anything down
- Unusually heavy vaginal bleeding that isn't stopping

KEY TAKEAWAYS

1 Be proactive in looking after your sexual health.

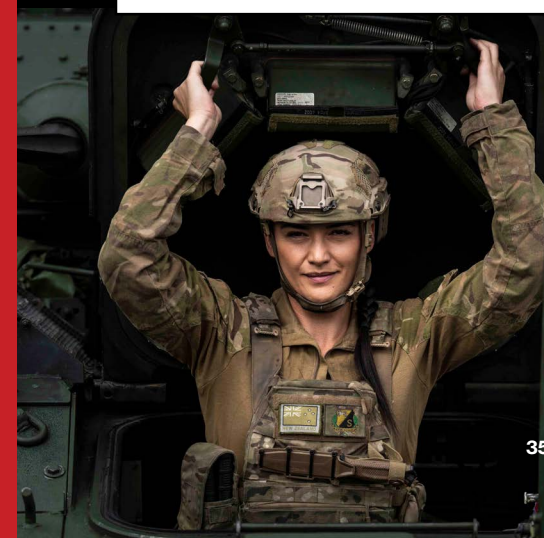
Understanding common infections can help you recognise when something is not normal. All DHCs also offer testing and treatment for infections such as STIs, thrush and PID. The earlier you seek care the better.

2 Protect yourself from STIs.

Barrier contraception (e.g. condoms) reduces the risk of STIs. Regular STI testing helps to protect you and your sexual partners.

3 Deployments can create challenges.

Be aware of the increased risks to your sexual health during deployments and seek advice from a deployed NZDF healthcare professional if you have any concerns or symptoms.



Urinary and Pelvic Floor Health

Experiencing urinary and pelvic floor health issues is common. Factors such as anatomy, hormones, pregnancy, childbirth, and menopause can increase the risk of these conditions in women.

Military environments can present additional challenges, including limited or delayed access to toilets, difficulties maintaining hydration, and the physical demands of high impact training and load carriage.

Understanding how to maintain good urinary and pelvic floor health, recognising potential problems early, and knowing when to access care, can help support your health and comfort.

In this chapter, you'll find practical information on:

- The urinary system and health, pages 38-39
- Military considerations, page 40
- Preventing and treating urinary tract infections, pages 42-43
- Common bladder control problems, pages 44-45
- Common pelvic floor problems, pages 46-47
- Pelvic floor strengthening, page 48



TOP TIPS

To stay hydrated aim for about 8-10 cups (or 2-2.5L) of fluid per day.

Simple habits to help:

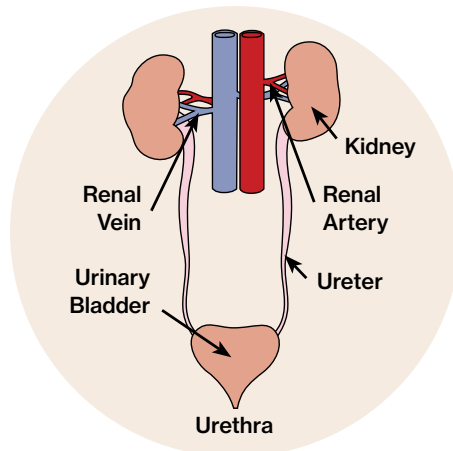
- Drink a glass of water with each meal and snack
- Carry a water bottle with you
- Sip water regularly rather than waiting until you feel thirsty

You may need more fluids if you are:

- In hot and humid conditions
- Physically active or exercising
- Unwell (e.g. vomiting or diarrhoea)
- Pregnant or breastfeeding

THE URINARY SYSTEM AND YOUR HEALTH

Your urinary system includes your kidneys, ureters, bladder, and urethra. It is responsible for filtering, storing, and removing liquid waste from your body, as urine (your wee). Because urine comes from waste products filtered from the blood, it's a useful indicator of your overall health. How often you need to wee, your ability to hold your wee, how much you produce, and the smell and colour of your wee are all useful signs of your urinary health.



One of the best things you can do to support your urinary health is to stay well hydrated. The colour of your urine indicates how well hydrated you are. Ideally, your urine should be pale yellow (straw-coloured) and odourless. Use the Urine Colour Chart (on page 39) as a guide and note what's normal for you.

Note: Some medications, supplements, foods, drinks, and medical conditions can change the colour of urine.

Seek advice from an NZDF healthcare professional, if you notice any unusual changes, for example:

- Sweet or 'fruity' smelling urine, which can be a sign of diabetes.
- Blood in urine
- Unusual urine colours, such as green or black.

It's normal for urine to smell stronger when it's more concentrated, such as when you are dehydrated or your first wee in the morning. However, any unusual or persistent changes in smell should be monitored.

More concentrated urine can irritate the bladder, increasing the urge to pass urine. It can also encourage bacterial growth, which may increase the risk of a urinary tract infection (UTI).

Dehydration

Even mild dehydration can affect how you feel and perform, causing headaches, irritability, poor concentration, and poor physical performance.

In severe cases, its effects can be similar to those experienced at the legal drink-driving limit.

In a military environment, dehydration can impair performance during safety-critical tasks like weapon handling and operating machinery. For personnel operating underwater (divers) or at altitude, dehydration can increase the risk of decompression illness and reduce tolerance to acceleration (G) forces.

Urine Colour Chart

	Doing well. You're well hydrated. Drink water as normal.
	You're just fine. You could drink a small glass of water now.
	Drink about 250ml water within the hour, or drink a whole 500ml bottle of water if you're outside and/or sweating.
	Drink about 250ml water right now, or drink a whole 500ml bottle right now if you're outside and/or sweating.
	Drink 1 litre of water right now. If your urine is darker than this and/or red or brown, then dehydration may not be your problem – see an NZDF healthcare professional as soon as possible.



**Shewee
Extreme**

Some handy hints for using female urination devices:

- 1** Trust the device
- 2** Practise using it before you need it where possible
- 3** Do not pee into the wind – you will immediately regret it
- 4** Overflow can happen, so try to control your speed and flow
- 5** A wide stance helps keep your feet dry
- 6** Find the clothing adjustment method that works best for you – sometimes it's easier to pull your underwear to the side rather than pulling it down
- 7** After use, rinse (if possible), shake dry

URINARY HEALTH IN THE MILITARY

Military service and diverse operating environments can make it difficult to urinate regularly. Limited access to toilet facilities (e.g. on some aircrafts, boats, and in the field), lack of privacy, the inconvenience of undressing and removing kit, and pressure to avoid taking breaks during watch duties, training activities, or field exercises can all contribute to delaying urination.

Despite these challenges, wherever feasible, try to:

- Respond to the urge to pass urine without delay
- Maintain adequate fluid intake (do not restrict fluid intake to reduce toilet visits)

Urination devices

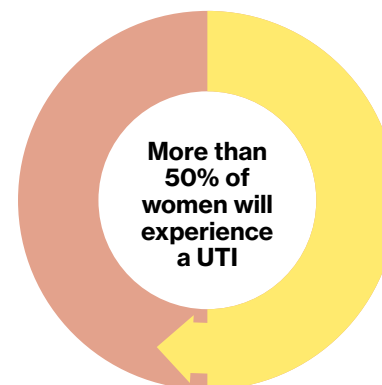
A urination device allows you to pee standing up (like men) and reduces the need to undress in challenging environments. The device is held against the vulva, where it collects urine and directs it away through a spout.

Several options are commercially available, such as Sheewee, Pibella, and Pstyle.

Note: *If you are deploying on a land mission, you are likely entitled to order a Shewee Extreme (pictured left). You can do this through your local clothing store or – if you have access to it – online via CAPES or SAP.*

URINARY TRACT INFECTIONS

Urinary Tract Infections (UTIs) are usually caused by bacteria entering the urinary tract and can affect the urethra, bladder, ureters, and kidneys. Women are more likely to get UTIs than men because they have a shorter urethra and it's located closer to the anus, making it easier for bacteria to enter the urinary tract. International research suggests that UTIs are common and may occur even more frequently among military women.



Factors that increase risk of a UTI include:

- Not drinking enough fluids (dehydration)
- Not fully emptying your bladder when you urinate
- Constipation
- Being sexually active (particularly unprotected sex)
- Hormonal changes, such as during pregnancy or menopause
- A history of having UTIs in the past



DID YOU KNOW?

Holding in wee for too long can affect your health and performance.

Ignoring the urge to wee can make it harder to concentrate and focus. Regularly holding in wee can also strain the bladder and increase the risk of urinary health problems.

Aim to empty your bladder regularly and respond to the urge to wee when possible. For most people, this means going to the toilet about 5 to 7 times a day.

How to reduce the risk of UTIs



- ❌ Don't use perfumed bubble bath, soap, or talcum powder around the genital area
- ❌ Don't clean the inside of the vagina with soap or a cleansing wipe
- ❌ Don't hold your pee in if you feel the urge to go
- ❌ Don't wear tight, synthetic underwear, such as nylon
- ❌ Don't wear tight jeans or trousers
- ❌ Don't stay in wet or sweaty clothes for long periods of time
- ❌ Don't use condoms or diaphragms with spermicidal lube on them – try non-spermicidal lube or a different type of contraception
- ❌ Don't douche or steam

Note: If a military environment makes following these recommendations difficult, do your best and return to them as soon as conditions allow.

UTI symptoms

Symptoms of a UTI include:

- Pain or burning when urinating
- Needing to urinate more often than usual
- Needing to urinate suddenly
- Blood in the urine, or urine colour turning darker or cloudier
- Urine having a strong smell
- Feeling unable to empty the bladder during urination

If left untreated, a UTI can spread to the kidneys and cause a more serious infection. In severe cases, it can cause sepsis (a life-threatening condition) or permanent kidney damage.

UTI treatment

UTIs can usually be treated quickly and effectively, often with a short course of antibiotics. Symptoms commonly begin to improve within a few days. If you are unable to see an NZDF healthcare professional, a pharmacist may be able to provide antibiotics for a UTI without a prescription.

Some women experience recurrent UTIs – defined as three or more UTIs in a year, or two or more within six months. If this applies to you, seek advice from an NZDF healthcare professional to discuss prevention and management strategies.



IMPORTANT

Severe UTI symptoms

The following symptoms may indicate a more serious infection:

- Fever or chills
- Lower back pain
- Nausea or vomiting

If you are experiencing these symptoms, seek urgent medical attention. For information on accessing urgent and after-hours healthcare, refer to page 2.

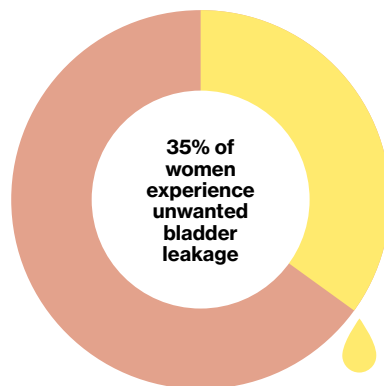
BLADDER CONTROL PROBLEMS

Unwanted bladder leakage

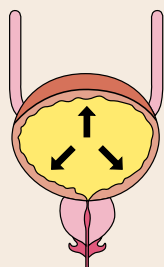
Unwanted bladder leakage (urinary incontinence) is when you pass urine without meaning to. It can range from leaking a few drops to a complete loss of bladder control.

Although the risk of bladder leakage increases with age, it can affect women of any age. Studies have found that urinary leakage is common in military women.

There are four main types of urinary incontinence: stress incontinence, urge incontinence, overflow incontinence, and mixed incontinence.

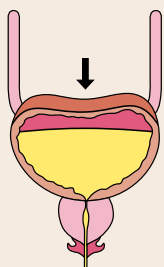


Different types of urinary incontinence



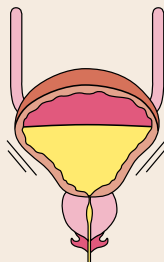
Overflow Incontinence

Leakage that occurs when the bladder does not empty properly and becomes too full.



Stress Incontinence

Leaking urine when pressure is placed on the bladder, such as during coughing, sneezing, laughing, lifting, or exercise.



Urge Incontinence

A sudden, strong urge to urinate that is difficult to control and may result in urine leakage before reaching a toilet.

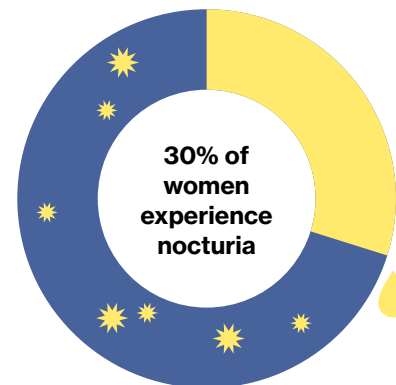


Mixed Incontinence

A combination of stress incontinence and urge incontinence, involving both leakage with physical activity and sudden urges to urinate.

Nocturia

Nocturia is when you wake up more than once during the night to wee. Nocturia is common in women and becomes more frequent with age.



Nocturia is often caused by:

- Stress or anxiety
- Drinking too much fluid before bedtime (especially caffeine, alcohol, or fizzy drinks)
- Certain medications (such as diuretics, which increase urine output)
- Pregnancy, due to hormonal changes and pressure on the bladder
- UTI
- Prolapse
- Habit or routine
- Some health conditions (e.g. diabetes)

Where can I get help?

If you are experiencing bladder control problems, speak with an NZDF healthcare professional. They can assess your symptoms, identify possible causes, and recommend appropriate treatment or management options. Your DHC can also arrange referral to a pelvic health physiotherapist for specialist assessment and support.



TOP TIPS

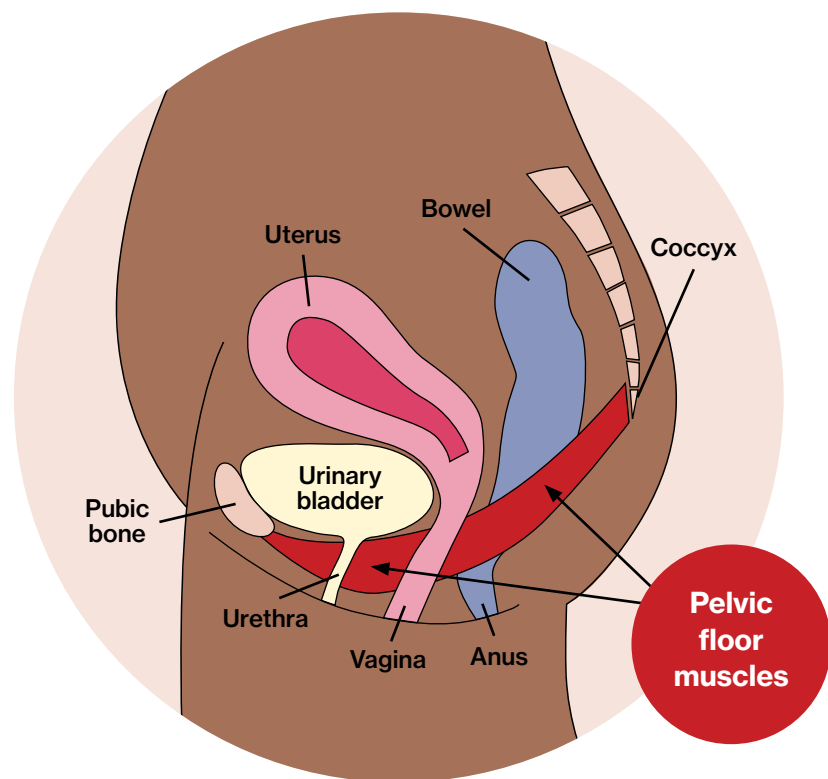
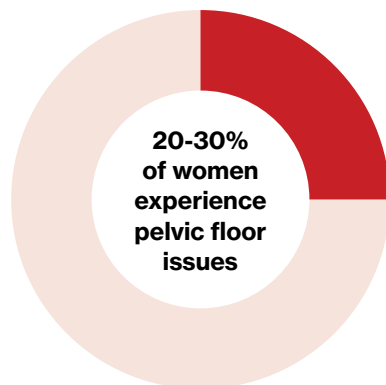
Tips to help improve bladder control:

- Aim for regular toilet visits and avoid rushing
- Avoid going 'just in case' in anticipation of restricted access to toilet facilities, as this can train your bladder to signal the urge to urinate more frequently
- Stay well hydrated and reduce caffeine and fizzy drinks if they worsen symptoms
- Maintain a healthy weight, as this can reduce pressure on the bladder
- Eat enough fibre, stay active, and drink enough fluids to help prevent constipation, which can affect bladder control
- Use pelvic floor exercises to improve bladder support and control over time (check with a pelvic health physiotherapist first – see page 48 for more information)

PELVIC FLOOR HEALTH

The female pelvic floor is a group of muscles and connective tissues in the lower pelvis that supports the pelvic organs – the bladder, uterus, and bowel.

