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OPNAV INSTRUCTION 6000.1C

From: Chief of Naval Operations

Subj: NAVY GUIDELINES CONCERNING PREGNANCY AND PARENTHOOD

Ref: (a) SECNAVINST 1000.10A
(b) OPNAVINST 5354.1E
(c) NAVMEDCOMINST 6320.3B
(d) NAVPERS 15560D, Naval Military Personnel Manual (MILPERSMAN)
(e) DOD Instruction 1342.19 of 13 Jul 92
(f) OPNAVINST 5100.23G
(g) OPNAVINST 6110.1H
(h) DOD 4165.63-M of Sep 93
(i) OPNAVINST 3710.7T
(j) NAVMED P-5055, Radiation Health Protection Manual
(k) BUMEDINST 1300.2A
(l) BUMEDINST 6320.72
(m) TRICARE Operations Manual, Section 3, 3.12A, Ch. 18
(n) Manual of the Medical Department (MANMED), Ch. 18
(o) BUMEDINST 6300.16
(p) NAVPERS 15665I, U.S. Navy Uniform Regulations
(q) BUMEDINST 6000.14
(r) NEHC-6260-TM-01, Reproductive/Developmental Hazards
(s) 10 U.S. Code, Section 701, subsection (i)
(t) DOD Memo of 10 Mar 2006 (NOTAL)
(u) DOD Instruction 1315.18 of 12 Jan 05
(v) ASD (HA) Memo of 26 Nov 2002 (NOTAL)
(w) DOD Directive 1010.10 of 22 Aug 03

Encl: (1) Guidelines for Pregnancy and Parenthood

1. Purpose. To revise Navy administrative guidance concerning pregnant naval personnel (hereafter identified as servicewomen) assigned to Navy units regarding the assignment, retention, separation, standards of conduct, and medical management of normal pregnancies per references (a) through (w). This policy addresses parenthood issues to include the adoption of an infant/child and single male servicemen as parents. These guidelines pertain to Active and Reserve Components. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 6000.1B.

3. Background

a. As indicated in reference (a), pregnancy and parenthood are natural events that occur in the lives of naval servicemembers and can be compatible with a successful naval career. There are responsibilities that come with parenthood, and for those in uniform, these responsibilities require consideration and planning due to military commitments. Naval servicemembers are expected to balance the demands of a naval career with their family plans and responsibilities.

b. The overriding concern for commanding officers (COs), supervisory personnel, and Health Care Professionals (HCPs) responsible for pregnant servicewomen is to provide for the health and safety of the servicewoman and her unborn child while maintaining optimum job and career performance. Policy and procedures are developed to provide administrative support and ensure the health and welfare of pregnant servicewomen, while minimizing the impact pregnancy and parenthood have on operational readiness. Pregnancy status will not adversely affect the career patterns of naval servicewomen. Additionally, pregnancy should not restrict tasks normally assigned to servicewomen, but may impact their ability to perform routine tasks associated with their current Navy Enlisted Classification (NEC) code and/or billet and may require temporary reassignment as appropriate.

c. The establishment and maintenance of work sites that allow servicewomen to perform their assigned tasks, without adverse job-associated consequences, are primary responsibilities of the command. Included is the elimination of detectable hazards and the prevention of occupational illness and injury.

4. Policy

a. Pregnancy and parenthood status must be made known to designated command officials while ensuring the servicemember's privacy.

b. Enclosure (1) provides a single source document for the management of pregnancy and servicemember issues associated with parenthood in the first year.

5. Action. All Navy COs, supervisory personnel, HCPs, and servicemembers will be made aware of this instruction in its entirety.

6. Forms

a. DD 689 (Mar 63), Individual Sick Slip is available online at website: http://forms.daps.dla.mil/order/.

b. SF 513 (Rev. 4-98), Medical Record Consultation Sheet is available online at website: http://hydra.gsa.gov/forms/.

c. NAVPERS 1740/6 (4-96), Department of the Navy Family Care Plan Certificate is available online (download at no cost) at website: http://forms.daps.dla.mil/order/.

d. NAVPERS 1740/7 (4-96), Family Care Plan Arrangements is available online (download at no cost) at website: http://forms.daps.dla.mil/order/.

e. NAVPERS 1070/613 (10-81), Administrative Remarks is available online (download at no cost) at website: http://forms.daps.dla.mil/order/.

f. NAVMED 6260/8 (12-2002), Occupational Exposures of Reproductive or Developmental Concern - Supervisor's Statement and NAVMED 6260/9 (12-2002), Occupational Exposures of Reproductive or Developmental Concern - Worker's Statement are available at website: http://navymedicine.med.navy.mil/default.cfm?selTab=Directives.

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GUIDELINES CONCERNING PREGNANCY AND PARENTHOOD

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FOREWORD

1. Users of this instruction are encouraged to submit recommended changes and comments to improve the publication. Comments should be keyed to the specific page, paragraph, and line of the text in which the change is recommended. Reasons for recommendations should be provided for each comment. Comments should be directed by letter to the Chief of Naval Operations (N134W) Washington, DC 20350-2000. Recommended changes regarding health care issues should be directed to Bureau of Medicine and Surgery (M332) Washington DC 20372-5300.

CHAPTER 1
PREGNANCY

101. Responsibilities

a. Commanding Officers (COs)

(1) Shall make every effort to ensure that pregnant servicewomen are not subjected to harassment, imposition of personal opinions, or infringement of legal rights per reference (b).

(2) Shall ensure servicewomen receive counseling once pregnancy has been confirmed. Counseling will include discussions on military entitlements to obstetrical (OB) care while on active duty per references (c) and (d), and Navy policy on worldwide assignability. Single parents and dual military servicemembers are required to sign NAVPERS 1740/6, Department of the Navy Family Care Plan Certificate and NAVPERS 1740/7, Family Care Plan Arrangements to appoint a guardian for their child(ren) per reference (e). Sample Pregnancy Counseling Form, appendix D, provided. Command counseling will be documented and recorded by service record entries. Servicemembers ordered to overseas duty should be counseled concerning a command's decision to sponsor or not sponsor their family member(s) per reference (d), article 1740-010.

(3) Shall advise servicewomen that requests for separation due to pregnancy will not normally be approved. In those cases where extenuating circumstances exist, requests for separation should be submitted with adequate lead-time, prior to the 20th week of pregnancy, to allow appropriate separation dates to be determined per reference (d), article 1910-112. Pregnant servicewomen requesting separation will be counseled on the limited medical benefits available after separation as per reference (d), articles 1740-030 and 1910-112.

(4) Shall ensure all pregnant servicewomen are afforded the opportunity for counseling by an occupational HCP, if requested, per reference (f).

(5) Shall ensure that pregnant servicewomen are not adversely evaluated or receive adverse fitness reports/ evaluations as a consequence of pregnancy. Additionally, no

comment on the pregnancy shall be made in the comments section. Weight standards exceeded during pregnancy through 6 months postpartum are not cause for adverse fitness reports/ evaluations. Pregnant servicewomen who have recently delivered, who are otherwise fully qualified for and desire reenlistment, but who exceed acceptable weight standards per reference (g) will be extended for the maximum of up to 6 months after delivery.

(6) Shall authorize, if requested, a pregnant servicewoman to occupy off-base housing and be paid Basic Allowance for Housing (BAH) up to her 20th week of pregnancy, per reference (h). From the 20th week onward the host commander must approve a request to occupy off-base housing.

b. Health Care Professionals (HCPs)

(1) Are responsible for ensuring the privacy of the servicewoman while at the same time safeguarding both her welfare and that of the unborn child.

(2) Will provide written notification (appendix A) to the servicewoman's CO, upon confirmation of a pregnancy.

