

Women's Health

Women veterans are the fastest-growing population, making up 11.3% of the veteran population.¹

Women veterans face unique health-related challenges, specifically related to reproductive and mental health care.^{2,3} Even with equitable access to reproductive healthcare in the VA, racial and ethnic disparities exist.^{1,4} This impacts the estimated 43% of women veterans who belong to a racial or ethnic minority.^{1,4} The VA has created programs to help alleviate these disparities by using doulas in community-based care, which has garnered high levels of satisfaction from veterans.⁵ Other subgroups, such as women veterans with specific comorbidities like lupus and rheumatoid arthritis, face adverse maternal outcomes.⁶ Female veterans have also been found to have higher rates of military sexual trauma (MST) than male veterans.⁷ MST is related to several adverse health-related outcomes, such as gynecologic cancers.⁸ For older women veterans, menopausal hormonal replacement therapy has been shown to pose cardiovascular risks.⁹

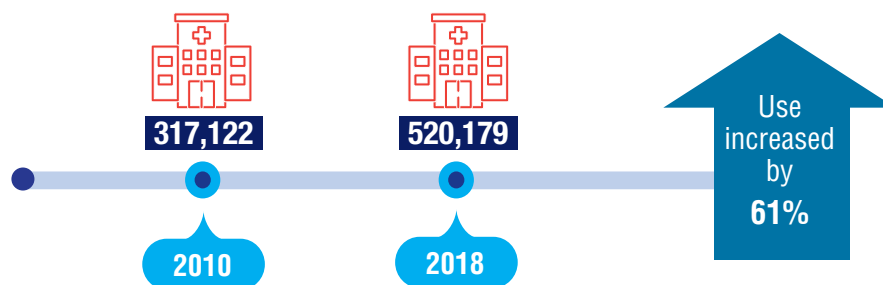
Reproductive and Sexual Health Services at the VA²



A 2025 study reported VA data from more than **800,000 women veterans** in 2010 and 2018 to assess the change in prevalence of reproductive and sexual health diagnoses.

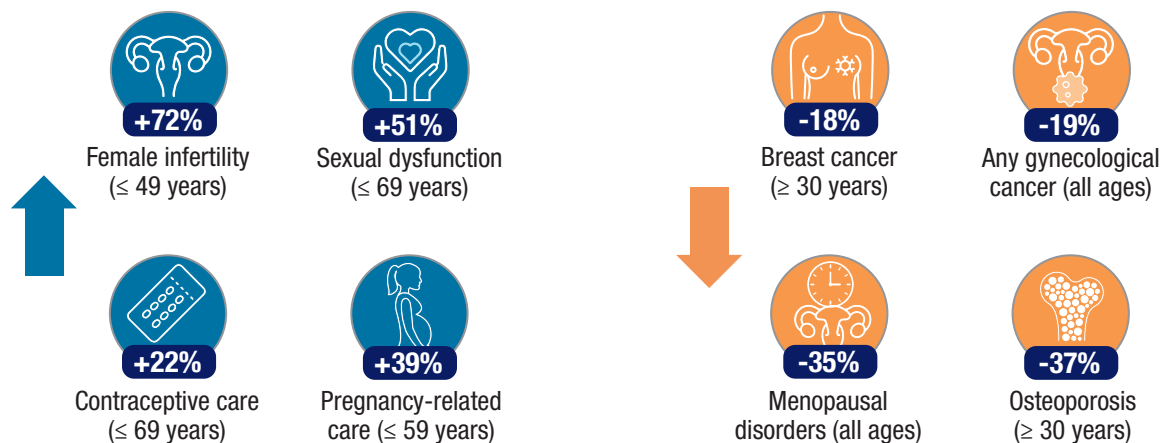
Use of VA Reproductive and Sexual Health Services

Number of women veterans



Change in Reproductive and Sexual Health Diagnoses

Age-adjusted percent difference in actual vs expected cases in 2018

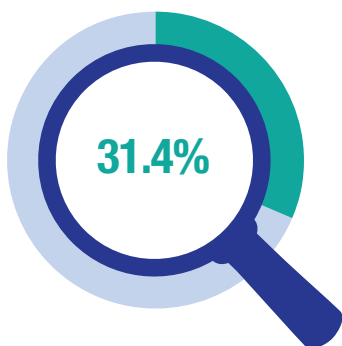


MST and Gynecological Cancer⁸



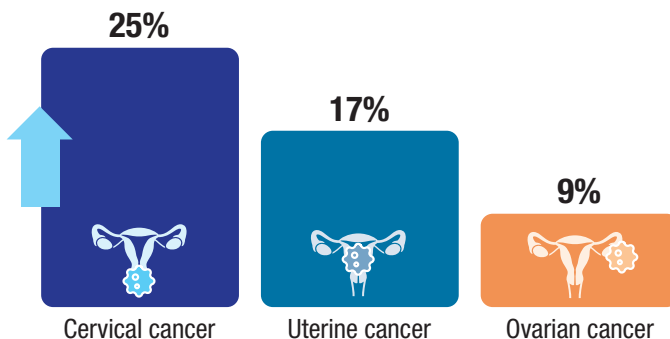
A **retrospective cohort study** of over 775,000 women veterans assessed whether a history of military sexual trauma (MST) is associated with gynecologic cancers in those who received care at the VHA from 2001 to 2023.