Pelvic floor issues – such as unwanted bladder or bowel leakage and pelvic organ prolapse (see below) – are a common health concern for women. These conditions can affect women of any age but are more common following pregnancy, during perimenopause and menopause, and in women who are overweight.



Prolapse

Pelvic organ prolapse occurs when weakness or damage to the pelvic floor results in one or more pelvic organs dropping from their usual position towards the vagina. While childbirth is the most common cause, it can also occur in women who have not given birth. Other contributing factors include long-term constipation and straining, repeated heavy lifting, and ageing and menopause.

Some degree of prolapse affects approximately 50% of women, but mild prolapse often has no symptoms.

Seek advice from an NZDF healthcare professional if you experience:

- A feeling of fullness, dragging, or discomfort in the vagina
- Worsening urinary leakage or bowel problems
- Discomfort during sex
- Vaginal spotting or bleeding, including after sex

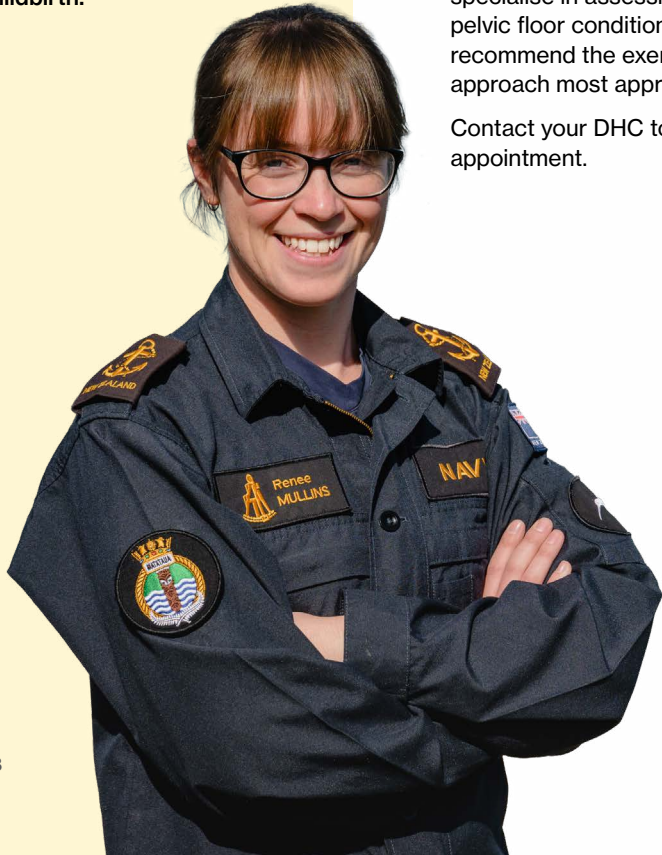


TOP TIPS

Pelvic floor exercises are important for all women.

They may be especially helpful for women in military roles who regularly perform high impact activities (running, jumping), undertake prolonged physical activity, or spend long periods standing.

Pelvic floor exercises are also particularly important during pregnancy and after childbirth.



Pelvic floor exercises and physiotherapy

Pelvic floor exercises strengthen the muscles that support the pelvic organs, helping to prevent and treat unwanted bladder leakage and prolapse.

Kegel exercises are a common type of pelvic floor exercise. Instructions and progressions are provided in [NZDF Guide to Exercise, Fitness and Physical Training during and after Pregnancy](#). Additional information about pelvic floor health and videos can be found by searching Pelvic floor on the Defence Health website, health.nzdf.mil.nz

Because pelvic floor function and exercise needs vary from person to person, it is recommended that you first see a pelvic health physiotherapist, who specialise in assessing and treating pelvic floor conditions. They can recommend the exercises and treatment approach most appropriate for you.

Contact your DHC to arrange an appointment.

KEY TAKEAWAYS

1 Urine is a useful indicator of health and hydration.

Pay attention to changes in colour, smell, appearance, or any discomfort when urinating, as these may indicate a health concern.

2 Passing urine regularly is important for health and performance.

Avoid 'holding on' for long periods and do not reduce your fluid intake to avoid needing the toilet.

3 Urinary and pelvic floor health issues are common.

These include urinary tract infections (UTIs), bladder control problems, and weakened pelvic floor muscles. Be aware of signs and symptoms.

4 Seek advice if you have urinary or pelvic floor symptoms.

NZDF healthcare professionals and pelvic health physiotherapists can provide assessment, treatment, and advice.





Menstrual Health

The hormones that rise and fall throughout your menstrual cycle influence almost every system in your body and play an important role in supporting overall health, wellbeing, and performance.

Understanding and managing your period – or *ikura* in te reo Māori – can improve your confidence and comfort during training, deployments, and everyday life. Knowing what is normal for your body can help you notice changes early, make informed decisions about your health, and recognise when to seek support.

In this chapter, you'll find practical information on:

- Menstrual cycle basics and when to seek medical advice, pages 52-57
- Menstrual cycle tracking, page 58
- Period product options, pages 59-61
- Managing your period in military environments, pages 62-63
- How the menstrual cycle can affect training and performance, pages 64-65

UNDERSTANDING THE MENSTRUAL CYCLE

What happens during the menstrual cycle?

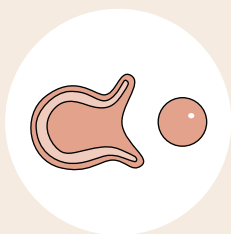
Your menstrual cycle is controlled by signals between your brain, ovaries, and uterus. These signals are delivered by hormones, mainly oestrogen and progesterone. Together, healthy levels of these hormones help maintain many aspects of your daily health, wellbeing, and physical capacity, including:

- Your brain, mood, and concentration
- Your metabolism (how your body uses food and water)

- Your immune system and heart health
- Your muscles, bones, and connective tissues (particularly their growth, maintenance, and repair)

One of the core roles of the menstrual cycle is to prepare the body for a potential pregnancy. To support this process, the hormones oestrogen and progesterone rise and fall over the course of a 21 to 35-day cycle. These hormonal changes drive many of the physical and emotional changes you may notice throughout your cycle, which can be divided into phases (see image below).

Here's what happens at each phase of the menstrual cycle:



Egg preparation and release

During each cycle, one of your ovaries develops a mature egg. Around the mid-point of your cycle (Day 7-21 in a 21-35-day cycle), your ovary releases this egg (ovulation). This is when you are most fertile.



Uterus prepares for pregnancy

The lining of your uterus thickens to create a soft, nutrient-rich place for a fertilised egg to implant.



Period (menstruation)

If your egg is not fertilised, your hormone levels drop. The thick lining is no longer needed. It sheds and leaves your body as your period, starting a new cycle.

Menstrual cycles – what's normal?

Menstrual cycles can differ a lot – they're not the same for everyone, and your own cycle can even change from month to month. Your cycle length, timing, period duration, blood flow, and menstrual symptoms can all vary.

While some changes are normal, ongoing or severe changes may be a sign of an underlying health problem. Menstrual cycle irregularities – such as irregular or missed periods, heavy bleeding, bleeding between periods, or period pain – may also impact daily functioning.

Most menstrual cycle irregularities can be managed, and symptoms often improve once the cause is identified and treated. The table on the pages 54-55 shows what are generally considered 'normal' menstrual cycle characteristics and when you should seek medical advice.

Some menstrual irregularities are caused by underlying health conditions. Two common conditions are endometriosis and Polycystic Ovarian Syndrome (PCOS) – see pages 56-57.

If you have any concerns about your menstrual health, please speak with an NZDF healthcare professional, even if your symptoms or experiences are not listed.

Note: Some contraceptive methods, such as the combined oral contraceptive pill and Depo Provera injection, can help reduce menstrual symptoms and may also suppress (stop) your periods. Refer to Chapter 6 Contraception for more information.

In some cultures, menstruation may involve specific practices or beliefs, such as restrictions on food, physical activity, spiritual practices, or social interactions. These practices can be an important part of a person's cultural identity and wellbeing. If any practices affect your health, comfort, or ability to carry out your duties, consider discussing options with an NZDF healthcare professional.



DID YOU KNOW?

A regular period is a vital sign of health. A missed period can be caused by various factors including:

- Pregnancy
- Nutritional status (e.g. low energy availability, relative energy deficiency – see page 65 for more information)
- Weight loss or gain
- Stress
- Illness and disease
- Medications
- Perimenopause and menopause (see Chapter 8 *Perimenopause and Menopause*)
- Hormonal imbalances

Menstrual cycle characteristics

WHAT'S 'NORMAL'	WHEN TO SEE AN NZDF HEALTHCARE PROFESSIONAL
CYCLE LENGTH	
 21-35 days	- Cycles consistently longer than 35 days - Cycles consistently shorter than 21 days - If your periods are usually regular: no periods for 3+ months and negative pregnancy tests - If your period is usually irregular: change from your normal pattern and negative pregnancy tests For more information, search <i>Irregular Periods</i> on healthnz.govt.nz
PERIOD DURATION	
 3-7 days	- Bleeding for 8+ days - Feeling tired, weak, or light-headed (symptoms of low iron levels)
PERIOD BLOOD LOSS	
 - About 30-60 mL (~2-3 tablespoons) of blood per period - Changing a pad/tampon every 3-4 hours - Does not disrupt daily habits (e.g. doing physical training (PT) or going to work)	- More than ~80 mL (5-6 tablespoons) of blood per period - Needing to change a super pad or tampon many times a day, or menstrual cup more than advised - Needing extra protection at night (e.g. maternity pads, towels on the bed) - Bleeding that soaks through your clothes or bedding (flooding) - Disrupts daily habits (e.g. training or going to work) - Feeling tired, weak or light-headed (symptoms of low iron levels) Important: You should see an NZDF healthcare professional as soon as possible if you are: - Filling a super tampon or pad every hour for 2+ hours - Passing blood clots larger than a coin (e.g. half palm-sized) For more information, search <i>Periods Heavy Bleeding</i> on healthify.nz
PERIOD BLOOD CLOTS	
 Small stringy clots (smaller than a coin)	Frequent large clots (larger than a coin)

Menstrual cycle characteristics

WHAT'S 'NORMAL'	WHEN TO SEE AN NZDF HEALTHCARE PROFESSIONAL
DISCHARGE	
 Clear or white, creamy or sticky, "egg-white" around ovulation	Strong or unpleasant smell, itching, burning, pain, or changes in colour For more information, search <i>Vaginal Discharge</i> on healthify.nz
BLEEDING BETWEEN PERIODS	
 Usually, you shouldn't bleed between periods	Bleeding between periods or after sex
PRE-MENSTRUAL SYMPTOMS (PMS)	
 PMS is caused by hormonal changes during the menstrual cycle. Some discomfort is normal, but symptoms are usually manageable with mild pain relief (e.g. ibuprofen or paracetamol) and may be improved by lifestyle changes (see page 57). - Sore or tender breasts - Mood swings, feeling sad/upset, anxious, or irritable - Food cravings or changes in appetite - Bloating, tummy pain - Tiredness, trouble sleeping - Headaches - Muscle, joint, or back pain - Skin breakouts - Constipation or diarrhoea Cramping or period pain: - Mild cramping or dull or throbbing pain in the lower tummy (can spread to your lower back or thighs) - Starts 1-3 days before your period, peaks about a day after bleeding begins, and improves after 2-3 days	- Disrupts daily activities (e.g. training, work) - Does not improve with mild pain relief (e.g. ibuprofen or paracetamol) or lifestyle changes - Require strong pain relief medication For more information, search <i>Premenstrual Syndrome</i> on healthnz.govt.nz



IMPORTANT

Iron and menstrual health

Heavy or prolonged periods (8+ days) can reduce iron levels due to blood loss.

To counter this, eat a varied diet including iron-rich foods such as meat, eggs, legumes, and leafy greens.

If your periods are heavy or long, or you feel fatigued, weak, or light-headed, speak to an NZDF healthcare professional about iron testing.

Pregnancy testing

If you miss your period and you are sexually active, it's a good idea to take a pregnancy test. You can purchase pregnancy test kits from pharmacies and some supermarkets, or access them from an NZDF healthcare professional. If the test is positive, book an appointment with an NZDF doctor or nurse as soon as possible. Refer to Chapter 7 *Pregnancy and Becoming a Parent*, for more information on pregnancy.

Endometriosis

Endometriosis is a condition that affects up to 1 in 10 women. Common symptoms include:

- Pain in pelvis, back, or legs
- Painful or heavy periods
- Bowel and urinary tract issues
- Nausea and/or vomiting
- Pain during or after sex
- Difficulty becoming pregnant
- Tiredness or low energy

Pain-related symptoms are often linked to menstruation. However, people with endometriosis may also experience pain at other times during their cycle. In some cases, there may be no symptoms, although this is less common.

If you have any of these symptoms or think you may have endometriosis, talk to an NZDF healthcare professional.

For more information, search *Endometriosis* on [healthify.nz](https://www.healthify.nz)

Polyendocrine Metabolic Ovarian Syndrome (PMOS)

PMOS (previously called Polycystic Ovary Syndrome, PCOS) is a condition that affects around 10-20% of women. Common symptoms include:

- Irregular or no periods
- Difficulty becoming pregnant
- Excess hair or acne on face or body
- Hair loss or thinning of hair on head
- Weight gain or difficulty losing weight
- Anxiety, depression, or low self-esteem

If you have any of these symptoms or think you may have PMOS, talk to an NZDF healthcare professional.

PMOS can increase your risk of other health conditions, including type 2 diabetes, high blood pressure, and obstructive sleep apnoea.

An NZDF healthcare professional can discuss these risks with you and how to manage them.

For more information, search *Polyendocrine Metabolic Ovarian Syndrome* on [healthify.nz](https://www.healthify.nz)





TOP TIP

How to count your menstrual cycle length:

Day 1 is the first day of full menstrual bleeding (not just spotting). Count from that day until the day before your next period starts. The total number of days is your cycle length.