(3) Should be familiar with and utilize the Department of Defense/Veteran's Administration (DOD/VA) Uncomplicated Pregnancy Clinical Practice Guideline (DOD/VA UPCPG) (available at http://www.guideline.gov/) to provide the best evidence-based perinatal care to servicewomen.

(4) Should be familiar with the administrative and command requirements relating to pregnant servicewomen.

(5) Shall monitor the health of a servicewoman to determine if modifications to duty (i.e., Sick in Quarters (SIQ), Obstetrical (OB) Quarters, Convalescent Leave (CONLV)) are warranted.

(6) Will provide timely guidance on work restrictions and the most effective job utilization of a pregnant servicewoman in order not to cause undue stress on her or her unborn child. The HCP should refer to occupational health professionals when there is a concern about exposure to chemical or toxic agents, environmental hazards, positive responses on

the mandatory questionnaires (appendices B and C), or when clinically indicated.

c. Occupational Health Professionals. Will support COs in fulfillment of their responsibilities to provide a safe and healthy workplace for pregnant servicewomen. Depending on the circumstances and information required, the appropriate occupational health professional might be an occupational medicine physician, industrial hygienist, occupational health nurse, lactation consultant, audiologist, radiation health officer, toxicologist, or environmental health officer.

d. Patient Administration. Shall counsel separating pregnant servicewomen about their options available for OB care and document this counseling on the servicewoman's NAVPERS 1070/613, Administrative Remarks, page 13.

e. Servicewomen

(1) Are expected to plan a pregnancy in order to successfully balance the demands of family responsibilities and military obligations.

(2) Shall seek confirmation of pregnancy by a military HCP or civilian HCP in cases of inaccessibility to a military treatment facility (MTF).

(3) Shall notify their CO or officer in charge (OIC) of a pregnancy as soon as possible, but no later than two weeks after diagnosis. This will facilitate planning a replacement requisition if the servicewoman is in a seagoing/deployable billet.

(4) Shall report as soon as possible to the supporting MTF to establish a prenatal care program.

(5) Are expected to perform military duties within the limits established by their condition.

(6) Will comply with work site and task-related safety and health recommendations made by appropriate occupational health professionals, including the use of personal protective equipment.

(7) Have the same rights and responsibilities and are subject to the same administrative and disciplinary actions as all other naval personnel. A servicewoman under court-martial charges or sentence of court-martial, who is certified as pregnant by a military HCP, may be discharged only with the written consent of the officer exercising general court-martial jurisdiction over her.

(8) In the Reserve Component (RC), those who receive orders must provide documentation of approval by their OB HCP prior to participation in active duty functions.

f. Navy Environmental Health Center (NAVENVIRHLTHCEN). Will maintain a current list of potential reproductive hazards based on professional review of the literature and analysis of available data, per reference (f). NAVENVIRHLTHCEN will provide guidance to medical departments on criteria for requesting occupational health consultation and will also provide reproductive hazard guidance on request or when indicated.

g. Medical Treatment Facility (MTF)/Fleet Industrial Hygienists. At the time of a baseline industrial hygiene site survey, and during any survey updates, the presence of possible reproductive and lactation hazards will be evaluated, including potential exposure to agents on the NAVENVHLTHCEN list. Any positive findings will be brought to the attention of the CO or Safety Officer and Senior Medical Department Representative (SMDR).

h. Type Commander (TYCOM)/Afloat Industrial Hygiene Officer (IHO). IHOs having cognizance over ships billeted with servicewomen will evaluate the presence of shipboard reproductive hazards periodically and make recommendations to the CO and the SMDR. The SMDR should request an evaluation when interpretation of individual and group exposure data involving pregnant servicewomen is needed.

i. Commander, Naval Air Forces will ensure that procedures for managing requests for flight waivers are disseminated throughout the aviation community per reference (i).

j. Bureau of Medicine and Surgery (BUMED) will develop, maintain, and promulgate policy regarding the medical management

and medically related administrative issues concerning pregnant servicewomen.

k. Chief of Chaplains of the Navy/Director of Religious Ministries (CNO (N097)) will ensure that the Chaplains School curriculum includes subject matter to prepare chaplains to provide counsel and advice from a spiritual perspective concerning issues of faith and character, parental responsibilities, personal decisions, and care values per reference (a).

l. Office of the Judge Advocate General (Code 13) will coordinate to ensure that appropriate judge advocates provide legal assistance relating to options in establishing paternity, obtaining child support, and adoption.

m. Naval Education and Training Command (NETC) will ensure training in sexually responsible behavior is conducted for officer and enlisted accessions. Additionally, NETC will ensure this topic is included in the General Military Training (GMT) plan.

102. Workplace Assignment and Medical Considerations

a. Few restrictions are required in an uncomplicated pregnancy of a physically fit servicewoman working in a safe environment. The servicewoman shall not be assigned to duties where she is a hazard to self or others. A pregnant servicewoman's duties/occupation may cause or exacerbate symptoms such as lightheadedness or nausea. In consultation with the appropriate HCP, the CO shall determine medical and work assignment limitations. Results of the industrial hygiene site survey, evaluation of the occupational HCP, or recommendations of the OB HCP may indicate the need for reassignment or work restriction(s) per reference (f).

b. The command should ascertain whether the work site has had an industrial hygiene site survey. If the setting has not had a recent industrial hygiene site survey, temporary removal of the pregnant servicewoman from an industrial setting may be indicated; consult with an occupational HCP for evaluation of the site survey.

c. The Occupational Exposures of Reproductive or Developmental Concern questionnaires as required by reference (f) (appendices B and C) shall be completed by the pregnant servicewoman and command supervisory personnel knowledgeable of the servicewoman's workplace. If potential for exposure to a developmental hazard is present in the workplace, or if naval activities have not determined the possibility of such potential, the command shall arrange for an occupational HCP to evaluate the servicewoman as soon as possible. If the most recent industrial hygiene site survey documents that no potential for exposure to a developmental hazard exists in the workplace, an occupational medicine evaluation should occur if either the pregnant servicewoman or the CO requests it. A copy of the appropriate sections of the completed evaluations should be placed in the servicewoman's medical record and in the servicewoman's command safety office. Additional limitations will require the judgment of the CO in consultation with the HCP and the occupational health professional.

d. The pregnant servicewoman may be allowed to work shifts.

103. General Limitations

a. General limitations fall into the following categories:

(1) Medical. After confirmation of pregnancy, a pregnant servicewoman shall be exempt from:

(a) The physical readiness program (PRP) during pregnancy and for 6 months following delivery. (Refer to Exercise sections 108 and 205).

(b) All routine immunizations except as indicated in section 107c of this instruction.

(2) Ergonomic. An ergonomic restriction would apply when a pregnant servicewoman's physical configuration/abilities preclude her from continuing with specific activities. The safety office can be requested to provide an ergonomic assessment of the pregnant servicewoman's workplace, if there are any concerns. Pregnant servicewomen shall be exempt from:

(a) Standing at parade rest or attention for longer than 15 minutes.

(b) Lying in the prone position for a prolonged period.

(c) Participating in weapons training, swimming qualifications, drown-proofing, diving, and any other physical training requirements that may adversely affect the health of the servicewoman/fetus (refer to Exercise, section 108).

(d) Lifting greater than 25 pounds.

(e) Working in one position for prolonged periods.

(f) Performing prolonged work at heights (such as on ladders and step stools).

(g) Exposure to excessive heat or vibration.

b. An OB HCP may recommend light duty to the CO any time that it is determined to be medically necessary. Pregnant servicewomen may be placed in a light duty status at the 36th week of pregnancy until term, unless clinical circumstances indicate otherwise. Additionally, light duty may be prescribed for a maximum of 2 weeks for those servicewomen having completed CONLV, who are ready to report to the command, but can work only part-time.

c. During the last 3 months of pregnancy (weeks 28 and beyond) the servicewoman shall be:

(1) Allowed to rest 20 minutes every 4 hours (sitting in a chair with feet up is acceptable).