Women Veterans With Positive MST Screen

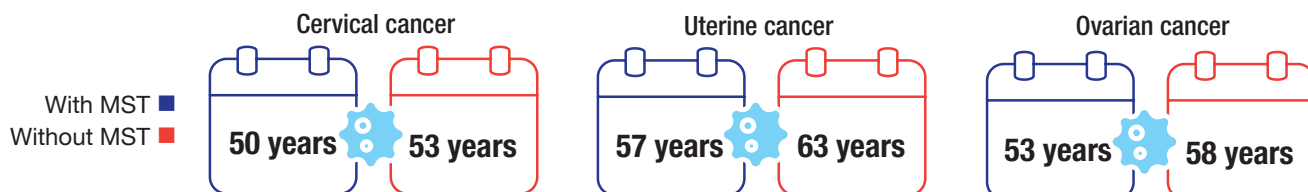


Increased Risk for Gynecological Cancers

In women veterans with MST; based on model adjusted for demographics, health behaviors, and clinical conditions



Average Age at Diagnosis of Gynecological Cancers

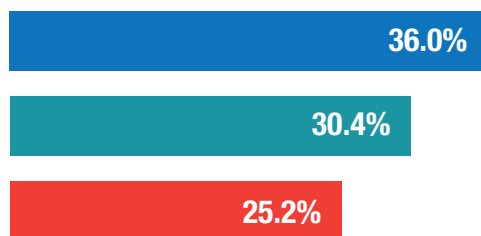


Maternal Morbidity in Veterans With Lupus and Rheumatoid Arthritis⁶

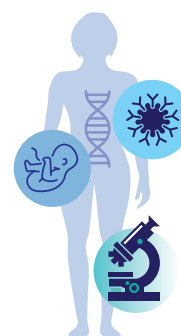
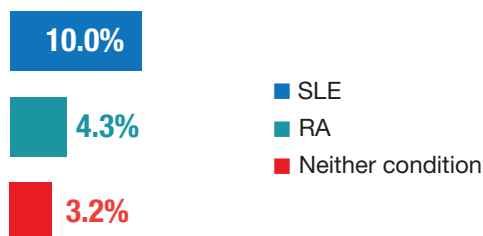


Researchers assessed maternal morbidity in more than 29,000 veterans aged 18 to 45 years who were diagnosed with systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), or neither condition. Nonlive births included stillbirth, ectopic pregnancy, and spontaneous abortion. Severe maternal mortality was calculated using CDC definitions and included during and up to 42 days after pregnancy.

Percentage of Nonlive Births



Severe Maternal Morbidity Rate

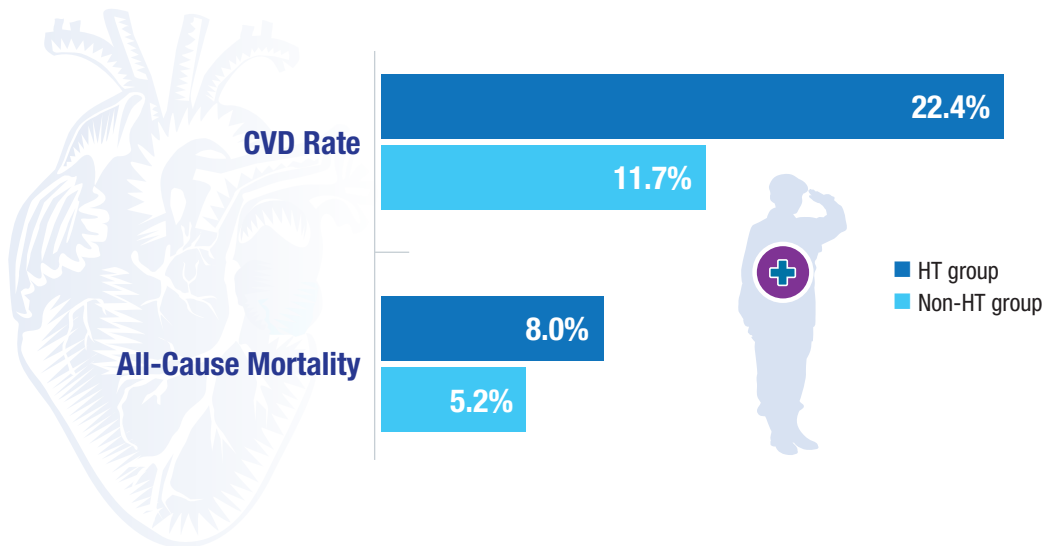


Severe maternal morbidity is well documented in SLE. Rates of maternal morbidity in this sample may have been further compounded by a high number of medical and psychiatric comorbidities (renal disease, hypertension, depression, etc) and a high representation of Black veterans (approximately 50%).

Menopausal HT and CVD in Women Veterans⁹



A study of women veterans aged 45 years and older (n = 241,943) investigated the association between menopausal hormone therapy (HT) and later CVD from 2000 to 2017. HT was defined as any estrogen product or combined estrogen-progestin, while CVD was defined as new onset of any of the following conditions: ischemic heart disease (IHD), stroke, heart failure (HF), atrial fibrillation/flutter (AF), aortic stenosis (AS), pulmonary hypertension (PHTN), venous thromboembolism (VTE), and peripheral arterial disease (PAD).



HT was associated with increased risk of....

Displayed as hazard ratios



1.74

Overall
CVD



2.05

IHD



2.52

Stroke



1.61

HF



1.50

AF



2.12

AS



1.44

PHTN



1.74

PAD



1.61

VTE



1.25

Death



The increased risk of CVD was seen across all ages of HT initiation in this study.⁹ Conversely, another recent analysis showed that HT did not significantly affect CVD risk in those aged 50 to 59 years.¹⁰ More studies are needed to better assess this relationship.