Example: If your period starts on March 3, that's Day 1. If your next period starts on March 31, you stop counting on March 30. Your cycle length is 28 days.

If you use hormonal contraception, it is still helpful to track your cycle or bleeding pattern. Once a regular bleeding pattern has been established, take note of what is normal for you and monitor for any changes or concerns.

Note: Menstrual cycle tracking apps can be useful, but predictions of periods and ovulation are not always accurate. Check the privacy policy as some apps collect and share personal health information.

For more information, search *Period Tracking Apps* on [healthify.nz](https://www.healthify.nz)

TRACKING YOUR MENSTRUAL CYCLE

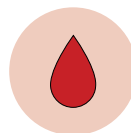
Tracking your menstrual cycle can help you understand what is normal for you and spot any important changes. This information is useful when discussing concerns with an NZDF healthcare professional.

You can track your cycle using your phone calendar, an app, or a paper diary. It can be helpful to track the following:



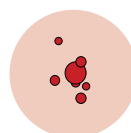
Start and end date of your period

Check whether your period comes every 21-35 days (refer to the tip on the left).



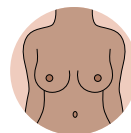
Flow (bleeding amount)

Note whether your period bleeding is light, normal, or heavy for you.



Bleeding outside your period

Record any bleeding or spotting that happens between periods.



Symptoms

Record any premenstrual or menstrual symptoms to help you notice patterns.



Wellbeing and performance

Track your daily mood, energy levels, and fatigue. Note whether your cycle affects your training, work, or everyday activities.

PERIOD PRODUCTS

What period, or menstrual, products you use is a personal choice. You may find that you change methods depending on the situation or environment, or prefer different period products at different stages of your period.

The table on pages 60-61 outlines the different options available, and key pros and cons for each. You'll also find a list of considerations that may be helpful when selecting and using period products in diverse military environments on page 62.

In addition to menstrual products provided in NZDF bathrooms, you are entitled to an issue of sanitary disposal bags and either reusable pads, period underwear or menstrual cups. Visit your clothing store or order online via SAP or CAPES (under 'Clothing').

Toxic shock syndrome (TSS)

TSS is a rare but serious condition linked with using tampons and menstrual cups, especially if left in too long or very absorbent. It can cause high fever, rash, nausea, vomiting, and confusion. If you have TSS symptoms, seek urgent medical care without delay from your DHC or local emergency care clinic; if drowsy or confused, call 111 or go to the nearest Emergency Department.

To reduce TSS risk, wash hands before insertion, use the lowest absorbency needed, change tampons every 4-8 hours (or cups every 12 hours), and alternate with pads or period underwear.

For more information, search *Toxic Shock Syndrome* on [healthify.nz](https://www.healthify.nz)



IMPORTANT

While it might seem easier to use period products you don't have to change as often, this can increase the risk of Toxic Shock Syndrome. Always choose the absorbency level that matches your actual flow and avoid using a higher absorbency than you need.

TYPE / WASTE	PROS	CONS
SANITARY PAD		
 An absorbent pad that you place inside your underwear Non-reusable (reusable cloth pads are available commercially)	• Easy to use • Available in many shapes and absorbencies • Easy to find overseas • Dispose after use (no washing required) • Supplied for free in NZDF bathrooms	• Should be changed every 3-4 hours • Can become loose or roll up during physical activity • Cannot be used for swimming • May cause chafing or irritation if worn too long • Can feel bulky • High waste
TAMPON		
 A small, cylinder-shaped absorbent product that you insert into your vagina Non-reusable	• Discreet and comfortable when inserted correctly • Allows participation in all physical activities, including swimming • Dispose after use (no washing required) • Supplied for free in NZDF bathrooms	• Should be changed every 4-8 hours • May cause dryness or irritation for some • Insertion may be uncomfortable for some • Small risk of TSS; requires careful hygiene • High waste
PERIOD UNDERWEAR AND SWIMWEAR		
 Underwear and swimwear designed with absorbent padding Reusable	• Looks and feels like normal underwear and swimwear • Underwear can be worn for up to 12 hours (good for overnight use) • Allows participation in all physical activities; period swimwear can be used for swimming and other water-based activities • Environmentally friendly • Can be ordered through clothing stores or via SAP/CAPEs	• Requires washing and drying after each use • Several pairs are needed • Less widely available than pads/tampons and may be difficult to find overseas • May be difficult to monitor period flow/amount

TYPE / WASTE	PROS	CONS
MENSTRUAL CUP		
 A small silicone or rubber cup that you insert into your vagina to collect menstrual blood Reusable	• Discreet and comfortable when inserted correctly • Can be worn for up to 12 hours (good for overnight use) • Allows participation in all physical activities, including swimming • Environmentally friendly • Can be ordered through clothing stores or via SAP/CAPEs	• Must be emptied and rinsed with water before reinsertion • Requires sterilisation between periods • Can take time to learn how to insert and remove • Should not be worn for longer than 12 hours, to reduce the risk of toxic shock syndrome • May be harder to find than pads or tampons, especially when overseas • May not be suitable for those with an intrauterine device (IUD). If you have an IUD, discuss menstrual cup use with an NZDF healthcare professional. Incorrect removal can sometimes cause the IUD to move or become dislodged.
MENSTRUAL DISCS		
 A thin, flexible disc that you place high in the vagina (beneath and around the cervix) to collect menstrual blood Reusable (some single-use disposable versions may be available commercially)	• Discreet and comfortable when inserted correctly • Can be used for up to 12 hours (good for overnight use) • Allows participation in all physical activities, including swimming • Can be used during penetrative sex (but not a form of contraception)	• Not currently provided by the NZDF • Can take time to learn how to insert and remove • May be harder to find than pads or tampons, especially when overseas • May not be suitable for those with an IUD. If you have an IUD, discuss menstrual disc use with an NZDF healthcare professional. Incorrect removal can sometimes cause the IUD to move or become dislodged.

MANAGING PERIODS IN THE MILITARY

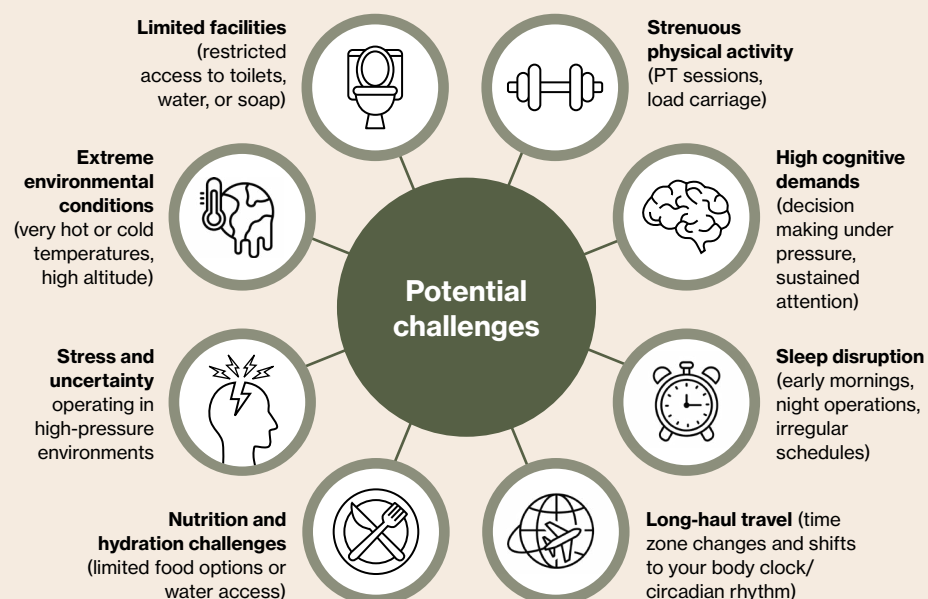
Key tips and considerations for managing your periods in military environments:

1. Pick and mix period products for different military activities and situations

- Managing your period is your choice. There is no 'right' or 'wrong' way.
- You may want to mix and match period products depending on your activity or situation. For example:
 - Internal products (tampons, cups, discs) and period swimwear are more suited for swimming or water-based activities.

- Pads may move or cause chafing during high-intensity activities.
- Menstrual cups may be uncomfortable during high-impact activities; softer cups may improve comfort but can increase leakage risk.
- Pads may be better when opportunities to change products are limited (e.g. on exercise or in the field) and may reduce the risk of Toxic Shock Syndrome.
- If handwashing facilities are limited, you may wish to consider purchasing a supply of applicator tampons for a more hygienic option.

Managing your period in the military can present unique challenges



TOP TIP

When working in diverse military environments or on deployments, pack more period products than you think you'll need as supplies may be limited in some locations.

Keep period products and spare underwear with you so you are always prepared.

- Practice using new products before deployment or working in diverse military environments to ensure a comfortable and secure fit.
- 2. Be prepared for unexpected bleeding**
 - Stress, higher physical demands, and changes in routine can affect hormone levels and your menstrual cycle.
 - Your period may come earlier, later, or unexpectedly. You may also notice changes in flow, spotting between periods (including breakthrough bleeding when using hormonal contraceptives), or different menstrual symptoms.
 - Short-term changes are usually normal and manageable. If you are concerned or things don't return to normal, see an NZDF healthcare professional.
- 3. Prioritise hygiene, especially in diverse military environments**
 - Wash your hands before and after changing any period product to reduce risk of infection, especially with internal products (tampons, cups, discs). Use soap and water when available, or hand sanitiser if not.

- Wash daily during your period, particularly the vulva and groin area, to reduce odour and infection risk. Water is usually all that is needed to clean the vulva; soap and feminine hygiene products are not necessary. Unscented wipes can be used when water is unavailable.
- Clean reusable products thoroughly and only use them when appropriate cleaning facilities are available.
- Pack hand sanitiser, disposable gloves, and unscented wipes.
- Store supplies in a waterproof bag (e.g. zip-lock bag) to keep them clean and dry.
- Dispose of single-use period products appropriately. Sanitary disposal bags are available through local clothing stores or online for personnel with access to CAPES or SAP. These small, sealable bags allow for discreet storage and disposal.

Note: Access to menstrual products, privacy, and facilities can differ depending on location, deployment, or personal circumstances. If access is a challenge, speak with your Command or an NZDF healthcare professional (e.g. a medic) for support. Medics may also carry a limited emergency supply of period products.

TRAINING AND THE MENSTRUAL CYCLE

Normal menstrual cycle

Note: The information below applies to individuals with a 'normal' menstrual cycle, as described on pages 53-55.

There is a lot of interest in how the menstrual cycle affects physical performance, but the evidence is not clear. Many women notice changes in energy levels, fatigue, soreness, or motivation during different parts of their cycle, and these experiences are real and valid. However, when researchers measure things like strength, endurance, and power, they do not see consistent or meaningful changes in performance across the menstrual cycle.

You may have heard of cycle syncing, which involves adjusting training to match different phases of the menstrual cycle. While regular physical activity can help reduce menstrual symptoms for many women, there is currently no strong evidence that cycle syncing improves training outcomes or performance.

For military women, consistent training is important. In the military, you need to be ready to perform at any time. Individualised, goal-focused training is generally more effective than avoiding or changing training based on where you are in your menstrual cycle.

If menstrual symptoms, such as PMS or period-related symptoms, consistently affect your physical performance or ability to train, speak with an NZDF healthcare professional.

For personalised training advice, speak with an NZDF Physical Training Instructor (PTI).

Menstrual cycle irregularities

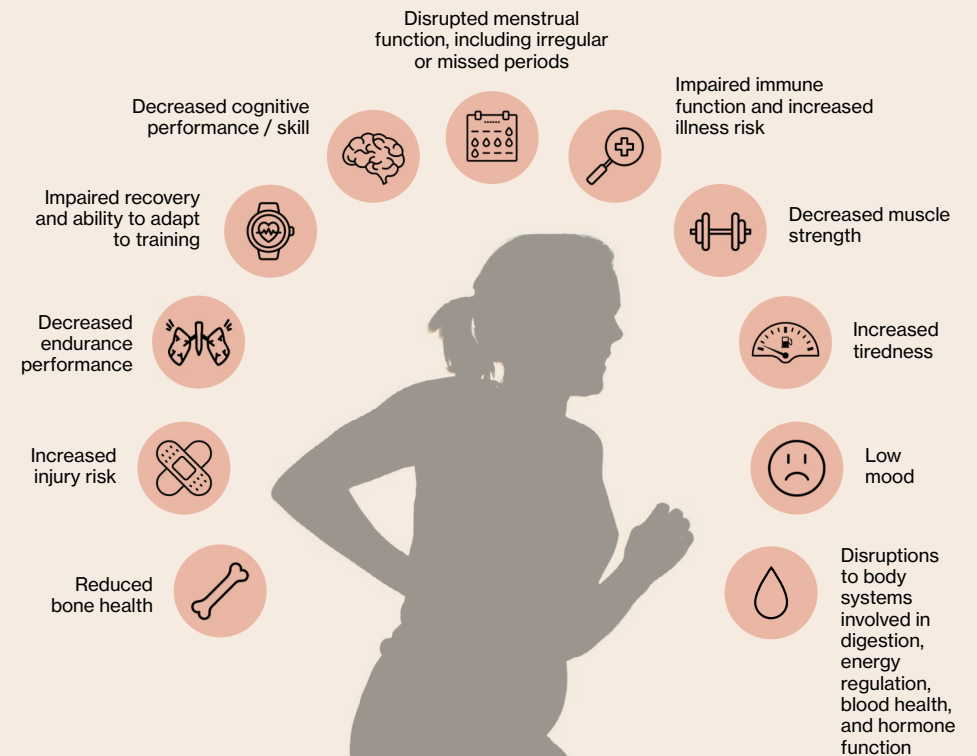
Your menstrual cycle can provide useful information about how your body is coping with training and whether you are eating enough to support your daily demands.

Changes to your cycle – including irregular or missing periods – can be a sign that your body is not getting enough energy to support normal functions. This can lead to conditions such as Low Energy Availability (LEA) or Relative Energy Deficiency (RED-S or RED-M), both of which can have significant negative effects on health and performance (see figure on page 65).

If you miss three or more periods in a row, or are concerned you may be experiencing LEA or RED, speak with an NZDF healthcare professional.



Low Energy Availability or Relative Energy Deficiency effects on health and performance





KEY TAKEAWAYS

1 Some variation in your menstrual cycle is normal, but persistent or significant changes matter.

If you are concerned or notice any changes, seek advice from an NZDF healthcare professional. Early support can help protect your short- and long-term health, wellbeing, and performance.

2 Be prepared for operational environments.

A range of period products are available through the NZDF to help you manage your periods. Consider which products are best suited to different military activities and environments, be prepared for unexpected bleeding, and prioritise hygiene as much as possible.



Contraception

Contraceptives were originally developed to prevent pregnancy but are now widely used for a range of health reasons. Some contraceptives can help manage menstrual symptoms and certain hormone-related conditions. Condoms can provide protection against sexually transmitted infections (STIs – see Chapter 3 *Sexual Health* for more information). Contraception may also be used to manage or suppress periods.

Choosing whether to use contraception, and which method to use, are personal choices. The most suitable option will depend on your health needs, preferences, and circumstances. Understanding the available options can help you make an informed choice that is right for you.