(2) Limited to a 40-hour work-week. The 40 hours may be distributed among any 7-day period. Pregnancy does not preclude watch standing responsibilities, but all hours shall count as part of the 40 hour per week limitation. In instances where the unit work week/watch standing requirements exceed 40 hours, the CO, in consultation with the HCP, must be informed and approve, on a case by case basis, extension of the servicewoman's work week beyond 40 hours. The servicewoman may request a waiver to extend her hours beyond the stated 40 hour week, if she is physically capable and her OB HCP concurs with the request.

(3) Environmental. The work environment may present potential health hazards. The occupational HCP will determine appropriate restrictions as detailed in section 101.

(a) The pregnant servicewoman may be exposed to applicable Permissible Exposure Limits (PELs) to Radio Frequency (RF) Radiation in the range of 3 kilohertz to 300 Gigahertz per reference (f). No special RF exposure limits or additional restrictions are imposed in the case of pregnancy.

(b) The pregnant servicewoman may be occupationally exposed to ionizing radiation, but this exposure shall be as low as reasonably achievable. Navy specific procedures for managing declared pregnant radiation workers are provided in reference (j), chapter (5).

(c) Exposure to chemical or toxic agents/environmental hazards that are determined unsafe by the occupational health professional or the OB HCP should be avoided. Areas with other questionably harmful effects such as chemical, biological, radiological, and nuclear effects (CBRNE) training should also be avoided.

104. Assignments

a. Transfer. All transfer (permanent change of station (PCS), temporary additional duty (TEMADD), etc.) assignments are deferred for a period of 12 months following delivery unless the servicewoman requests earlier rotation, in which case a waiver is required (refer to Waiver, section 105). Earlier assignment to a non-deployable unit is acceptable, if the billet is a "hot fill." The purpose for the delay is to allow the servicewoman time to regain her physical strength and stamina in order to perform the duties commensurate with her rate/rank. The 6-month waiver from PRP participation will remain in effect.

b. Continental United States (CONUS) Assignment. Pregnant servicewomen may be assigned in CONUS without restriction provided they do not have to fly after the 36th week of pregnancy.

c. Outside Continental United States (OCONUS) Assignment

(1) Navy Personnel Command (NAVPERSCOM) shall limit overseas assignment as feasible, consistent with manning and readiness considerations. No servicewoman may be assigned overseas or travel overseas after the completion of the 28th week of pregnancy. Suitability screening for overseas duty, if properly conducted under procedures outlined in reference (k), ensures that the assignment and transfer of pregnant servicewomen conform with the following guideline: Pregnant servicewomen in a shore billet in the 48 contiguous states, and assigned to an overseas duty station/geographically isolated duty station who have not reached their 28th week of pregnancy, may be assigned for duty at an overseas installation except when any of the following conditions exist:

(a) Adequate civilian/military medical facilities with OB capabilities (equivalent to American College of Obstetricians and Gynecologists (ACOG) Guidelines) to provide care as required by reference (l) are not available.

(b) The servicewoman intends to place the infant for adoption. In these cases the servicewoman will not be eligible for overseas/isolated duty until after CONLV and adoption requirements are completed.

(c) Base or alternate civilian housing is not available.

(2) Pregnant servicewomen will not be assigned to units that are deploying during the period from the 20th week of pregnancy through 12 months after the servicewoman's expected date of delivery and any additional deferment time as determined by HCP.

(3) Servicewomen who are pregnant at the time of transfer will not be assigned to mandatory unaccompanied overseas duty stations or geographic locations that require the use of government quarters, or areas that have inadequate OB/GYN facilities. Pregnant servicewomen will be deferred from overseas duty if they are in an advanced stage of pregnancy greater than 28 weeks.

(4) Servicewomen deferred from overseas transfer due to pregnancy will have their projected rotation date (PRD) adjusted to remain at their current duty station until 12 months following delivery. If conditions exist at their current duty station which preclude this extension, the servicewomen will be assigned temporary duty to another command for the same time period. They will be assigned per the normal sea/shore rotation pattern at their adjusted PRD.

(5) Pregnant servicewomen stationed at an overseas duty station with adequate OB care and available housing (government or community) will remain at their current duty station. Pregnant servicewomen stationed at an overseas duty station without available housing (government or civilian) or adequate OB care, will be reassigned prior to the 20th week of pregnancy.

e. Specific Assignments

(1) Initial Training. Servicewomen with pregnancies that existed prior to entrance (EPTE) or certified during initial training (e.g., recruit training or officer candidate school (OCS)) shall be denied entrance or discharged as unqualified for military service per reference (d), article 1740-020. When certified as EPTE, the members shall be discharged without maternity benefits. The initial permanent duty station has the authority to discharge pregnant servicewomen when it is medically determined that they became pregnant during initial training. Discharged servicewomen shall not be prohibited from applying for reenlistment per current directives.

(2) Shipboard

(a) Pregnant servicewomen may remain onboard up to the 20th week of pregnancy.

(b) A pregnant servicewoman shall remain onboard if the time for medical evacuation to a treatment facility capable of evaluating and stabilizing OB emergencies is less than 6 hours. The 6-hour rule is not intended to allow pregnant women to operate routinely at sea, but rather to provide the CO flexibility during short underway periods (i.e., local operations such as changes in ship's berth, ammunition anchorages, and transits to and from local shipyards).

(c) For enlisted servicewomen, COs shall ensure the enlisted availability report includes the date the pregnant servicewoman will be in her 20th week of pregnancy, the date replacement required, and in the case of deploying units, the date of deployment. For officers, COs should notify the command placement officer as soon as possible for relief and transfer of the officer.

(3) Aviation Squadron

(a) Reference (i) discusses the considerations and requirements in regard to pregnant flight personnel.

1. Pregnancy is considered disqualifying for designated flight status personnel. However, waivers may be requested up to the beginning of the third trimester (28th week). Flight personnel may be waived to permit flight in transport, maritime, or helo type aircraft with a cabin altitude of less than 10,000 feet. No solo flight or ejection seat flight will be considered for waiver. Designated Naval Aviators (DNA) are waived to service group III (SG III) only. Pregnancy must be uncomplicated.

2. Close flight surgeon follow-up is mandatory. Ergonomic factors must be observed and flight status altered if the member cannot safely perform her duties due to the confines of the aircraft.

(b) COs should ensure an enlisted availability report is submitted indicating the requested detachment date for enlisted servicewomen who become pregnant while assigned to sea duty aviation squadrons due for deployment. For officers, COs should notify the command's placement officer for relief and transfer of the officer.

(4) Reporting or Assigned as a Student

(a) Assignment of a pregnant servicewoman will be handled on a case-by-case basis. Consideration must be made for the course content and the limitations discussed in sections 101c through 102.

(b) If a servicewoman becomes pregnant during training, the CO of the training command will determine if she

can complete her training, as per section 104.e.(4)(a). When disenrollment is required, it will be necessary to determine when training can be terminated. If possible, training will be terminated at a point academically feasible for the service member to reenter the training at a later date, without having to complete previously completed portions of training. Based on this information and the projected delivery date, the CO of the training command will determine the disenrollment date.

(c) If disenrolled, the pregnant servicewoman will be returned to her parent command until fully recovered, if TEMADD. If under PCS orders, final disposition will be determined by NAVPERSCOM (PERS-4).

(d) After returning to full duty, a servicewoman disenrolled for pregnancy will be afforded the opportunity to complete her training, consistent with manning and readiness conditions. NETC will determine if enrollment will be necessary for the entire course of instruction or only for the portion lost as a result of disenrollment for pregnancy.

