WG 2 (Preventive Medicine and Healthcare Policies)

Combat Field Healthcare Demands in Women Combatants During The "Iron Swords" War

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Background:
The number of women combatants in the Israel Defense Forces (IDF) has risen significantly. The “Iron Swords” war began on October 7, 2023.
Purpose:
This study compares healthcare demands, service utilization, and health-related dropout rates of women combatants during the war versus their male counterparts.
Methods:
We analyzed data from 10 gender-integrated IDF combat units (search and rescue, border defense) using health records. We assessed primary care visits, expert consultations, and health-related dropouts between October 2023 and June 2024, comparing them to the previous year. Chi-square tests were used for statistical comparisons.
Results:
A total of 3,814 women and 2,395 men participated, compared to 3,534 and 2,569 in the previous year. During the war, women had 660.1 primary care visits per 100 participants, up from 573.5 in peacetime, while men had 310.0 visits, up from 278.7. Expert consultations (excluding gynecology) were lower in wartime for both women (102.3 vs. 121.2) and men (69.1 vs. 80.6). Gynecologic consultations slightly increased (29.2 vs. 25.4 per 100).
Health-related dropout rates were lower for women than men (0.89% vs. 1.63%, p=0.001), including both mental (0.63% vs. 1.01%, p=0.088) and non-mental health reasons (0.29% vs. 0.62%, p=0.044).
Conclusions:
Despite increased medical visits during war, women did not show a disproportionate rise in healthcare needs. Women had lower health-related dropout rates than men, a trend consistent across mental and physical health categories.
Discussion:
The lower dropout rates among women combatants can indicate their ability to adapt to the physical and psychological demands of combat, challenging concerns about their long-term viability in these roles. Additionally, as medical visits increased for both genders, providing targeted medical and psychological support could further enhance soldier retention and operational effectiveness.

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Mother and Offspring Sequelae of Glucose Intolerance in Pregnancy

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Background:
Gestational glucose intolerance is a well-established risk factor for adverse perinatal outcomes, but its long-term implications for both mothers and offspring, particularly when glucose intolerance does not meet the formal criteria for gestational diabetes, remain unclear.
Purpose:
To explore the intergenerational impact of gestational glucose intolerance, particularly its association with offspring obesity and maternal type 2 diabetes, within a military and national healthcare framework.
Methods:
This study utilized linked national databases, including the Israel Defense Forces (IDF) military conscription dataset and Maccabi Healthcare Services (MHS). Pregnant women underwent a two-step gestational diabetes screening (50g GCT; 100g OGTT if abnormal). Glucose tolerance categories included normoglycemia, abnormal GCT with normal OGTT, impaired glucose tolerance (IGT; one abnormal OGTT value), and gestational diabetes. Long-term outcomes were assessed for 177,241 women and 33,482 mother-offspring pairs. Multivariate analyses adjusted for pre-pregnancy BMI, adolescent risk factors, and sociodemographic variables.
Results:
Among 177,241 women, 12% had glucose intolerance without meeting gestational diabetes criteria. Compared to normoglycemia, women with an abnormal GCT and normal OGTT had adjusted HR of 3.39 (95%CI, 2.77 - 4.16) for type 2 diabetes, those with one abnormal OGTT value had an adjusted HR of 9·11 (95%CI, 7·64–10·86); p<0·0001 and those with gestational diabetes had an adjusted HR of 24·84 (21·78–28·34); p<0·0001. In a cohort of 33,482 mother-offspring pairs, maternal glucose intolerance was associated with a higher prevalence of offspring being overweight and obesity in late adolescence. The prevalence of overweight/obesity increased across categories from 19% in normoglycemia, to 22% in abnormal GCT, 24% in gestational IGT, and 25% in gestational diabetes, (P < 0.0001).
Conclusions/Possible Implementations:
Gestational glucose intolerance, including categories not meeting the gestational diabetes threshold, was associated with increased risk for offspring overweight/obesity at late adolescence and conferred a high risk for the mothers of type 2 diabetes in young adulthood.