In this chapter, you'll find practical information on:

- What to consider when choosing a contraceptive, pages 70-77
- How different methods affect hormones, periods, and fertility, pages 78-81
- Operational and deployment considerations, page 81
- Emergency contraception, page 82



IMPORTANT

Contraception is your choice.

There is no requirement for NZDF wāhine to use contraception. You may choose to use it – or not – based on what feels right for you and your circumstances. You also have the right to stop using contraception at any time, without needing to explain your reasons. Support and advice are available through your DHC, but the decision is always yours.

Contraception is also a shared responsibility. Partners have an important role in discussing contraceptive options and using chosen methods correctly and consistently.

TYPES OF CONTRACEPTION

There are many options of contraception available, and each one works differently. No contraceptive is 100% effective at preventing pregnancy, but some are more effective than others. Most contraceptives are reversible, meaning that your natural menstrual cycle returns when you stop using them and pregnancy is possible.

Contraceptives are broadly classified into two main types, hormonal (containing hormones) and non-hormonal (not containing hormones):

- **Hormonal contraceptives** usually alter or suppress the menstrual cycle. Some methods may reduce the frequency of periods or stop them altogether ('menstrual suppression' – see page 80). Certain hormonal contraceptives can also help manage premenstrual symptoms (PMS), heavy or painful periods, and the symptoms of conditions such as endometriosis and polycystic ovarian syndrome (PMOS) – speak to an NZDF healthcare professional for more information.
- **Non-hormonal contraceptives** prevent pregnancy by acting as physical or chemical barriers, and allow the menstrual cycle to continue its natural pattern.

Contraceptives can either be:

- **Long-acting reversible contraceptives (LARCs)**, often described as 'fit and forget', methods that can last 3-10 years
- **Short-acting methods** that must be used regularly or every time you have sex



Some contraception methods, such as sterilisation, are intended to be permanent. Although reversal procedures may sometimes be possible, they can be complex and are not guaranteed to restore fertility.

Which contraceptive is right for me?

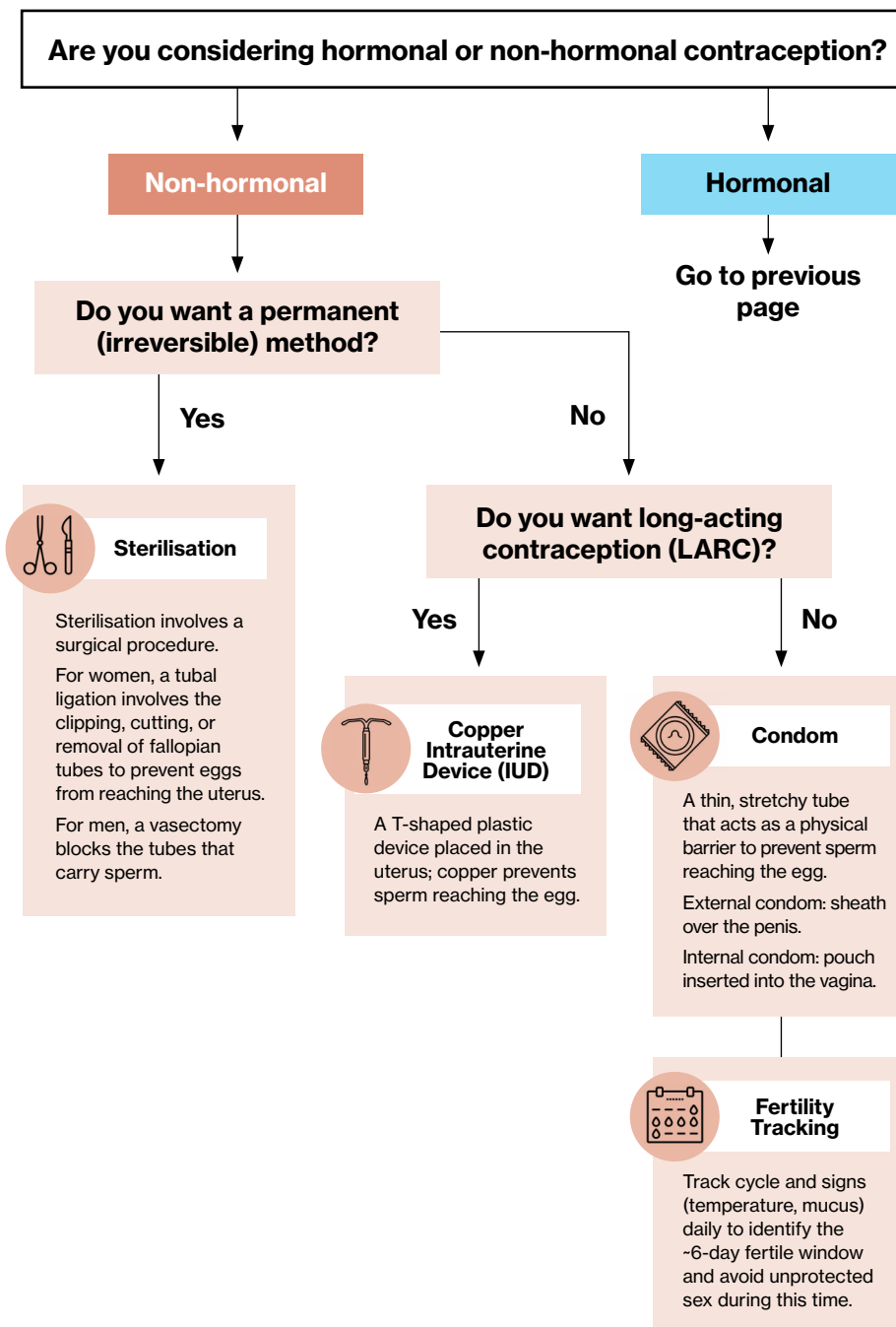
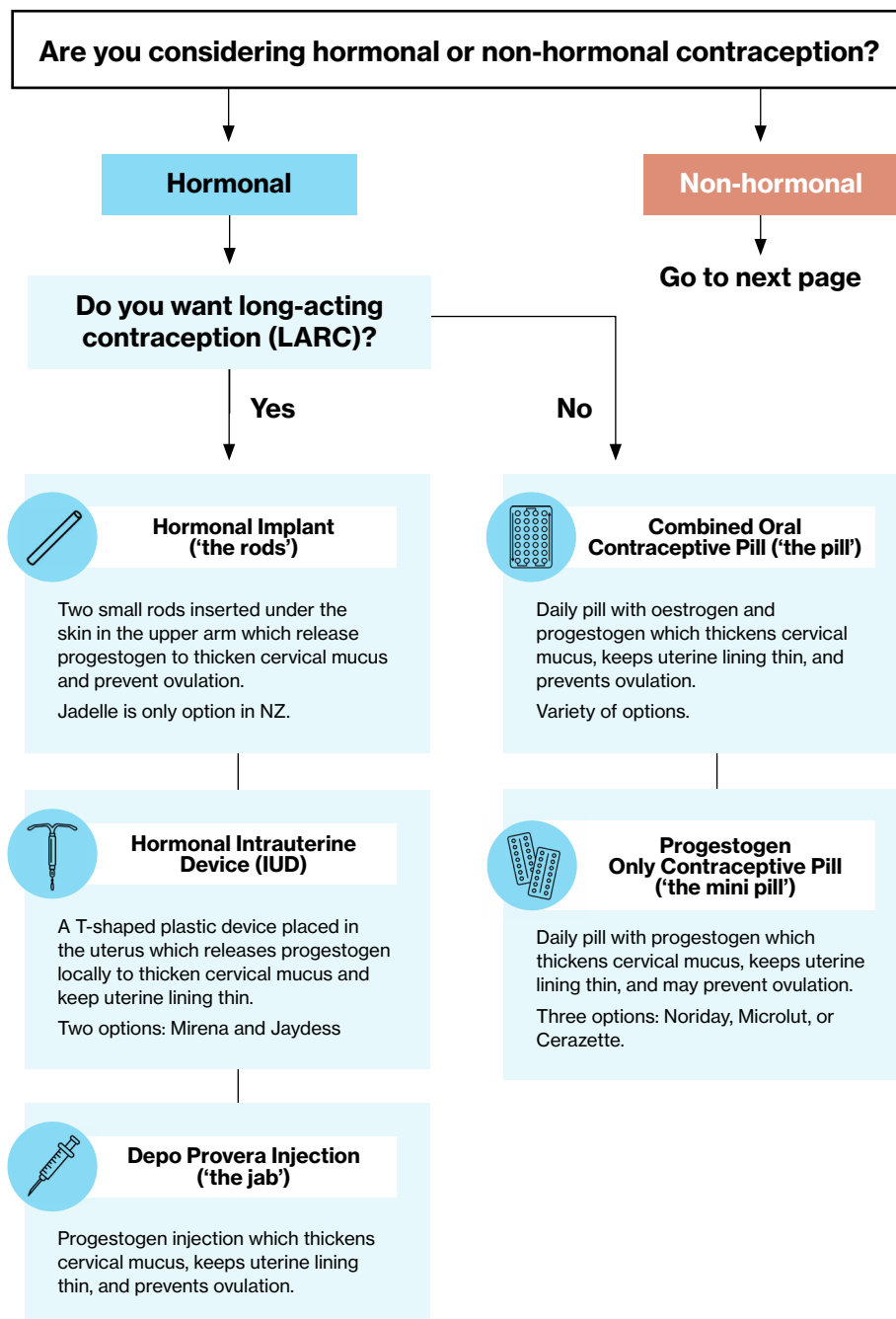
There is no single contraceptive method that is right for everyone. If a woman chooses to use contraception, the method she selects is her choice. Health needs, lifestyle, future pregnancy plans, and partner preferences may all influence this decision.

Each method has benefits and potential side effects, and some may be more suitable than others depending on individual circumstances. Some methods also require planning ahead, as they can take time to become effective or for side effects to settle.

When choosing a contraceptive, you may want to think about:

- How important is it to you to prevent pregnancy?
- How long do you want the contraceptive effect to last?
- Do you want to have children in the future?
- Are you comfortable managing your fertility on a day-to-day basis, or would a lower-maintenance 'fit and forget' option be more practical for you?
- Do you want to suppress your periods?
- Does it suit your health, medical and family health history?
- Does it align with your personal, cultural, or religious values?

Use the flowchart and tables on the following pages to compare contraceptive effectiveness, benefits, risks, and other key considerations. NZDF healthcare professional can provide further advice.



HORMONAL CONTRACEPTION			HORMONAL CONTRACEPTION	
METHOD	EFFECTIVENESS in preventing pregnancy	ADVANTAGES	DISADVANTAGES	HEALTH RISKS / CONCERNS
Implant ('the rods') Progestogen-releasing 	>99%	• 'Fit and forget' • Long lasting (up to 5 years) • Safe for breastfeeding • May lower risk of ovarian and endometrial cancers • Natural cycle returns within a few days of removal	• Possible side-effects (common): headaches, migraines, urinary symptoms; (less common): nausea, vomiting, dizziness, sore breasts, mood changes, changes in sex drive, skin changes • Requires insertion/removal by a trained healthcare provider • Soreness, bruising, or a small scar at the insertion site • Not reliable at controlling periods • No STI protection	• Small risk of infection following insertion • Not suitable for all, especially those with a history of breast cancer or those taking certain medications
Hormonal Intrauterine Device (IUD) Progestogen-releasing 	>99%	• 'Fit and forget' • Long lasting (3-8 years depending on type) • Safe for breastfeeding • Low hormone dose, with few side effects for most • Natural cycle returns almost immediately once removed	• Possible temporary side-effects: cramping, light bleeding, dizziness, feeling weak after insertion • Requires insertion/removal by a trained healthcare provider • Insertion may be uncomfortable (pain relief available) • Small risk of IUD coming out (~5%), check strings regularly • No STI protection	• Small risk of infection following insertion • Very small risk of damage to uterus • If pregnancy occurs, there is a slightly higher risk of ectopic pregnancy (pregnancy outside the uterus)
Combined Oral Contraceptive Pill ('the pill') 	92% (99% if used perfectly)	• Continuous use improves effectiveness and may reduce side effects • May reduce acne and excess hair growth • Lowers risk of ovarian, endometrial, and colorectal cancers • Can be used until menopause in healthy non-smokers • Natural cycle returns almost immediately after stopping	• Possible temporary side-effects: headaches, sore breasts, mood changes, skin changes • Must be taken daily (up to 12-hour window) • No STI protection	• Very small risk of cardiovascular complications (higher if overweight, a smoker >35 years, or family history) • Slight increase in breast and cervical cancer risk (may reduce after stopping) • Not recommended while breastfeeding a baby under 6 months • Not recommended for all (discuss with an NZDF healthcare professional)
Progestogen Only Pill ('the mini pill') 	92% (99% if used perfectly)	• Safe for breastfeeding • Can be used at any age • Natural cycle returns almost immediately after stopping	• Possible side-effects (very uncommon and temporary): sore breasts, nausea, headaches, mood changes, skin changes • Must be taken at the same time daily (3-12 hour window) • No STI protection	• Very low risk of blood clots (lower than combined pill) • May cause functional ovarian cysts (usually resolve by themselves) • Not recommended for all (discuss with an NZDF healthcare professional)
Depo Provera Injection ('the jab') 	97% (>99% if always taken on time)	• Lasts 13 weeks • Lowers risk of endometrial cancer and ovarian cancer	• Possible side-effects (common but decrease over time): sore breasts, sore stomach, headaches, acne, nausea, tiredness, dizziness, mood changes, weight gain • Delayed return of natural cycle and periods (up to 1 year) • No STI protection	• Allergic reaction (rare) • Risk of small reduction in bone density with long-term use, especially for those <18 years or >40 years (bone density usually recovers after stopping) • Not recommended for those with a history of breast cancer

NON-HORMONAL CONTRACEPTION			NON-HORMONAL CONTRACEPTION	
METHOD	EFFECTIVENESS in preventing pregnancy	ADVANTAGES	DISADVANTAGES	HEALTH RISKS / CONCERNS
Copper Intrauterine Device (IUD) 	>99%	• 'Fit and forget' • Long lasting (5-10 years) • Safe for breastfeeding • Can be used as emergency contraception • Natural cycle returns almost immediately once removed • May reduce risk of endometrial and cervical cancer	• Possible temporary side-effects after insertion: pain/cramps, light bleeding, dizziness, feeling weak • Requires insertion/removal by a trained healthcare provider • Insertion may be uncomfortable (pain relief available) • Small risk of IUD coming out (~5%), check strings regularly • No STI protection	• Small risk of infection at insertion • Very small risk of damage to uterus • Allergic reaction to copper (rare)
External Condom 	85% (98% if used perfectly)	• Inexpensive • Widely available (available free at DHCs) • No prescription required • Protects against STIs • Reduces risk of cervical cancer	• Less effective at preventing pregnancy • Difficult to use perfectly • Cannot use with oil-based lubricants • May not always be available on deployment • Small risk of breakage or slipping • Check expiry date before use	• None
Internal Condom 	79% (95% if used perfectly)	• No prescription required • Protects against STIs	• Less effective at preventing pregnancy • Difficult to use perfectly • Not subsidised • Not widely available (only sold at some civilian sexual health centres) • May not be available on deployment	• None
Fertility Tracking 	75% (97% if very good at it)	• Low cost once learned • No hormones or devices required • Acceptable across faiths and cultures • Can support family planning • Ovulation trackers can help improve effectiveness (extra cost)	• Least effective at preventing pregnancy • Requires avoiding sex or using another contraceptive method during the fertile window • Requires time to learn and use accurately • Daily tracking needed • Not suitable for those with irregular cycles • Accuracy impacted by illness, stress, change in routine • No STI protection	• None
Sterilisation 	>99%	• Permanent contraception • Suitable for people who are certain they don't want children in future • Tubal ligation (removal of fallopian tubes) may reduce ovarian cancer risk • Equivalent procedure for men (vasectomy) is simpler, safer, cheaper and has a quicker recovery than tubal ligation • Vasectomy is funded by the NZDF	• Requires surgery • Temporary post-procedure side-effects: pain, bruising • Permanent contraception; reversal not guaranteed or funded • Counselling recommended (risk of regret) • Backup contraception needed initially (vasectomy ~3 months; tubal ligation ~7 days) • Tubal ligation has criteria for public funding and requires gynecologist assessment • No STI protection	• Small risk of pregnancy after sterilisation • If pregnancy occurs, increased risk of ectopic pregnancy following tubal ligation • Rare surgical complications (infection, bleeding, anesthetic reaction, organ injury)

NZDF healthcare professionals can provide further advice and help you decide on a contraceptive that best suits your specific needs, medical history, and preferences.