105. Waivers

a. General. A waiver procedure has been established for use in unique circumstances. If the circumstances warrant, a servicewoman's CO may request a waiver on her behalf.

b. Assignment Waiver Request. Requests for a waiver of pregnancy policy assignment restrictions shall be submitted promptly to NAVPERSCOM (PERS-4) for officers and rated personnel, or Personal Readiness and Support Branch (PERS-4013) in the case of non-designated Seaman/Airman/Fireman (SN/AN/FN). The appropriate Detailing Branch Head will screen the request and make the final determination regarding assignment eligibility. A medical waiver request should contain all information required by NAVPERSCOM (PERS-4 or PERS-4013), along with the following information:

(1) Narrative of condition including number of weeks of gestation, present condition, special treatment requirements and any anticipated future requirements other than normal delivery.

(2) Results of specialty consultation that include the medical officer's estimate of the servicewoman's ability to

perform assigned duties, and when such duties should be terminated prior to the expected date of delivery.

(3) If the member is due to be stationed overseas, the availability of medical care must be determined. This would include the facility's ability to manage the servicewoman's prenatal care, delivery, postnatal care, and care of the infant.

c. Aviation Waiver. Waiver requests should be submitted per the procedures defined in Navy Aeromedical Reference and Waiver Guide to Chief of Naval Operations (N88) and NAVPERSCOM (PERS 43B) via Naval Operational Medicine Institute Detachment, Naval Aerospace Medical Institute (NAVOPMEDINST DET NAVAEROMEDINST), Pensacola, FL (Code 42). Additionally, NAVOPMEDINST DET NAVAEROMEDINST (Code 42) will be notified upon termination of pregnancy.

d. Postpartum Deferment Waiver. Postpartum deferment waiver requests should be signed by the attending OB HCP and forwarded from the servicewoman's CO to NAVPERSCOM per section 105(b).

106. Evacuation of Pregnant Servicewomen

a. If noncombatant evacuation is ordered in any area, all pregnant servicewomen who have reached the 20th week of pregnancy will be evacuated as noncombatants.

b. The area commander will make the decision whether to evacuate servicewomen in the earlier (less than 20 weeks) stages of pregnancy. The area commander will consult with available medical authority and base a decision on:

(1) Ability of the pregnant servicewoman to perform in her specialty.

(2) Capability of field medical (or other support unit) to perform emergency OB care.

(3) Requirement for duties.

(4) Nearness of the hostilities.

(5) Welfare of the unborn child.

c. Medical evacuation methods will not be used for pregnant servicewomen unless directed by a medical officer.

d. Pregnant servicewomen who are evacuated will be reported to and reassigned by NAVPERSCOM (PERS-4).

107. Provision of Healthcare

a. OB Care

(1) In Vicinity of Servicewomen's Commands. When pregnant servicewomen remain at their duty stations, OB care will be provided at the designated MTF, provided it has OB care capability and the servicewomen reside in the facility's catchment area. If that MTF does not have OB care capability and there is no other MTF with this capability serving the catchment area, servicewomen may choose a TRICARE network provider, if available. If no network providers are available, then servicewomen may choose any TRICARE authorized provider to deliver in a civilian hospital closer to their residence, or travel to the nearest or most accessible MTF for delivery. See references (c), (j), and (l) for procedures relative to receipt of payment for civilian care. Following delivery and upon discharge from either the military or civilian inpatient facility, the servicewomen will be granted CONLV based on specific medical indications. Reference (d), article 1050-180 and section 107 of this instruction provide guidance for the granting of convalescent leave.

(2) While in a Leave Status. If servicewomen request to have the delivery or other OB care at a location outside of the MTF catchment area or away from the network provider or TRICARE authorized provider while in a leave status, there must first be a referral and authorization from the member's Primary Care Manager (PCM), even if the intention is to utilize another MTF. The PCM's referral and authorization are required for the TRICARE Managed Care Support Contractor to pay for authorized civilian healthcare services.

(a) Prior to approving such leave, the servicewoman's CO shall ensure that the servicewoman has received counseling, which may include the local Beneficiary Counseling and Assistance Coordinator (BCAC) with regard to prenatal and postnatal care available in her leave area or

TRICARE Managed Care Support Contractor's Health Benefits Advisor. Leave status can be terminated only when determined medically necessary by a military HCP. Normally, this should occur at the time of admission for delivery.

(b) When a servicewoman has been granted leave to cover the period of an imminent delivery, the servicewoman should request a copy of her complete prenatal care records from the OB HCP. The OB HCP should note in the record whether the servicewoman is medically cleared to travel. The servicewoman will obtain a statement bearing the name of the MTF (may be a Military Medical Support Office (MMSO)) having medical responsibility for the geographic area of the patient's leave address from the Patient Administration Department. If the servicewoman is receiving prenatal care from other than a MTF, she should avail herself of the services of the nearest BCAC or TRICARE Managed Care Support Contractor's Health Benefits Advisor to affect the forestalled services. This statement should be attached to the approved leave request. The command should determine if the requested MTF can provide treatment prior to approval.

(3) Civilian OB care for the servicewoman includes all charges for the servicewoman and the newborn as long as the mother remains hospitalized. If the infant must remain in or is transferred to a civilian hospital after discharge of the mother, the infant's admission or transfer costs shall be cost shared under TRICARE, per reference (m). The servicewoman should use the services of the nearest BCAC or TRICARE Managed Care Support Contractor's Health Benefits Advisor for detailed information regarding health benefits for the infant(s).

(4) Upon discharge from the civilian hospital following delivery, the mother will be granted CONLV by the MTF listed on the statement attached to her leave request or by the cognizant MMSO per section 107. The period, if any, between expiration of CONLV and the servicewoman's return to her parent organization is chargeable as regular leave.

b. Hospitalization. When it becomes necessary to hospitalize a pregnant servicewoman because of complications or the onset of labor, the MTF or MMSO will notify the servicewoman's command, citing the medical indication which

warranted her hospitalization per reference (c) for notification requirements.

c. Immunizations. The benefits of immunizing women usually outweigh the potential risks when the likelihood of disease exposure is high and when infection would pose a risk to the mother or fetus. Pregnant servicewomen may routinely receive tetanus-diphtheria toxoid, polyvalent influenza vaccine, hepatitis B vaccine, and meningococcal vaccine. For other vaccines, immunize according to the Centers for Disease Control and Prevention (CDC) General Recommendations on Immunization (available at www.cdc.gov/nip/publications/preg_guide.htm) and in consultation with the servicewoman's OB HCP.

108. Exercise. Per ACOG and the DOD/VA Uncomplicated Pregnancy Clinical Practice Guideline (DOD/VA UPCPG), servicewomen with uncomplicated pregnancies should continue to perform an individualized exercise program that incorporates regular mild to moderate exercise in sessions of 30 minutes duration, three or more times per week during the pregnancy. The exercise program should be based on pre-pregnancy activity level and be approved by the OB HCP. Pregnant servicewomen should not participate in push-ups or sit-ups. Pregnant servicewomen should not engage in scuba diving, high-altitude (>10,000 feet above sea level) activities, contact sports, or activities that carry increased risk of falling or risk for abdominal trauma during pregnancy.