Most contraceptive methods are funded by the NZDF. Some methods may require referral to an external provider.

Refer to the table on the right and speak with your local DHC for further details.



TOP TIP

Contraception can fail, so if you've missed your period or you notice early pregnancy symptoms, consider taking a pregnancy test (see *Chapter 7 Pregnancy and Becoming a Parent* for more information).

Contraceptive methods and services available at or through your DHC

Available and funded at DHCs	Arranged and funded by DHCs	Not available or funded at DHCs
Combined Oral Contraceptive Pill	Implant	Internal Condom
Progesterone Only Pill	Hormonal IUD	Tubal Ligation
Depo Provera	Copper IUD	
External Condom	Vasectomy	
Emergency Contraceptive Pill	Abortion	

Impact on hormones and periods

Some contraceptives can change your natural reproductive cycle and periods. The effects vary depending on the method and the individual. For example:

- The combined oral contraceptive pill can reduce or stop periods altogether
- Progesterone-only contraceptives may cause irregular or unpredictable bleeding
- A copper IUD may make periods heavier or longer

See the table on page 79 for more information on how each contraceptive method may affect your hormones and periods.

METHOD

IMPACT ON HORMONES AND PERIODS

HORMONAL CONTRACEPTION	
Implant ('the rods')	• Suppresses natural hormonal cycle and ovulation • Periods may change and become irregular, lighter, shorter, prolonged, heavier, or stop altogether • Irregular bleeding may occur initially, usually settles within first 6 months
Hormonal Intrauterine Device (IUD)	• Natural hormonal cycle and ovulation usually continue (including menstrual symptoms) • Periods often become lighter or stop altogether • Period symptoms (e.g. cramps) usually improve • Irregular bleeding may occur initially, usually settles
Combined Oral Contraceptive Pill ('the pill')	• Suppresses natural hormonal cycle and ovulation • Periods often become more regular, lighter, less painful • Irregular bleeding may occur initially, usually settles • Periods can often be delayed or skipped with continuous use
Progestogen Only Pill ('the mini pill')	• Alters natural hormonal cycle • Some options suppress ovulation, others don't • Periods may change and become lighter, less frequent, more frequent, irregular, prolonged, or stop altogether • Irregular bleeding may occur initially, usually settles within 3 months
Depo Provera Injection ('the jab')	• Suppresses natural hormonal cycle and ovulation • Periods often become lighter and stop over time (within 1-2 years) • Irregular or occasional heavy bleeding may occur initially • Medication can help with bleeding
NON-HORMONAL CONTRACEPTION	
Copper Intrauterine Device (IUD)	• Natural hormonal cycle and ovulation continue (including menstrual symptoms) • Periods may become heavier, longer, irregular, or more painful during first 3-6 months (usually improves with time) • Spotting or bleeding between periods common
External Condom	• No impact (natural hormonal cycle and periods continue)
Internal Condom	• No impact (natural hormonal cycle and periods continue)
Fertility Tracking	• No impact (natural hormonal cycle and periods continue)
Sterilisation	• No impact (natural hormonal cycle and periods continue)



DID YOU KNOW?

Bleeding that happens with hormonal contraceptives is not the same as a natural period. It is often a 'withdrawal bleed', which occurs when hormone levels drop during a hormone-free (or pill-free) period. Like a normal period, it helps to reassure a woman that she is not pregnant.

Sometimes women will have an unexpected bleed, called 'breakthrough bleeding'. While common, any unexpected bleeding should be investigated in case it is a sign of a health problem such as an infection. If you are experiencing irregular or unexpected bleeding, seek advice from an NZDF healthcare professional.



IMPORTANT

If your natural cycle has not returned after 3-6 months of stopping or removing contraception, speak to an NZDF healthcare professional.

Menstrual suppression

Using hormonal contraception to reduce or stop periods is considered safe and can be especially helpful for women who experience painful periods, heavy bleeding, and menstrual migraines.

Many women in the military choose to suppress bleeding during training, exercises, and deployments when managing periods may be more challenging. Menstrual suppression is a personal choice and is not expected or required.

Note: *Changes in bleeding patterns are common when starting contraception. Most settle within 3-6 months, though breakthrough bleeding may still occur, so it's important to be prepared.*

Impact on fertility

Reversible contraception methods, regardless of the type or duration of use, do not negatively affect fertility. Fertility returns once contraception is stopped or removed, although the time this takes varies between methods. Injectable contraceptives (e.g. Depo Provera Injection) are associated with the longest delay, with fertility typically returning after several months.

Over 80% of women who are actively trying to conceive become pregnant within a year of stopping reversible contraception. Reversible contraceptives are not associated with an increased risk of pregnancy complications or harmful outcomes for future babies.

Impact on training and performance

Research on the impact of contraceptives on physical performance is still evolving. Current findings are inconsistent, and studies in military populations are limited which means there is not enough evidence to draw firm conclusions. It is best to take an individual approach to contraceptive use based on your goals, your menstrual history, and how you respond.

OPERATIONAL AND DEPLOYMENT CONSIDERATIONS

If you choose to use contraception, finding the right contraceptive can help support your confidence and comfort in operational and deployed environments. For example, it can reduce the need for period products and help with the management of menstrual symptoms and hygiene challenges in austere environments.

If you are considering contraception for operational environments, think about:

- **Access** – Can you access re-fills or other contraception? *Will you be able to access prescription medicine in your location or can you take a sufficient amount with you?*
- **Bleeding patterns** – How might the method affect your period? *See pages 79-80.*
- **Storage** – Does it require specific storage? *Some types (e.g. pills) should be stored in a cool, dry place.*
- **Practicality** – Will it be easy to use in the military environment? *Will there be facilities and time to take or change products?*
- **Unexpected bleeding** – Could travel, stress, and increased physical demands trigger unexpected bleeding? *May happen with some contraceptives so it's important to be prepared.*
- **Medical requirements** – Does your IUD need to be changed? *A medical appointment may be needed prior to deployment.*

If you want to use a contraception method that may change your bleeding pattern, it is ideal to start using it at least 3-6 months ahead of military activities. This allows time for bleeding patterns to settle and for any adjustments to be made if needed. Discuss your options with an NZDF healthcare professional.



For guidance on managing your period in military environments without contraception, refer to pages 62-63.

EMERGENCY CONTRACEPTION

Emergency contraception can help prevent pregnancy after unprotected sex or contraceptive failure. It is only effective for a narrow window of time and does not prevent STIs.

There are two types of emergency contraception available in New Zealand. The most suitable option depends on how much time has passed since unprotected sex, your medical history, and your personal circumstances – an NZDF healthcare professional can provide advice.

- **Emergency Contraceptive Pill ('morning after pill')** – This pill should be taken as soon as possible after unprotected sex and can be used up to 72 hours (three days) afterwards. The dose is weight dependent and is 98% effective at preventing pregnancy.
- **The Copper IUD** – Although a type of long-acting reversible contraception, this method can be used as emergency contraception. It must be inserted within five days of unprotected sex and is more than 99% effective at preventing pregnancy. It can be left in for 5-10 years for ongoing contraception.

The Copper IUD is not available at all DHCs, but an NZDF healthcare professional can refer you to an external provider.

KEY TAKEAWAYS

1 Contraception is your choice.

Contraceptive choice is personal, and NZDF healthcare professionals can support you to make an informed decision.

2 There are many contraceptive options available.

Methods may be reversible or permanent, long or short-acting, hormonal or non-hormonal. Some methods offer benefits beyond pregnancy prevention, such as management of menstrual symptoms, menstrual suppression, or protect against STIs.

3 Most contraceptive methods are funded by the NZDF and available at DHCs.

Some services may require referral to an external provider. Your local DHC can provide more information.





Pregnancy and Becoming a Parent

Whether you are thinking about starting a family, currently hapū (pregnant), or adjusting to life with a newborn pēpi (baby), there can be a lot to navigate.

Personal circumstances, cultural values, health considerations, and military commitments such as deployments, training, and courses can all influence decision making. This chapter aims to support you in understanding your options and the support available.

In this chapter, you'll find practical information on:

- Fertility and pregnancy planning, pages 86-89
- Finding out you are pregnant and next steps, pages 90-91
- Unplanned pregnancy and termination of pregnancy, pages 91-92
- Pregnancy care and support available to you, pages 93-96
- Workplace and operational considerations during pregnancy, pages 97-98
- Recovery after childbirth and returning to work, pages 99-106

Additional resources

Please read this chapter alongside the following NZDF guides (search *Pregnancy* on the HR Toolkit):



[Parental Planning](#) – A guide for all members of the NZDF, which

outlines administrative processes, leave entitlements, and return to work considerations, as well as useful resources and a pregnancy checklist.



The [NZDF Guide to Exercise, Fitness and Physical Training](#)

[during and after Pregnancy](#), which provides guidance on physical activity during pregnancy and postpartum (after giving birth).

Relevant Defence Health policy can be found on the Health ILP (*DHR11 Part 4, Chapter 4 Provision of Maternity and Post-Partum Care*).

If you have any questions or would like more information about the topics covered in this chapter, speak with a DHC doctor or nurse, or your Lead Maternity Carer (LMC; see page 93 for more information).

PLANNING FOR PREGNANCY

Understanding your fertility (your body's ability to become pregnant) can help improve your chances of getting pregnant (conceiving). Making positive changes to your health and lifestyle also support conception, a healthier pregnancy, and better outcomes for both you and your pēpi.

The following information is provided to support informed decision-making, not create pressure or unrealistic expectations. There are many ways to support your health and wellbeing, and your baby's, during and after pregnancy.

Fertility and ovulation

Pregnancy can occur when an egg released from an ovary (ovulation) is fertilised by sperm. Ovulation usually occurs around the middle of your menstrual cycle. Because sperm can survive for up to five days and an egg survives for only 12-24 hours, you are most fertile in the five days before ovulation and on the day of ovulation itself.

For more information, search *Timing for Conception* on healthnz.govt.nz

Tracking your menstrual cycle for 2-3 months can help you estimate your average cycle length and better predict ovulation – this may vary month to month. See page 58 for information on how to track your menstrual cycle.

How fertility changes over time

Age is one of the most important factors affecting fertility. Fertility naturally declines in both women and men as they get older:

- For women without fertility problems, the chance of conceiving naturally is about 25% each month when sex is timed around ovulation. This decreases to about 12% by age 37, and less than 5% by age 42.
- In men, fertility decline is more gradual but generally begins between 40-45 years of age, when sperm count and quality start to decrease. This can lower the chances of pregnancy and increase the time it takes to conceive.

For more information, search *Age and Fertility* on fertilitynz.org.nz.

If you have concerns or questions about fertility and family planning, make an appointment with an NZDF doctor to discuss.

Supporting your fertility

Lifestyle changes can help improve your chances of conception and support a healthy pregnancy. Some examples include:

- Avoid alcohol and recreational drugs
- Stop smoking and vaping
- Limit caffeine to no more than one coffee or regular energy drink per day
- Maintain a healthy weight

For more information, search *Improving Your Chances Of Getting Pregnant* on healthnz.govt.nz

For advice and support with any lifestyle changes, contact your DHC.



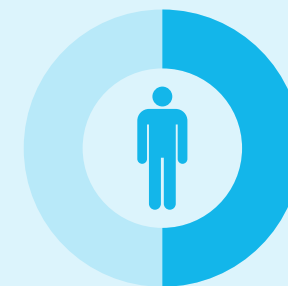
DID YOU KNOW?

Fertility is a shared journey.

Male factors contribute to nearly half of all difficulties with conception.

Men can improve sperm count and quality by maintaining a healthy weight, engaging in regular moderate physical activity, avoiding smoking, vaping, and recreational drugs, limiting alcohol intake, and reducing excessive heat exposure to the testicles.

Sources of heat exposure may include frequent sauna or spa use, tight clothing or equipment, and excessive endurance training, particularly high-volume cycling.



A DHC doctor or nurse can also help you prepare for pregnancy by:

- **Checking medications and health conditions**, as some can affect fertility and pregnancy
- **Providing advice on supplements**, including folic acid which is important for your unborn baby's development
- **Arranging screening**, including blood tests to check for deficiencies, immunity, and infections that may affect conception
- **Recommending vaccinations**, including protection against rubella and chicken pox, as infection during pregnancy can harm your unborn baby
- **Discussing military environmental risks** that may affect conception or pregnancy

Infertility and fertility treatment

Infertility is usually defined as not becoming pregnant after 12 months of regular, unprotected sexual intercourse. If you are having difficulties conceiving, you are not alone. Infertility is common in Aotearoa, with around one in four New Zealanders experiencing fertility challenges. For more information, search *Infertility* on healthnz.govt.nz

What if it's not happening – when should I seek help?

Speak to your DHC doctor or nurse if:

- You are under 35 years and have not conceived after 12 months of regular, unprotected intercourse
- You are 35 years or older and have not conceived after six months of trying
- You have known fertility issues, irregular or absent periods, or other health concerns that may affect fertility

They can arrange tests and refer you to local fertility specialist services if needed. If you are not eligible for publicly funded fertility treatment, or would prefer not to wait, private fertility treatment is available at your own cost.

A DHC doctor or nurse can provide guidance on family planning, fertility, pregnancy, and any military considerations that may affect your plans for starting a family.



Military and work considerations

Military service can present unique considerations when planning a pregnancy:

- **Training and deployment.** Courses, deployments, and unpredictable taskings can limit time with your partner and make pregnancy planning more challenging.
- **Travel.** Some countries have infectious diseases that can affect fertility, pregnancy, and the health of your unborn baby, such as the Zika virus (search *Zika* on healthnz.govt.nz).

- **Fertility treatment.** Fertility treatment often requires strict medication schedules, scans, blood tests, and procedures that may affect work duties, training, and deployment. Some treatments may require temporary medical regrading or restricted duties. Partners may also need time and support during treatment cycles, which may require a conversation with their Command.