109. Disposition of Complicated/High Risk Pregnancies. Some pregnant servicewomen require significant amounts of time away from the work environment (i.e., past history of multi-problem pregnancy, bleeding or threatened abortions). In these instances, it is not unusual for the OB HCP to order the servicewoman to bed rest for extended periods, or until delivery. If this impacts the command adversely, the following disposition alternatives may be utilized:

a. Medical Holding Company (MHC). MHCs may be utilized for those requiring extraordinary time in an OB-Quarters status. Placement on temporary duty (TEMDU) in a MHC by a MTF enables the parent command to request a relief. Time limitations for remaining in a MHC are waived for pregnant servicewomen. Once admitted to a MHC, the servicewoman should be assigned duties

commensurate with the physical limitations directed by her OB HCP per reference (n).

b. Referral to Medical Evaluation Board (MEB)/Limited Duty (LIMDU). Convening a MEB for the purpose of placing a servicewoman in a LIMDU status is rarely indicated for pregnancy. Only when a medical condition arises that would otherwise prompt referral to an MEB in a non-pregnant servicewoman (i.e., ruptured anterior cruciate ligament) should the case be referred to an MEB.

c. OB-Quarters Status Policy. Pregnant servicewomen requiring extended bed rest who do not reside in the barracks must be seen by their OB HCP at least weekly and may be placed in OB-Quarters status at home. The OB HCP must certify specifically that OB-Quarters is prescribed. A pregnant servicewoman will not be placed in an OB-Quarters status solely on the basis of pregnancy (i.e., no complications or extenuating circumstances). The medical condition of the servicewoman must dictate the length of time she should be allowed to remain in OB-Quarters status. Accordingly, the normal 72-hour time limit for SIQ patients is waived for OB-Quarters patients. This status should be reserved for those instances when, in the opinion of the OB HCP:

(1) The servicewoman has become disabled (unable to perform assigned duties).

(2) There are complications present that would preclude any type of duty responsibilities or delivery is imminent.

(3) There are complications or conditions caused by, or directly related to the pregnancy (i.e., excessive vomiting, hypertension, or multiple pregnancy), which could potentially lead to an adverse OB outcome.

d. Admission to MTF. In those instances deemed appropriate and in keeping with utilization review standards, a servicewoman living in the barracks who requires extended bed rest may be admitted to an MTF.

e. Procedures. To place a patient in OB-Quarters status, the OB HCP shall record on the DD 689, Individual Sick Slip, the expected duration of OB-Quarters Status. If the period will

exceed 72 hours, the OB HCP must notify the member's CO and must be noted in her OB medical record. Civilian OB provider recommendations for duty limitations will require approval by an MTF HCP.

110. Termination of Pregnancy

a. Spontaneous Abortions. Following a spontaneous abortion (i.e., miscarriage), the servicewoman's HCP may recommend a period of convalescent leave when clinically indicated. The HCP may also waive participation from the PRP (PFA and BCA) as clinically indicated.

b. Abortions

(1) Reference (o), provides guidance on the use of DOD appropriated funds (including MTF supplemental care funds and TRICARE) for performing abortions. DOD policy prohibits the use of DOD appropriated funds, except under the following circumstances:

(a) CONUS. Abortions may be performed in naval MTFs within CONUS when the life of the mother would be endangered if the fetus were carried to term. Abortions shall not be conducted in CONUS naval MTFs when the pregnancy is a result of rape or incest.

(b) OCONUS. It is DOD health policy, to the extent feasible and consistent with legal obligations, that active duty members and active duty family members stationed OCONUS shall have access to abortion services comparable to those same beneficiaries in CONUS.

1. Abortions may be performed on active duty members and active duty family members in naval MTFs OCONUS when the life of the mother would be endangered if the fetus were carried to term.

2. Abortions may be performed on active duty members and active duty family members in naval MTFs OCONUS on a pre-paid basis when the pregnancy is the result of rape or incest. Charges for abortions under these circumstances shall be based on the full reimbursement rate for same-day surgery based upon patient category.

(2) Servicewomen are highly encouraged to consult with a military HCP for information prior to obtaining an abortion. Every provision will be made to maintain the sensitivity and confidentiality of the consultation. During this time, information will be provided to servicewomen concerning the procedure so that, should they experience any difficulties, they will seek medical attention for appropriate treatment. Servicewomen should consult with an MTF HCP following the procedure for the purpose of follow up care, including any necessary medications, appropriate short term duty restrictions, scheduling of follow up examinations/laboratory studies, and documentation in the health record.

(3) Civilian facilities will be used at the servicewoman's expense. Annual leave will be used in order to have the procedure accomplished. Any subsequent treatment or hospitalization required as a result of an abortion at a civilian facility will be managed as any other illness or disability under references (c) or (m), as appropriate. An MTF HCP shall determine the requirement for convalescent leave.

111. Surrogacy. Per reference (a), servicewomen are not authorized to provide surrogate pregnancy services. For purposes of this instruction, surrogate pregnancy is a voluntary arrangement by which a woman agrees, whether or not for compensation, to carry a pregnancy to term for the purpose of surrendering the child to the sole custody of another person or persons.

112. Uniforms. The proper wearing of the uniform during pregnancy is the responsibility of the servicewoman and shall be addressed by the unit CO. The certified maternity uniform is mandatory for all pregnant servicewomen in the Navy when a uniform is prescribed and regular uniforms no longer fit. The outer garments (sweater, raincoat, overcoat, peacoat, and reefer) may be worn unbuttoned when the garment no longer fits properly buttoned. The servicewoman is expected to wear regular uniforms upon returning from CONLV; however, COs may approve the wear of maternity uniforms up to 6 months from the date of delivery based on medical officer diagnosis and/or recommendations. Enlisted servicewomen will be given a clothing allowance upon presenting the pregnancy notification from the CO/OIC to the personnel support detachment (PERSUPPDET) per reference (p).

113. Billeting

a. Per reference (a), a pregnant servicewoman with no family members may reside in bachelor quarters for her full term. If requested, the host commander may authorize a pregnant servicewoman to occupy off-base housing and be paid a BAH up to her 20th week of pregnancy. From the 20th week onward the host commander must approve a request to occupy off-base housing.

b. COs may authorize single pregnant servicewomen to move into government housing, based on availability, before the birth of the child. However, they will not be given special treatment (i.e., head of line privilege on the base housing list).

c. These policies allow single pregnant servicewomen to set up housing in preparation for the baby. Reference (h) outlines the policy for application to government housing and reference (a) supports this. Payment of BAH will be per applicable pay and entitlement regulations.

114. Pregnant Brig Prisoners. The care and management of pregnant servicewomen prisoners confined to a brig shall conform to the requirements of this instruction except that convalescent leave cannot be authorized. Pregnancy per se does not preclude confinement in a brig as long as appropriate prenatal care is provided and there is a MTF near the brig that can provide care for labor, delivery, and the management of OB emergencies.

115. Separation from Service and Care after Separation

a. By law, neither the military departments nor TRICARE have the authority to pay civilian maternity care expenses for former servicewomen who separate from active duty while they are pregnant, unless qualified for the Transitional Assistance Management Program (TAMP) through PERSUPPDETs or ID card issuing offices per reference (m), paragraph 199.3 e., under Eligibility. Former servicewomen lose entitlement to all civilian OB care at military expense upon receipt of a discharge certificate (DD 214) unless qualified for TAMP as above or if in receipt of a MTF CO authorization for direct care. See reference (d), article 1910-180, for effective time of discharge. Prior to separation, servicewomen should receive counseling by a Patient Administration Officer/Representative about current information

regarding health care benefits available to separating servicewomen.

b. The uniformed services voluntary 90-day medical insurance policy, also called the Continued Health Care Benefit Program (CHCBP), is available to separating servicewomen and will cover pre-existing conditions such as pregnancy. This must be purchased within 60 days of separation from Active Duty and can be purchased in three month increments, not to exceed two years.

c. The Service Secretaries (under special administrative authority) allow former servicewomen who separate under honorable conditions and are pregnant, to receive maternity care for that pregnancy up to 6 weeks following delivery in MTFs on a space available basis. The DD 214 along with a letter from the MTF HCP documenting the estimated date of confinement (EDC) may be presented to gain access to the MTF to utilize the appropriate services until six weeks after delivery. This care is available only if:

(1) The servicewoman presents documented evidence that reflects that a physical examination given at a MTF demonstrates that she was pregnant prior to her separation from active duty.