EARLY SIGNS AND NEXT STEPS

Knowing when you are hāpu

Your body goes through significant changes during pregnancy. The most obvious sign that you are pregnant is a missed period. There are several other early pregnancy signs and symptoms, but these can vary widely from person to person and even between pregnancies. For more information, search *Am I hāpu* on sexualwellbeing.org.nz.

You can use a home pregnancy test to check whether you are pregnant. These are available free of charge from DHCs, or can be purchased from pharmacies, supermarkets, and sexual health clinics.

Most tests can be used from the first day of a missed period and are highly accurate when used correctly.

If your pregnancy test is positive, book an appointment with a DHC nurse or doctor as soon as possible. They can confirm your pregnancy and talk through the next steps, including any work considerations to keep you and your unborn baby safe (see *Changes at work during pregnancy*, page 97).

Note: Command does not need to know the reason for these changes until later in your pregnancy, and your DHC doctor can support you in deciding how and when to share this information (for further guidance refer to the [Parental Planning guide](#), page 24).



Finding out you are pregnant while on deployment or on duty overseas

If you are deployed or on duty overseas and think you might be pregnant, seek advice from an NZDF healthcare professional as soon as possible. They can support you, discuss options, and help manage any risks, including arrangements to move you to a safe location or Return to New Zealand (RTNZ) for appropriate healthcare.

If posted overseas, you can access advice by emailing: overseas.med.dent.requests@nzdf.mil.nz

Note. Access to pregnancy tests, abortion services, and specialist maternity care may vary depending on the country and local healthcare services. Speak to an NZDF healthcare professional for advice.

Unintended or unplanned pregnancy

Pregnancy is not always planned. Finding out you are pregnant can bring a range of emotions, including surprise, uncertainty, shock, or happiness. Whatever you are feeling, support is available (refer to page 92 for more information).

If you are pregnant, you have three options:

- Continue the pregnancy and become a parent
- Continue the pregnancy and plan for a formal adoption, or an informal adoption such as whāngai
- Terminate the pregnancy (abortion)

Some people choose to make this decision on their own, while others may involve a partner, whānau, or trusted people in their lives.



Information about your pregnancy, including discussions about pregnancy options or termination of pregnancy, is confidential. As personal health information, it will only be shared with others when necessary and in accordance with your privacy rights.



How a woman feels physically and emotionally following an abortion will differ between individuals. It is normal to feel a range of emotions.

NZDF healthcare professionals and your local social worker and chaplain are available to support you. They can provide a referral to a counsellor. Free external counselling is also available to anyone considering an abortion, and after an abortion, by phoning 0800 DECIDE (0800 332 433).

Termination of pregnancy (or abortion)

Everyone's circumstances are different, and there are many reasons why someone may consider an abortion. Deciding whether to continue or end your pregnancy is a personal choice.

Note: *Having a safe termination of pregnancy does not limit a woman's ability to get pregnant in the future.*

There are two types of abortion available in New Zealand – medical (pills) and surgical (minor procedure). An NZDF healthcare professional can advise what option(s) are suitable for you and provide a referral if required, as well as post-abortion support, such as light duties or a period of sick leave.

Seeking advice early is important, as more options are available to you prior to nine weeks of pregnancy. Surgical abortions completed in the early weeks of pregnancy are simpler, with lower risk of complications and faster recovery. For example, after 14 weeks of pregnancy surgical abortion requires a general anaesthetic.



PREGNANCY CARE AND CONSIDERATIONS

Maternity care

During your pregnancy, your routine general healthcare will continue to be provided by NZDF healthcare professionals, while your maternity care will be provided by a Lead Maternity Carer (LMC).

LMCs are usually either:

- **Midwives**, who provide full care during pregnancy, birth, and early postpartum period. They may be hospital-based or independent. This care is free and the most commonly used option in New Zealand; or
- **Obstetricians**, who are doctors who specialise in pregnancy and childbirth. If your midwife or DHC doctor refers you to an obstetrician through the public health system, there is usually no charge. You may also choose private obstetric care, which involves a cost that may be partly covered by private health insurance if you have it.



TOP TIP



One of the easiest ways to find a midwife is to visit findyourmidwife.co.nz

Midwives can book up quickly, so it is a good idea to begin looking for an LMC as soon as you know you are pregnant. If you are unable to find one, contact your DHC.

Your LMC will:

- ✓ Coordinate maternity care throughout your pregnancy, including organising any routine tests and monitoring (e.g. ultrasound scans and blood testing)
- ✓ Explain your options and help you develop a birth plan (this may include your preferred place of birth, support people, pain relief options, and plans for managing possible complications)
- ✓ Support you during labour and birth
- ✓ Provide care for you and your baby for up to 6 weeks after birth

Your DHC will:

- ✓ Confirm your pregnancy
- ✓ Manage your medical grading and any required workplace restrictions
- ✓ Continue to provide general healthcare throughout your pregnancy and while you are on parental leave
- ✓ Provide oversight and coordination of your pregnancy care such as referrals to specialist services, sick leave if required, and support if you have a health concern and cannot reach your LMC
- ✓ Refer you to rehabilitation and physiotherapy services to support your return to fitness, and preparation for return-to-work duties



PREGNANCY SYMPTOMS

During pregnancy, your body goes through many hormonal and physical changes to support your growing baby. These changes can affect almost every part of your body and may cause a range of symptoms (see below).

For more information on pregnancy symptoms and ways to manage them, search *Common Issues in Pregnancy* on healthnz.govt.nz.

Discuss any concerns with your LMC or a DHC doctor or nurse, who can provide personalised advice and support.

Stages of pregnancy and changes in your body

You may hear different terms used to describe the stages of pregnancy and the period after birth, including:

- **Antenatal:** before birth (during pregnancy)
- **Perinatal:** around the time of birth
- **Postnatal:** after birth (focused on the baby)
- **Postpartum:** after birth (focused on the mother)
- **Foetus:** unborn baby (during pregnancy)
- **Trimesters:** the three stages of pregnancy
 - First trimester: months 1-3
 - Second trimester: months 4-6
 - Third trimester: months 7-9

For more information about the different stages of pregnancy, including how your baby develops and how your body changes, search *Pregnancy Stages* on healthify.nz

During pregnancy, you may experience some or all of the following symptoms:



Nausea and vomiting ('morning sickness')



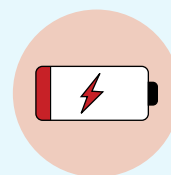
Feeling lightheaded or faint



Appetite changes or food aversions



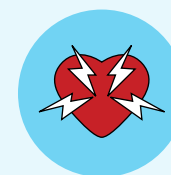
Swelling of hands, feet, or ankles



Fatigue and tiredness



Trouble sleeping



Heartburn or indigestion



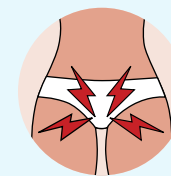
Bladder changes (e.g. needing to urinate more often or leaking wee)



Mood and emotional changes



Constipation



Abdominal, back, or pelvic pain



IMPORTANT

Pregnancy warning signs and symptoms: when to get urgent medical advice

Many symptoms and discomforts are a normal part of pregnancy. However, some symptoms may be a sign of a serious condition and require prompt medical attention.

Contact your LMC, or DHC doctor or nurse, or go directly to your local emergency department if you experience any of the following symptoms during pregnancy:

- Vaginal bleeding, ranging from light spotting to heavy bleeding
- Passing fluid, blood clots, or tissue from the vagina
- Abdominal pain, cramping, or persistent lower back pain
- A fever above 38°C, particularly if accompanied by chills (check with your LMC, a DHC doctor or nurse, or pharmacist before taking any medicines, and contact your healthcare provider again if the fever lasts more than a day)
- Unusual vaginal discharge or concerns that your waters have leaked or broken
- Reduced or absent movements from your pēpi
- Sudden swelling of your hands, feet, or face
- Pain or a burning sensation when passing urine, especially if accompanied by fever or back pain
- A severe headache that lasts for several hours or does not improve
- Blurred or double vision, or seeing flashing lights, spots, or dots in front of your eyes
- A fall or injury to your abdomen, even if you feel well afterwards
- Extreme thirst with little or no urine output
- Nausea or vomiting that begins in late pregnancy, especially if accompanied by pain or fever
- Widespread itching, particularly if your urine is dark or your bowel motions are pale
- Waters that are green, brown, or dirty-looking after they have broken



Changes at work during pregnancy

During pregnancy, your medical grading will be temporarily adjusted to help protect both you and your unborn pēpi from workplace activities that could pose a risk.

You will be excused from activities involving:

- Exposure to hazardous material or radiation
- Exposure to live weapons firing and blasts
- Parachuting or diving
- Extreme physical exertion
- Austere environments (e.g. being posted to a sea-going RNZN ship)
- Operational deployments

If you are unsure whether a work activity is safe during pregnancy, discuss it with a DHC doctor or nurse. Further workplace restrictions may be required depending

on your role, work environment, and stage of pregnancy. Activities to consider include:

- Field exercises
- Physical training
- Shift work
- Drill or parades
- Overseas travel (limited non-operational overseas travel may be supported during certain stages of pregnancy)
- Orderly duties

Once your pregnancy has been confirmed by a DHC doctor or nurse, you are not expected to undertake fitness testing until 12 months after giving birth, and only after being cleared by a doctor to return. This exemption also applies to contact sports and formal fitness activities (e.g. unit PT and sports).

Refer to *DHR11 Part 4, Chapter 4* and the [Parental Planning](#) guide for more information.

Staying healthy during pregnancy

Looking after yourself during pregnancy helps support both your health and the healthy development of your growing pēpi. Important things to consider include:

- **Avoid smoking, vaping, and alcohol.** Smoking reduces oxygen to your baby and increases the risk of complications (e.g. miscarriage stillbirth, preterm, birth). Alcohol is similarly harmful to your baby and damages developing cells and brain tissue.
- **Exposure to potentially harmful products.** Avoid exposure to substances that may be harmful during pregnancy, including certain chemicals (some cleaning products, pesticides, herbicides), medications, skincare products (e.g. retinol), heavy metals (e.g. lead), and radiation. Always read product labels and follow safety instructions. Discuss any concerns with your LMC or a DHC doctor or nurse.
- **Exercise.** If your pregnancy is progressing normally, you are encouraged to remain physically active. Regular, moderate exercise can help improve pregnancy outcomes (e.g. may help reduce the risk of excessive weight gain, gestational diabetes, high blood pressure, and labour complications). For guidance, refer to the [NZDF Guide to Exercise, Fitness and Physical Training during and after Pregnancy](#).
- **Nutrition.** Eating well and staying hydrated during pregnancy is important for both your health and your baby's development. Your nutritional needs change during pregnancy; for guidance, refer to *Eating Well When Pregnant* on

healthnz.govt.nz. For the most up to date advice on food safety during pregnancy, talk to your LMC or search *Food and Pregnancy* on mpi.govt.nz.

Dealing with the unexpected loss of a pregnancy

The loss of a pregnancy can be very difficult. Miscarriage (loss before 20 weeks) is common and affects around 1 in 3 wāhine in New Zealand. Most miscarriages occur in the first trimester. Stillbirth refers to pregnancy loss after 20 weeks.

Following a miscarriage or stillbirth, bereavement leave is available to you and your partner. Depending on your circumstances and eligibility, you may also be entitled to parental leave and parental leave payments. A DHC doctor can put you on light duties to support your recovery and refer you to other support services.

For further information on available entitlements and support, refer to the [Parental Planning](#) guide. For information on external support resources, visit [Whetūrangitia.services.govt.nz](https://wheturangitia.services.govt.nz).



YOUR HEALTH AND WELLBEING AFTER BIRTH

If this is you, congratulations māmā (mum)! Recovery after child birth may take some time, and adjusting to life with a newborn can be both rewarding and challenging. You may experience a range of physical and emotional changes. Looking after your own health and wellbeing is important for both you and your baby (see page 105).

Birth injuries

Birth can sometimes result in physical injuries that take time to heal. Raising any issues with your LMC or DHC doctor early can aid recovery and help reduce the risk of complications.

Common birth injuries include:

- **Tears or injuries to the area between the vagina and anus (perineum),** which can cause pain when sitting, lifting, being active, or using the toilet.

- **Pelvic floor problems,** including leaking of urine or bowel motions, difficulty controlling wind, or a feeling of heaviness, pressure, or bulging in the vagina.
- **Caesarean section wound and scar problems,** including pain, tenderness, reduced mobility, or difficulties with physical activity. Recovery often involves at least six weeks of avoiding heavy lifting (anything heavier than your baby) and limiting activities such as driving.
- **Other injuries,** such as the separation of abdominal muscles, nerve injuries, or injuries related to an assisted vaginal birth using forceps or vacuum extraction.

Note: Some birth injuries are covered by ACC. Your LMC, or a DHC doctor or nurse, can help guide you through the ACC claims process. For more information, search *Maternal Birth Injuries* on healthify.nz.



TOP TIPS

Sex after childbirth

It is recommended to wait at least six weeks after giving birth before having penetrative sex, regardless of whether you had a vaginal birth or caesarean section. This allows time for your body to heal and reduces the risk of infection.

Use a lubricant. Hormonal changes after birth can cause vaginal dryness. Using a lubricant can help make sex more comfortable. If discomfort or pain persists, speak to a DHC doctor.

Use contraception. Fertility can return as early as three weeks after birth. Many options are safe to use while breastfeeding. See Chapter 6 *Contraception* for more information.

Allow yourself time to recover before another pregnancy. Waiting at least a year before trying for another baby can support your physical recovery and promote healthy outcomes for you and your growing whānau.

Physical changes

You may experience a range of physical changes after birth, including:

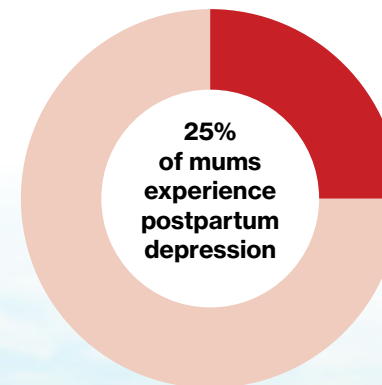
- Breasts feeling full, tender, or leaking milk, especially if breastfeeding
- Cramping in your lower abdomen as your uterus returns to its pre-pregnancy size
- Abdominal weakness, loose skin, stretch marks, and gradual healing of abdominal separation
- Vaginal bleeding for up to six weeks (sometimes longer)
- Vaginal swelling, pain, dryness, or tenderness
- Reduced sex drive (libido)
- Stinging or discomfort when passing urine
- Bladder control problems
- Weak pelvic floor muscles which may cause a feeling of heaviness in the pelvis, or pelvic organ prolapse (when one or more pelvic organs drop from their normal position and bulge into the vagina)
- Bowel discomfort, constipation, or haemorrhoids
- Looser joints and reduced core strength, which can increase injury risk
- Periods returning within weeks or months, depending on whether you are breastfeeding

If you have any questions or concerns about what you are experiencing, discuss them with your LMC or a DHC doctor or nurse.

Emotional changes

After birth, hormonal changes, sleep disruption, and the demands of caring for a baby can affect how you feel emotionally. Many new mums experience mood swings, anxiety, tearfulness, irritability, or feeling overwhelmed. These feelings are commonly known as the 'baby blues' and usually improve within a few weeks.

Some women experience more persistent or severe symptoms that affect their daily life and wellbeing. This may be a sign of postpartum depression, which affects up to 1 in 4 mums, with higher rates in Māori, Pacific, and Asian women.



DID YOU KNOW?

Depression and anxiety can also affect partners, and may show up as anger, irritability, exhaustion, withdrawal, or working too much.

Up to 1 in 10 fathers experience new pāpā (dad) depression. Seeking support early from the services above can help prevent such feelings from escalating.





IMPORTANT

Remember:

You are not alone.

Postpartum depression is common and treatable.

If you or your whānau notice any postpartum depression symptoms (see page 98), especially if they do not go away, talk to your LMC or a DHC doctor as soon as possible.

Additional support is available through NZDF chaplains and social workers, as well as external services:

- NZDF4U Wellbeing Support, 0800 NZDF4U
- [Perinatal Anxiety and Depression Aotearoa \(PADA\)](#) for specialised local support and advice.
- Need to talk? 1737 – free call or text
- The Depression Helpline 0800 111 757
- Whānau Āwhina Plunket 0800 933 922

Signs of postpartum depression

These feelings may come and go, but it is important to seek help if you notice them most days, they do not improve over time, or they are affecting your daily life.

- **Low mood**, feeling sad, empty, or numb, or tearful for no clear reason (some women experience feeling disconnected from their baby)
- **Loss of interest or enjoyment**, no longer finding interest or pleasure in activities you would usually enjoy
- **Irritability or anger**, feeling easily frustrated or angry
- **Anxiety**, which may include constant or excessive worry or fear (often about your baby), physical symptoms (e.g. muscle tension, pounding heart, dry mouth, panic attacks), or specific fears or phobias
- **Guilt or low self-worth**, feeling like a bad parent or lacking confidence in your ability to care for your baby
- **Difficulty thinking clearly**, trouble concentrating or making everyday decisions
- **Sleep changes**, difficulty sleeping even when your baby is settled, or being unable to return to sleep after waking
- **Appetite changes**, eating less and losing weight, or eating without enjoyment
- **Low energy and fatigue**, feeling exhausted and unable to manage everyday small tasks
- **Physical slowing or restlessness**, moving or speaking very slowly, or feeling unable to sit still
- **Hopelessness or thoughts of death**, feeling like things will not improve or that life is not worth living



Breastfeeding support

Breastfeeding is a skill that you and your pēpi learn together. It's common to need extra support while you both get the hang of it. For more information on what to expect, how to breastfeed, and how to manage common challenges, search *Breastfeeding* on healthnz.govt.nz.

If you need additional support:

- Search *Lactation Consultant Service* on plunket.org.nz or call PlunketLine (0800 933 922) for breastfeeding advice or to book a free video consultation.
- Ask your LMC or a DHC doctor or nurse for a referral to a lactation consultant.
- Search *Find a Lactation Consultant* on nzlca.org.nz or *Find Your Breastfeeding Support* on womens-health.org.nz to locate support services in your area. Services are usually free with a referral.

When you return to work, the NZDF will support you to breastfeed or express milk during work hours. Breastfeeding facilities are available at all major Bases and Camps.

For more information, refer to the [Parental Planning](#) guide. [The NZDF Guide to Exercise, Fitness and Physical Activity during and after Pregnancy](#) also provides advice on breastfeeding and exercise considerations.

Wāhine who are breastfeeding are typically non-deployable, as it can be difficult to meet breastfeeding needs in some military environments. In certain circumstances, arrangements may be possible to support participation in specific activities.



TOP TIP

Your DHC will continue to provide primary healthcare throughout your parental leave, including postpartum care after your LMC care ends.

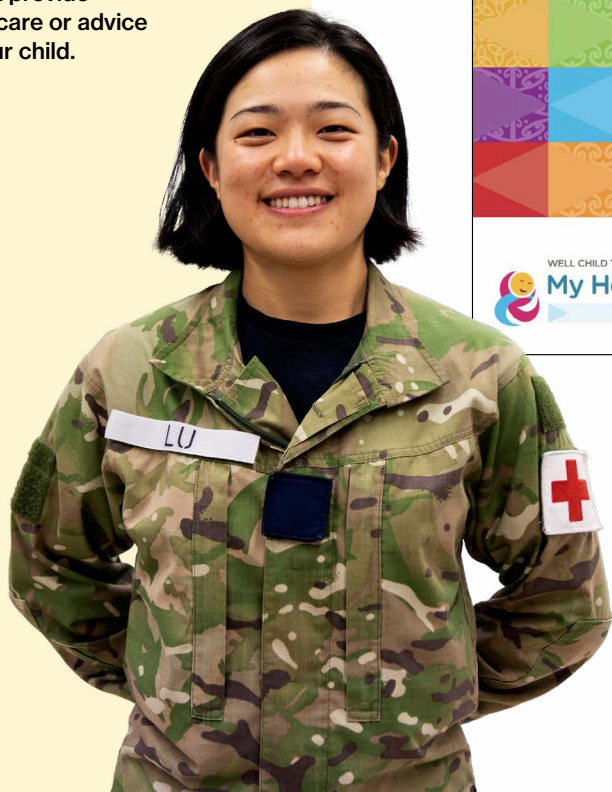
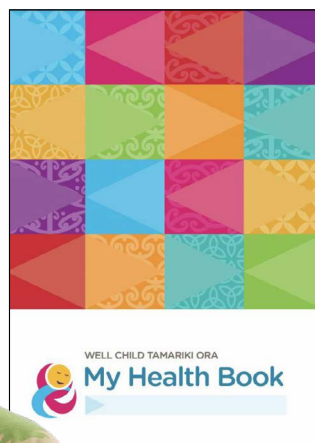
You are encouraged to book a check-up with a DHC doctor six weeks after giving birth, even if you have no specific concerns.

You are welcome to bring your baby to this appointment, but NZDF healthcare professionals cannot provide healthcare or advice for your child.

Healthcare after birth

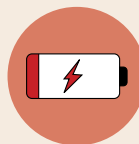
After giving birth you can expect around 5-10 home visits from your LMC. These visits provide support with feeding, baby care, your recovery, nutrition, and contraception.

Your LMC will help enrol your baby in the Well Child Tamariki Ora programme, which typically takes over your baby's care when your LMC care ends at around six weeks after birth. This programme provides free health visits for your child up to five years of age from providers such as Plunket, kaupapa Māori, and Pacific health services. You can find comprehensive information on your baby's healthcare and routine checks at plunket.org.nz.



Looking after yourself

The following tips may help you adjust to life as a new parent and support your recovery after birth.



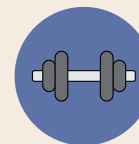
Sleep and fatigue

Prioritise sleep and rest when you can. Your whānau and friends may be able to help by taking turns overnight, particularly if you are expressing breastmilk (a range of pumps are commercially available) or using formula feed. If you are considering sharing a bed with your baby, it's important to do so safely – for guidance search *Bedsharing* on plunket.org.nz. For general sleep advice, search *Getting Enough Sleep* on plunket.org.nz.



Stay connected

Being away from the workplace can sometimes feel isolating and impact your wellbeing. Staying connected with your family, friends, colleagues, and support networks can help you adjust to life as a new parent. Your Camp or Base welfare team, including chaplains, social workers, and Defence Community Facilitator or for Navy, the Naval Welfare Liaison Manager or Family Support Officer, can provide extra support.



Physical capacity and injury risk

Pregnancy and childbirth can affect your strength, aerobic fitness, and joint stability. It's important to build back into physical training and exercise gradually, especially if you are experiencing pelvic floor symptoms, abdominal muscle separation, or other birth-related injuries. For more information, see the [NZDF Guide to Exercise, Fitness and Physical Training during and after Pregnancy](#).



Nutrition and hydration

Eating well and staying hydrated are important for healing, recovery, and – if you are breastfeeding – supporting milk production. Keep in mind that your body will need more calories and hydration to support your recovery and feeding your baby (if you choose to breastfeed). For more guidance, speak with your LMC, a DHC doctor or nurse, or search *Eating Well When Breastfeeding* on healthnz.govt.nz.

Returning to work

The NZDF offers phased return-to-work options and flexible working arrangements to support your return to work. For more information, see the [Parental Planning](#) guide.

Medical assessments and grading

The temporary medical downgrade you were given while pregnant will generally remain in place until you are medically reassessed by a DHC doctor on your return to work.

During the medical assessment, a DHC doctor will consider factors such as your physical recovery, mental health, breastfeeding needs, and any ongoing injuries or health concerns. This helps to determine any support, work adjustments, or restrictions that may be required. You will be reassessed at least every three months until you return to full operational duties.

KEY TAKEAWAYS

1 Preconception support is available.

If you're considering having a baby, an NZDF doctor or nurse can discuss ways to support your health and family planning.

2 Prioritise health and wellbeing during pregnancy.

Attend regular check-ups with your LMC and DHC, and work with your healthcare team and Command to ensure appropriate support and workplace adjustments are in place.

3 Prioritise recovery and wellbeing after giving birth.

Continue follow-up care with your LMC and DHC doctor, and draw on available support networks.



Perimenopause and Menopause

Perimenopause and menopause are natural life transitions that mark the end of menstruation and fertility. During this time, changing hormone levels can influence how you feel – physically, mentally, and emotionally – and may affect different aspects of daily life.

Every woman's experience is different. Some move through this transition with few symptoms, while others experience symptoms that require greater support and management. A supportive culture at home and work can make a big difference.

Understanding perimenopause and menopause can help you recognise symptoms and make informed decisions about managing them.

In this chapter, you'll find practical information on:

- Common signs and symptoms, and when to seek medical advice, pages 110-115
- Lifestyle strategies and treatment options, pages 116-117
- Military considerations, pages 117-118
- Long-term health considerations, pages 119-120



DID YOU KNOW?

In te reo Māori, menopause is referred to as ruahinetanga, a transition associated with wisdom, and leadership.

Postmenopausal women are often recognised as cultural leaders and knowledge-holders within whānau, hāpu, and iwi.



Scan the QR code to learn more



TOP TIP

For more information and resources, visit the Australasian Menopause Society (menopause.org.au) or search *Menopause* on healthify.nz.

PHASES OF MENOPAUSE

The transition into menopause doesn't happen overnight. Instead, it occurs in phases from perimenopause to menopause and postmenopause. This shift typically takes years to complete.



PERIMENOPAUSE

Usually 4 – 8 years

- Hormone levels change
- Symptoms may start
- Continues until 12 months after your last menstrual period



MENOPAUSE

Final menstrual period

- Confirmed after 12 months without a period
- End of reproductive years

When does menopause occur?

- **Typical:** 45-55 years
- **Early:** 40-45 years
- **Premature:** Under 40 years



POSTMENOPAUSE

The rest of your life

- Begins 12 months after your last menstrual period

UNDERSTANDING HORMONAL CHANGES

The transition from perimenopause to menopause and postmenopause involves changes in hormone levels. Two key hormones affected during this time are oestrogen and progesterone, which play an important role in reproductive and overall health, as shown on the right.

During perimenopause your ovaries release fewer eggs, which causes your hormones to change and fluctuate rather than follow a steady pattern. Oestrogen and progesterone usually decrease, but not evenly – they can rise and fall as shown in the image below. This can lead to irregular periods, cycles where no egg is released (anovulatory cycles), and perimenopause symptoms.

As you get closer to menopause, these hormones continue to drop. At menopause, your body stops releasing eggs, oestrogen levels stop cycling

Roles of oestrogen and progesterone

REPRODUCTIVE HEALTH



- Regulates the menstrual cycle
- Supports fertility and pregnancy
- Supports breast and reproductive tissue health

OVERALL HEALTH

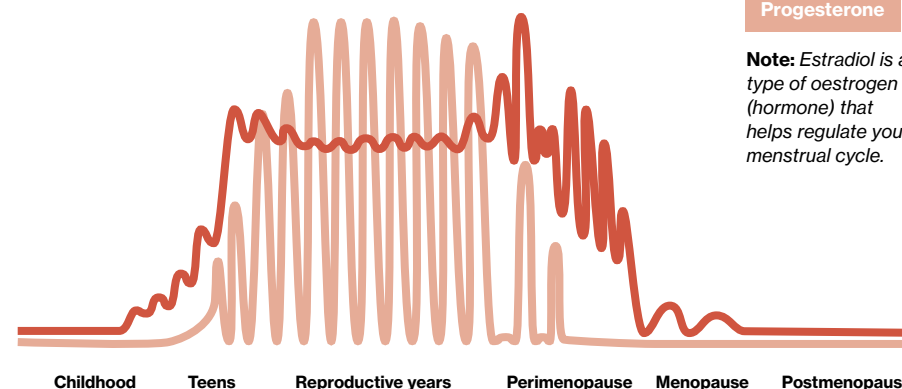


- Maintains bone strength
- Supports brain function and mood
- Helps regulate cholesterol and heart health
- Supports skin health
- Supports bladder and pelvic health

consistently, and progesterone is no longer produced.

In postmenopause, hormone levels stay low, periods stop permanently, and natural fertility ends.

Hormone changes across the female lifespan



Estradiol

Progesterone

Note: Estradiol is a type of oestrogen (hormone) that helps regulate your menstrual cycle.



TOP TIP

Contraception during perimenopause and menopause

You can still become pregnant during perimenopause, even if your periods are irregular. If you don't wish to conceive, contraception is recommended until menopause has been confirmed. If you are under 50 years of age, it is recommended that you continue to use contraception for two years after periods stop. If you are over 50, you need to use contraception for one year after your last period.

Hormonal contraception does not affect when perimenopause starts or how long it lasts. However, some methods can mask or cause side-effects that are similar to menopause symptoms, sometimes making the menopause transition harder to recognise. If you have questions about how your contraception may affect symptoms, speak with an NZDF healthcare professional.

PERIMENOPAUSE AND MENOPAUSE SYMPTOMS

During this transition, changing hormone levels affect the whole body and can lead to a wide range of symptoms. You may experience none, a few, or many of these.

Changes to your menstrual cycle are often one of the first signs of perimenopause, but some women notice other symptoms before their periods change. Symptoms can occur on their own but are often linked. For example, night sweats can lead to poor sleep and contribute to fatigue.

In postmenopause, symptoms may ease or stop entirely, although some women continue to experience symptoms for longer.



COMMON PERIMENOPAUSE AND MENOPAUSE SYMPTOMS

	Menstrual Cycle	- Irregular periods - Changes in period blood flow (e.g. lighter or heavier) - Shorter or longer cycles
	Temperature regulation	- Hot flushes (short, sudden feelings of heat, usually in the face, neck and chest, which can make skin red and sweaty) - Night sweats (hot flushes and sweating that occur at night) - Excessive sweating
	Cognitive	Problems with memory and difficulty concentrating (brain fog)
	Psychological /Emotional	- Mood changes - Irritability - Anxiety - Depression or feeling low
	Sleep and Energy	- Difficulty sleeping or daytime sleepiness - Unusual tiredness or fatigue
	Sexual Health	- Changes in sex drive (libido) - Vaginal dryness - Itching, discomfort, or pain during sex
	Heart and Circulation	- Palpitations (heartbeats that suddenly become more noticeable) - Light-headedness
	Aches and Pains	- Headaches - Joint stiffness, aches, and pains - Back pain (especially lower back) - Muscle pains - Sore breasts
	Body Composition Changes	- Weight gain - Reduced muscle mass
	Bladder and Urinary Changes	- Needing to urinate more often - Unwanted bladder leakage and recurrent urinary tract infections (UTIs) (see Chapter 4 <i>Urinary and Pelvic Health</i> for information on managing these)
	Skin, Hair and Scalp	- Changes to skin (dryness or itchiness) - Changes to hair (thinner, more brittle) - New or increased facial hair



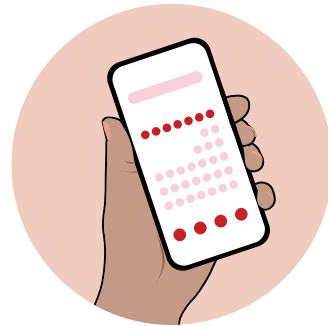
DID YOU KNOW?