(2) The MTF to which she applies for care has the capability of providing OB care. Many MTFs cannot provide OB care. A pregnant servicewoman who elects to leave the service must first consider the distance between her home and the nearest MTF that has OB care capability. She must consider the possibilities of premature delivery or other emergency OB care needs. These factors could unexpectedly force her to use a civilian source of care. Should that happen, neither the MTF, TRICARE, nor the VA has authority to pay civilian OB care expenses, regardless of the circumstances necessitating use of civilian care for either the ex servicewoman or her newborn infant(s). The servicewoman should be made aware that if the newborn infant(s) require(s) care beyond that, which is available at the MTF, it may be necessary to transfer the infant(s) to a civilian source of care (e.g., neonatal care) and these expenses will be the servicewoman's personal financial responsibility. However, every effort will be made to send the infant(s) to an MTF with the appropriate capability.

d. Before deciding to accept a discharge or resign from the service, pregnant servicewomen should contact the BCAC of the MTF that she plans to use, to determine if:

(1) The facility provides OB care.

(2) The facility is close enough to her planned place of residence to provide assurance that, barring emergency requirements, she can reach it expeditiously at the time of birth.

(3) The facility's workload will permit acceptance of her case.

e. There are OB benefits for women veterans enrolled in the VA system. VA facilities are using enhanced sharing authority to contract for OB services to include prenatal care, childbirth, and postpartum care. This benefit does not cover care of the newborn. In addition, the veteran may be responsible for some of the expenses incurred.

CHAPTER 2
PARENTHOOD

201. Responsibilities

a. Commanding Officers (COs)

(1) Shall make every effort to permit new fathers to take leave in conjunction with the birth of their child. Leave will be charged against regular leave balance and granted dependent on the unit's mission, specific operational circumstances, and servicemember's billet. This leave should commence once the child has been born in order to assist the parent(s) in adapting to the demands of parenthood, formalizing legal requirements, establishing a child care program, and other tasks as required.

(2) Shall maintain a command environment that promotes the education of servicemembers concerning the enduring individual responsibilities of family planning and parenthood.

(3) Shall ensure that a servicewoman who will become a single parent and that dual military couples residing in a joint household are counseled regarding the availability of government housing (especially in high cost areas).

(4) Shall ensure that servicemembers are afforded the opportunity to take advantage of available legal assistance for advice regarding their options in establishing paternity. Absent a court order or other competent authority, male servicemembers will not be compelled to have a paternity test. Department of the Navy (DON) medical facilities do not pay for paternity testing. Paternity testing will be obtained at the servicemember's expense.

(5) Shall develop written policies to delineate support of servicewomen with breastfeeding infants that includes information such as facilities provided and time allotted for breaks. The policies will ensure that the work environment supports and respects servicemembers who engage in healthy behaviors such as breast milk expression. The policies will prohibit harassment and discrimination of breastfeeding servicewomen.

(6) Shall provide access to educational information from didactic materials and/or a lactation consultant for breast care, breastfeeding education, counseling, and support during the pregnancy, after delivery, and on return to work for servicewomen and their families.

(7) Shall engage the Navy Occupational and Safety Health Program, as necessary, to ensure that an Occupational Exposures of Reproductive or Developmental Concern Questionnaire has been completed, per reference (q), and that the current industrial hygiene site survey identifies potential environmental and occupational hazards that may impact servicewomen with nursing infants.

(8) Shall ensure legal, financial, religious, and other services are available to assist and encourage all naval servicemembers in making family life decisions that are supportive of both service obligations and their parental responsibilities.

b. Health Care Professionals (HCPs)

(1) Shall provide pre-conceptual counseling for servicemembers when requested. Refer to section 207 for further immunization guidance.

(2) Shall assist Fleet and shore COs and OICs in their efforts to support servicewomen with nursing infants per reference (r).

c. Servicemembers

(1) Are expected to plan a pregnancy and/or adoption in order to successfully balance the demands of family responsibilities and military obligations.

(2) Anticipating the responsibilities associated with parenthood, are required to make arrangements for child care to cover regular working hours, duty, exercises, and combat contingency deployment. This applies to Reserve Component members on active duty/inactive duty for training upon mobilization.

(3) All single servicemembers and dual military couples with eligible family members are responsible for initiating a formalized family care plan per reference (e). A completed family care plan will certify that family members will be cared for during the servicemember's absence. It will also identify the designated legal guardian of the eligible family member(s), as well as logistical, relocation, and financial arrangements. Servicemembers are advised to contact their local Fleet and Family Service Center (FFSC) to develop a family care plan. Servicemembers may consult with Fleet and Family Support staff if needed for assistance identifying or selecting caregivers. Single, separated or divorced servicemembers with possible custody issues are advised to consult with their legal assistance office when designating caregiver and legal guardians.

(4) Are advised to contact their local Child and Youth Programs Resource and Referral Office to complete DD 2606, Request for Child Care Record, to place the newborn child or soon to be adopted child on the waiting list for childcare or to receive referrals for community based childcare services. This form is available online at: http://forms.daps.dla.mil/order/.

d. Servicewomen

(1) After delivery, will participate in an exercise program, as soon as medically authorized, to prepare for the physical fitness assessment (PFA). No later than 6 months after being returned to full duty by the HCP, the servicewoman is required to take the PFA and conform to the acceptable height/weight standards, per reference (g). Additional time may be recommended by the HCP and granted, if necessary, due to medical complications.

(2) Who desire to continue breastfeeding upon return to duty will notify their chain of command at the earliest possible time to allow the command to determine how best to support them as well as to facilitate the prompt evaluation of the workplace for potential hazards. Questions regarding potential workplace hazard issues related to lactating servicewomen should be referred to Navy Occupational Health Program personnel to determine whether intervention is necessary.

e. NAVENVIRHLTHCEN. Will maintain a current list of potential lactation hazards based on professional review of the

literature and analysis of available data, per reference (f). NAVENVIRHLTHCEN will provide guidance to medical departments on criteria for requesting occupational health consultation and will also provide generic lactation hazard guidance on request or when indicated.

f. Naval Education and Training Command (NETC) will ensure training is conducted for officer and enlisted accessions that covers the importance of family planning and responsibilities of parenthood. Additionally, NETC will ensure these topics are included in the GMT plan.

202. Adoption

a. Infants Placed for Adoption. General legal advice on adoption may be obtained through the local Naval Legal Service Office (NLSO). Any required legal work to place a child for adoption or to adopt a child must be provided by a civilian attorney retained by the servicewoman. Pregnant servicewomen intending to place their infant for adoption are not eligible for OCONUS assignment until delivery and adoption requirements are completed.

b. Servicemembers Adopting an Infant/Child

(1) The CO shall authorize up to 21 days permissive TEMADD for any servicemember adopting a child, dependent on the unit's mission, specific operational circumstances, and the servicemember's billet. Adoption leave may be authorized in conjunction with ordinary leave. In the event a dual military couple adopts a child in a qualifying child adoption, only one of the members shall be granted adoption leave as per references (s) and (t). A qualifying adoption is defined as the member being eligible for reimbursement of qualified adoption expenses under Section 1052, title 10 United States Code.

(2) After placement of the infant/child, one parent shall be exempt from duty away from the home station, i.e., TEMADD and/or deployment for 4 months per reference (e), paragraph 4.13, and reference (u), paragraph 6.10.4.

203. Leave and CONLV. The servicewoman's CO (upon advice of the OB HCP), COs of the MTF, or MMSO (persons hospitalized in

civilian facilities within their respective areas of authority), may grant convalescent leave as follows:

a. Convalescent leave will normally be for 42 days after discharge from the MTF following any uncomplicated delivery or cesarean section. The attending physician may recommend extension of convalescent leave beyond the standard 42 days based on medical complications. The servicewoman's permanent command must be notified of this recommendation. The servicewoman may terminate such leave early with the OB HCP's approval. COs may grant regular leave following convalescent leave if appropriate, per reference (d), article 1050-180.

b. The OB HCP must certify that the patient is not fit for duty, will not need hospital treatment during the contemplated leave period, and that such leave will not delay the final disposition of the patient.

c. Servicewomen awaiting disciplinary action or separation from the service for medical or administrative reasons may not be granted CONLV as per reference (d), article 1050-180.

d. It is the responsibility of the servicewoman to report any complications or medical problems that she has experienced during CONLV to her OB HCP. If clinically indicated, the HCP may recommend an extension of CONLV.

204. Shaken Baby Syndrome (SBS) Prevention

a. Shaken Baby Syndrome (SBS) refers to the collection of signs, symptoms, and physical injuries resulting from violent shaking of an infant or small child. It is a serious form of child abuse. A hospital-based SBS Prevention Program, targeting parents just prior to discharge with their newborn baby can increase awareness and decrease the incidence of SBS by providing parents with appropriate strategies to cope with a persistently crying infant by explaining normal phases of growth and development.

b. MTFs will collaborate with local FFSC and the Armed Forces Center for Child Protection to implement and monitor an evidence-based SBS Prevention Program, providing quarterly outreach and incidence statistics for their regions. This SBS Prevention Program will provide education about the dangers and

consequences of shaking infants; discussion of normal infant development, including colic; suggestions of ways to reduce risks factors associated with child abuse; and information concerning appropriate methods of managing the frustration and anger that cause someone to shake an infant. The SBS Prevention Program will include postpartum parental education before newborn discharge, during outpatient processing, and at the time of the first well baby appointment. Fleet operational HCPs will provide SBS prevention education for new fathers on deployment before reunification with their new baby and family.

c. The New Parent Support Home Visitation Program will supplement in-hospital SBS Prevention Programs by reviewing parents' knowledge of effective and safe parenting techniques during home visits. Home RN or New Parent Support Specialist visits will target "at risk" families identified by a voluntary universal screening tool. In addition, all single parents and families with a deployed servicemember will be offered home visitation services.

205. Postpartum Exercise

a. An exercise program should be gradually resumed 6 weeks after an uncomplicated vaginal delivery or cesarean section. Servicewomen who have medical or OB complications should discuss and plan a modified postpartum exercise program under the guidance of their OB HCP. Postpartum servicewomen should gradually increase their individualized exercise program to be able to perform regular mild to moderate exercise in sessions of 30 minutes duration, three or more times per week.

b. Servicewomen will be responsible for participating in the Physical Fitness Assessment (PFA) and Body Composition Assessment (BCA) requirements six months after delivery. If clinically indicated due to medical complications, sections of the PFA may be waived by the HCP.

c. Administrative Actions. Per reference (g), administrative actions due to Physical Fitness Assessment failures incurred prior to confirmation of pregnancy will remain in effect during term of pregnancy and aftercare. This includes but is not limited to withholding of advancement, recommendation for retention, and administrative separation processing.

206. Postpartum Depression

a. Medical department staff shall routinely assess and screen all pregnant servicewomen and new mothers for signs/symptoms of depression or a history of depression/psychosis during the following periods of care: new obstetric care visit, transfer obstetric care visit, last trimester of pregnancy, 6 weeks postpartum as well as each of the well-child care visits in the first 6 months of life at a minimum as per DOD/VA Uncomplicated Pregnancy Clinical Practice Guidelines and American College of Obstetricians and Gynecologists. This is important since a history of previous postpartum depression or major depression significantly increases the risk for the servicewoman developing postpartum depression.

b. Scientifically proven screening tools, such as the Patient Health Questionnaire Two (PHQ-2) Question Screening during pregnancy and the Edinburgh Postnatal Depression Scale (EPDS) should be offered to women in the postpartum period as part of a screening program for postpartum depression. The postpartum screening may be done in conjunction with the 6 week postpartum visit as well as each well-child care visit in the first 6 months of life at a minimum. Postpartum depression should be managed in the same way as depression at any other time, but with additional considerations regarding the use of antidepressants while breastfeeding.

207. In-Vitro Fertilization (IVF). Servicewomen undergoing infertility treatment with IVF are required to inform their command with a letter from their HCP that should include the duration of the treatment, the potential dates for minor procedures such as oocyte retrieval and embryo transfer, so that possible duty limitations and TAD may be anticipated. During the actual IVF cycles, servicewomen will be exempt from participating in the PFA and BCA to better ensure IVF success. Women who participate in IVF programs are more likely to gain weight due to numerous hormone treatments and must limit physical activity to increase IVF success rates and prevent additional IVF treatments. When IVF treatment results in a successful pregnancy, the provisions of this policy will pertain. If the IVF treatment is unsuccessful, the servicewoman will be expected to participate fully in the PFA and BCA in 30 days.

208. Immunization Considerations

a. It has been determined that live virus vaccines (influenza, measles-mumps-rubella (MMR), varicella, BCG, smallpox, yellow fever) can be hazardous to an unborn child if conception occurs within three months of vaccination. Refer to Center for Disease Control and Prevention (CDC) General Recommendations on Immunization (available at www.cdc.gov/nip/publications/preg_guide.htm).

b. If live virus vaccine is administered, servicewomen are to be counseled to avoid becoming pregnant for three months. This counseling will be documented in the servicewoman's health record.

c. Breastfeeding does not adversely affect immunization and is not a contraindication for vaccines. Per the CDC and Prevention, neither inactivated nor live vaccines (including varicella vaccine) administered to a breastfeeding servicewoman affect the safety of breast-feeding for mothers or infants.

d. Vaccinia (smallpox) vaccine is relatively contraindicated for breastfeeding mothers as it could put an infant in close contact with mother's vaccination site. If immunization of the mother or father is essential, the vaccination site should be dressed and strict hand washing undertaken until healing of the immunization site occurs. For more information see reference (v), Advisory Committee on Immunizations Practice (ACIP) and American Academy of Family Physicians (AAFP) General Recommendations on Immunization, http://www.cdc.gov/mmwr/PDF/rr/rr5102.pdf (see page 18).

209. Workplace Support of Breastfeeding Servicewomen

a. Background

(1) Breastfeeding offers proven health benefits for infants and mothers. Providing accommodations for breastfeeding offers tremendous rewards for the DOD and the Navy, in cost savings for health care, reduced absenteeism, improved morale and servicemember retention. Challenges in the workplace include lack of break time and inadequate facilities for pumping and storing breast milk. Many of these workplace challenges can be reduced with a small investment of time and flexibility.

(2) DOD has directed that active and selected reserve component members be physically and mentally fit to carry out their missions and that the emphasis will be placed on the achievement of the Department of Health and Human Services' Healthy People Goals, per reference (w). Support of servicewomen who continue breastfeeding their infant(s) upon return to duty aligns with DOD policy, ensures the physical and emotional well-being of servicewomen and their families, reduces absence from work due to illness, and improves operational readiness. Per current professional standards, the military medical community advises pregnant servicewomen to exclusively breastfeed for the first 6 months and encourages them to continue to provide breast milk for the remainder of the first year, per reference (u).

b. Workplace Breast Milk Expression

(1) Supervisors and breastfeeding servicewomen will collaborate to keep to a minimum the amount of time required for milk expression. The time required for breast milk expression varies and is highly dependent upon several factors, including the age of the infant, amount of milk produced, pump quality, distance of the pumping location from the workplace, and proximity to a water source. Information regarding workplace support of breastfeeding is available at: http://www.usbreastfeeding.org/Publications.html.