Periods can reduce iron levels due to blood loss.

During perimenopause, hormonal changes can lead to heavier or more irregular periods, which may further lower iron stores over time.

To support healthy iron levels, eat a varied diet that includes iron-rich foods such as red meat, eggs, legumes, and leafy green vegetables.

If you experience heavy or prolonged bleeding (e.g. bleeding for more than eight days), or symptoms such as fatigue, weakness, or light-headedness, speak to an NZDF healthcare professional about iron testing.



Tracking your symptoms

Tracking your symptoms can help with diagnosis and management. Recording how often symptoms occur and how severe they are can help you monitor changes over time and provide useful information to discuss with an NZDF healthcare professional.

When should I seek help?

If you are experiencing symptoms of perimenopause or menopause, you don't need to wait until they become 'severe' to seek help. If your symptoms are affecting your wellbeing and daily life, speak with an NZDF healthcare professional. They can support you by:

- Confirming whether your symptoms are related to perimenopause or menopause, and ruling out other possible causes
- Discussing treatment options that suit your needs and goals
- Reviewing your overall health and discussing any associated risks, including how existing health conditions may affect your symptoms and how symptoms may impact your health and wellbeing



It is important you speak to an NZDF healthcare professional if you experience any of the following:

- Very heavy menstrual bleeding that requires you to change pads, tampons, menstrual cups, or period underwear many times a day
- Menstrual bleeding that lasts longer than eight days
- Bleeding between periods
- Periods that regularly occur less than 21 days apart

If you feel your symptoms are affecting your work performance, consider also speaking with your Command. This is especially important in safety-critical roles, where any health condition that may impact performance should be communicated and managed appropriately.

SYMPTOM MANAGEMENT

There are several options available to help manage symptoms of perimenopause and menopause. These include lifestyle changes, symptom-specific treatments, and non-hormonal and hormonal therapies (see below and page 117). Tracking your symptoms can help you monitor how they change after making lifestyle changes or starting treatments.

Speak to an NZDF healthcare professional about the benefits and risks of each treatment option. Together, you can choose the approach that best suits your needs. They can also recommend workplace adjustments that may help.

LIFESTYLE CHANGES

Examples	- Exercise regularly - Eat a healthy, balanced diet, and limit sugary foods and drinks and processed foods - Avoid triggers (e.g. caffeine, alcohol, spicy foods) - Use cooling options (clothing choices, fans) - Stop smoking and avoid vaping - Get enough quality sleep - Take time each day to relax and do something calming (e.g. deep breathing, a walk, or a hobby you enjoy)
Considerations	- Can help relieve hot flushes, poor sleep, low mood, and musculoskeletal symptoms - Benefits overall health
Risks	None

INDIVIDUAL SYMPTOM MANAGEMENT

Examples	- Certain medications and supplements can help manage specific symptoms - Cognitive Behaviour Therapy (CBT) can be helpful for low mood and anxiety
Considerations	- Can relieve specific symptoms - Typically not as effective as hormone replacement therapy (see page 117) - Suitable for women unable to take hormone therapy
Risks	Discuss suitable treatments and potential side-effects an NZDF healthcare professional

MENOPAUSE HORMONE THERAPY (MHT) previously known as Hormone Replacement Therapy (HRT)

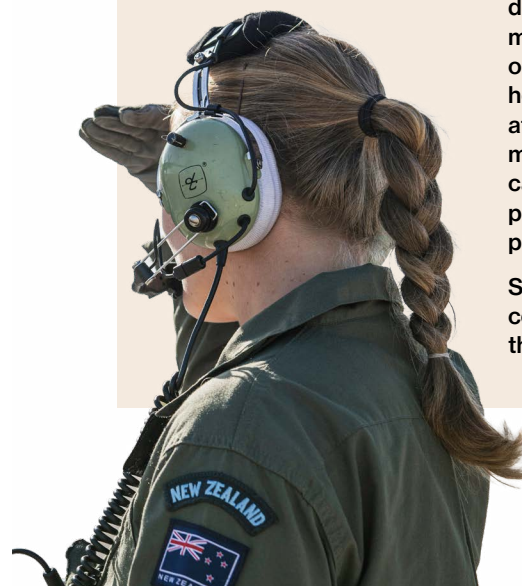
Examples	- Patches - Gels - Tablets - Hormonal Intrauterine Device (IUD)
Considerations	- Can be oestrogen +/- progesterone, which means the medication can contain oestrogen with or without progesterone - Can relieve symptoms by replacing the declining hormone levels - Can also reduce risk of cardiovascular disease, dementia, and osteoporosis - Funded by the NZDF
Risks	- Not suitable for women with certain medical conditions - Synthetic progesterone may carry a higher risk of cardiovascular disease, metabolic side-effects, and breast cancer compared with bioidentical progesterones, but this is generally associated with long-term use - Always discuss medical treatments and risks with an NZDF healthcare professional



Managing your symptoms in the military

Some military environments and operational demands can make perimenopause and menopause symptoms more noticeable or challenging to manage. Understanding how different work settings may affect symptoms – and using practical management strategies where possible – can help support comfort, wellbeing, and performance. Examples are provided on page 118.

Some strategies may not be practical in certain military environments, but utilising them where possible may be helpful.



Military Environment	Potential Challenges	Management Strategies
Operational military environments (e.g. field exercises, boats, aircrafts)	Limited privacy, disrupted sleep, reduced hygiene, and limited access to toilets	- Stay well hydrated - Carry spare underwear and period products - Identify toilet facilities and avoid delaying urination - Prioritise sleep during rest periods
Hot climates, Personal protective equipment (PPE) and/or heavy machinery	Hot flushes, excessive sweating, dehydration, and risk of heat illness	- Take regular breaks where possible - Maintain adequate hydration - Use cooling strategies where available - Wear breathable uniform layers if operationally appropriate
Cold climates	Multiple clothing layers can make hot flushes more uncomfortable, while sweating may increase the risk of becoming chilled	- Wear removable layers - Change damp clothing promptly where possible - Maintain hydration despite reduced thirst
Deployment or overseas posting	High operational demands, increased stress, and limited access to healthcare or prescribed medications	- Ensure an adequate supply of prescribed medications (e.g. MHT) before departure - Use stress management techniques (e.g. deep breathing, mindfulness, meditation, or gentle exercise) - Know how to access medical support
Shift work or night operations	Sleep disruption may worsen insomnia, fatigue, and mood changes	- After night work, focus on practising good sleep hygiene, search <i>Sleep Tips</i> on health.nzdf.mil.nz - Seek support from an NZDF health professional if sleep problems persist
Office/headquarters settings	Difficulty concentrating, warm office environments, headaches, fatigue, muscle aches, bone and joint pain, and prolonged sitting	- Adjust workstation temperature if possible (e.g. use a desk fan or window seat) - Work in a quiet area or utilise noise cancelling headphones if appropriate - Use reminders or note-taking to support memory - Take frequent movement breaks - Make adjustments to your workstation to improve comfort - Talk with your 1UP about other workplace arrangements that may improve your comfort

LOOKING AFTER YOUR LONG-TERM HEALTH

Changes in hormone levels during perimenopause, menopause, and postmenopause affect the whole body and can increase the risk of certain health conditions. This includes osteoporosis, breast cancer, diabetes, cardiovascular disease, obesity, pelvic organ prolapse, and urinary tract infections (UTIs).

Effects of hormonal changes during perimenopause and menopause on health

BRAIN AND MOOD



Oestrogen decline may affect memory, concentration, mood, and contribute to 'brain fog'

HEART HEALTH



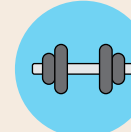
Oestrogen decline can increase the risk of cardiovascular disease

BONE HEALTH



Oestrogen and progesterone decline can reduce bone density, increasing the risk of osteoporosis and fractures

MUSCLE



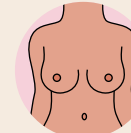
Oestrogen decline can reduce muscle strength, repair, and recovery

URINARY HEALTH



Oestrogen decline can affect bladder and vaginal health, leading to symptoms such as unwanted bladder leakage, vaginal dryness, and increased urinary tract infection risk (collectively known as genitourinary syndrome of menopause)

BREAST CANCER



Menopause does not cause breast cancer, but age and hormonal changes contribute to increased risk

There are a number of steps you can take to help reduce these health risks (see below). Many of the lifestyle strategies that support long-term health are also recommended for managing perimenopause and menopause symptoms, providing multiple benefits to your current wellbeing and future health.

Speak with an NZDF healthcare professional for more information about menopause-related health risks and how to reduce and manage them.

Strategies to help reduce risks

NUTRITION



Eat a balanced diet rich in protein, calcium, vitamin D, omega-3 fatty acids, and antioxidants to support brain, heart, bone, and muscle health.

EXERCISE



Participate in regular aerobic, strength, and weight-bearing exercise to support cardiovascular fitness, bone density, muscle mass, and overall wellbeing.

SLEEP



Aim for 7-9 hours of quality sleep each night to allow adequate recovery and support cognitive function, mood, and physical health.

HEALTHY LIFESTYLE

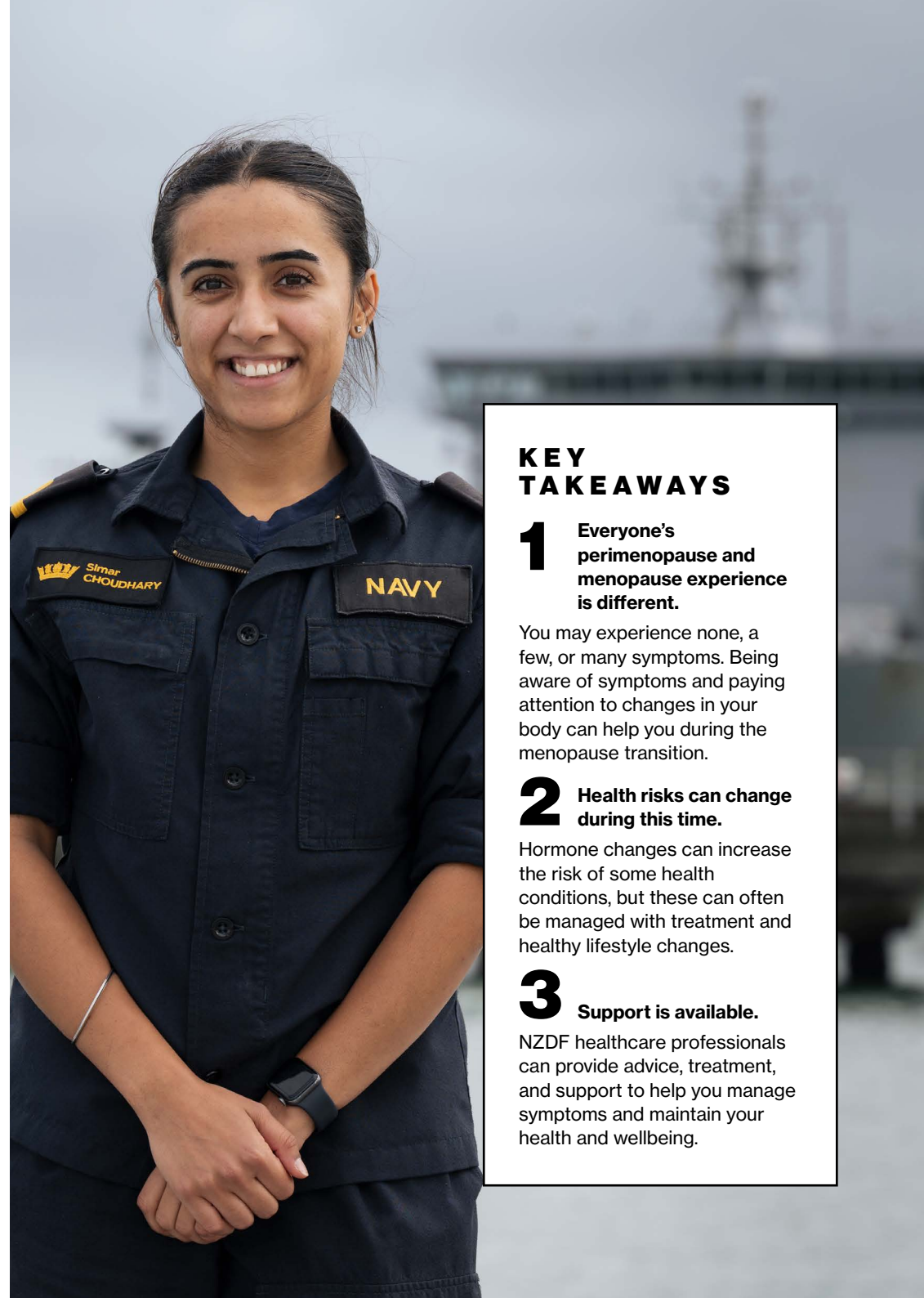


Avoid smoking and vaping, limit alcohol, and maintain a healthy body weight to help reduce the risk of disease.

MEDICAL SUPPORT



Seek regular medical advice about symptom management and treatment options. Attend recommended health checks, including heart and bone health assessments, seek early treatment for urinary symptoms, and participate in routine breast screening and other self-checks.



KEY TAKEAWAYS

1 Everyone's perimenopause and menopause experience is different.

You may experience none, a few, or many symptoms. Being aware of symptoms and paying attention to changes in your body can help you during the menopause transition.

2 Health risks can change during this time.

Hormone changes can increase the risk of some health conditions, but these can often be managed with treatment and healthy lifestyle changes.

3 Support is available.

NZDF healthcare professionals can provide advice, treatment, and support to help you manage symptoms and maintain your health and wellbeing.

ACKNOWLEDGEMENTS

This handbook has been developed in collaboration between Defence Science and Technology and the Defence Health Directorate. We value and appreciate the input, insights, and feedback provided by internal and external contributors, which have played an important role in shaping this handbook. We also extend our thanks to the UK Ministry of Defence for generously allowing us to adapt their Servicewomen's Health Handbook.

What's next

Research into women's health – including the health of military women – is increasing. As our understanding grows, we look forward to expanding the information and resources available on the Defence Health website (health.nzdf.mil.nz). Watch this space!

Send us your feedback

We hope this handbook has been both useful and informative, not only to our wāhine, but also for the commanders, colleagues, and whānau who support them.

If you have any comments, suggestions, or ideas, please email us at Integrated.Wellness@nzdf.mil.nz

Your feedback will help us improve future editions and develop new resources.