(2) Servicewomen who continue to provide breast milk upon return to duty will be, at a minimum, afforded the availability of a clean, secluded space (not a toilet space) with ready access to a water source for the purpose of pumping breast milk. The number of breaks needed to express breast milk is greatest when the infant is youngest, then gradually decreases (i.e., 15-30 minutes every 3-4 hours).

(3) Commands must ensure breastfeeding servicewomen are afforded access to cool storage for expressed breast milk. Access to refrigeration is ideal, but not required for servicewomen who work up to 12 hours in any particular day. Servicewomen may keep breast milk cool in a portable cold thermal bag if refrigeration is not immediately available. Access to a freezer compartment is necessary if the workday extends beyond 12 hours. Breast milk should be contained and

labeled so as to avoid contamination by other items located in the vicinity.

(4) Requests to breastfeed infants during duty hours should be handled on a case-by-case basis. However, breastfeeding an infant is not a reason for granting excessive time for meals or from work.

APPENDIX A
SAMPLE PREGNANCY NOTIFICATION TO
COMMANDING OFFICER/OFFICER IN CHARGE (CO/OIC)

Information to be included in Pregnancy Notification to the CO/OIC.

Date_____

From: _____
MTF/Physician

To: _____
Commanding Officer/Officer-in-Charge

Subj: _____
Member's Name

Ref: (a) OPNAVINST 6000.1C

1. This is to notify you that a member of your command, _____, is pregnant. Using current dating information, her estimated date of confinement is _____. This would make her 20th week about _____ and her 28th week about _____.

2. Pregnancy is a condition that includes a range of physiological changes that can potentially lead to clinical findings that would result in your command having to modify the servicewoman's job function/working hours. In addition, certain unforeseen conditions related to the pregnancy may arise that could warrant specific medical interaction and further physical limitation of the servicewoman's activities.

3. Please refer to reference (a), which provides current administrative guidance concerning pregnant servicewomen. This guidance is intended to promote uniformity in the medical administrative management of pregnancies for women in the Navy and Marine Corps.

_____
Signature/Rank

APPENDIX B

Occupational Exposures of Reproductive or Developmental Concern - Worker's Statement

After your supervisor has completed the NAVMED 6260/8, please complete this form and have it with you when you see the health care professional who will help with your evaluation. PLEASE PRINT.

Worker's Name _____ _____ _____ SSN ___ - __ - ____
Last *First* *M.I.*

Rank/Rate/Job Code _____ Today's Date __ __ __ __ __ __ __ __
Day *Month* *Year*

Age ☐ Sex ☐ Phone (work) _____ Phone (home) _____

Females only

Are you pregnant? ☐ No ☐ Yes Number of previous pregnancies ☐

Date last menstrual period began __ __ __ __ __ __ __ __
Day *Month* *Year*

How many were: Live births ☐ Stillbirths ☐ Miscarriages ☐ Abortions ☐

Males only

How many children have you fathered (ever)? ☐

All workers

How many years have you had your current job? ☐

What did you do at your previous job? _____

What does your spouse or mate do at work? _____

Have you ever gotten sick or injured because of your job? ☐ No ☐ Yes

Have any of your children had birth defects? ☐ No ☐ Yes

Do you have any illnesses you see the doctor for regularly? ☐ No ☐ Yes

Do you take medications regularly? ☐ No ☐ Yes

Do you use any other drugs, including tobacco? ☐ No ☐ Yes

Give details of any "yes" answers here

How much alcohol do you usually drink per week? ☐ <6 drinks ☐ 6 to 14 ☐ 15 to 21 ☐ 22 or more

Reason for consultation _____

What reproductive or developmental hazards are you most concerned about? _____

In your activities at home, recreation, hobbies, second job, etc., are you exposed to any of the following? (Check all that apply)

Chemical Agents
- ☐ Inorganic chemicals
- ☐ Organic solvents and fuels
- ☐ Metals - lead, cadmium, etc.
- ☐ Pesticides
- ☐ Pharmaceuticals/drugs
- ☐ Other hazards (specify) _____

Physical Agents
- ☐ Ionizing radiation
- ☐ Microwave and other RF radiation
- ☐ "Noise" (Intense sound)
- ☐ Thermal stress (heat or cold)
- ☐ Vibration

Biological Agents
- ☐ Bacteria
- ☐ Fungi
- ☐ Viruses
- ☐ Animal danders
- ☐ Endotoxins
- ☐ Enzymes and other proteins

Physical Conditions
- ☐ Irregular or shift
- ☐ Strenuous work

☐ None of the above

_____
Supervisor's Signature

NAVMED 6260/9 (12-2002)

APPENDIX C

Occupational Exposures of Reproductive or Developmental Concern - Supervisor's Statement

To be completed by the supervisor for any worker with concerns regarding workplace reproductive or developmental hazards. This form should then be forwarded to appropriate medical personnel such as Occupational Medicine, OB/GYN, etc. Please attach material safety data sheets (MSDS) for any substances to which this worker is exposed.

PLEASE PRINT

Worker's Name _____ *Last* _____ *First* _____ *M.I.*

SSN ___ - __ - ____

Rank/Rate/Job Code _____

Date __ __ *Day* __ __ *Month* ____ *Year*

Supervisor _____

_____ *Supervisor's Telephone* _____ *Worker's Telephone*

Command/Shop _____

Job Duties (not job title) _____

Check all boxes that apply

Workplace: ☐ Shipboard ☐ Shop ☐ Office ☐ Outdoors

☐ Other (describe) _____

Is the worker exposed to:

Chemical Agents

- ☐ Inorganic chemicals
- ☐ Organic solvents and fuels
- ☐ Metals - lead, cadmium, mercury, etc. (specify below)
- ☐ Pesticides (specify below)
- ☐ Pharmaceuticals/drugs (specify below)
- ☐ Other hazards (specify below)

Biological Agents

- ☐ Bacteria
- ☐ Fungi
- ☐ Viruses
- ☐ Protozoa
- ☐ Animal danders
- ☐ Endotoxins
- ☐ Enzymes and other proteins
- ☐ Other hazards (specify below)

Physical Agents

- ☐ Ionizing radiation
- ☐ Microwave and other RF radiation
- ☐ "Noise" (Intense sound)
- ☐ Thermal stress (heat or cold)
- ☐ Vibration
- ☐ Other hazards (specify below)

Physical Conditions

- ☐ Irregular or shift
- ☐ Strenuous work
- ☐ Other hazards (specify below)

Specify agents or conditions here _____

Personal Protective Equipment required:

☐ None ☐ Hearing protection ☐ Gloves
☐ Protective clothing ☐ Respirator

Is the worker in a medical surveillance program?
☐ No ☐ Yes ☐ Don't know

Are there Industrial Hygiene sampling data for the involved worker? ☐ No ☐ Yes

Did the Industrial Hygiene survey reveal reproductive or developmental hazards? ☐ No ☐ Yes (specify)

_____

Has a detailed evaluation of the worksite(s) and/or process(s) with which the worker is involved been performed? ☐ No ☐ Yes

Is the worker required to work shifts? ☐ No ☐ Yes

If yes, which one(s)? _____

Has the worksite had an Industrial Hygiene survey in the last two years?
☐ No ☐ Yes __ __ *Day* __ __ *Month* ____ *Year*

Has the worker reported an occupational illness or injury in the last year? ☐ No ☐ Yes (specify)

_____

_____
Supervisor's Signature

NAVMED 6260/8 (12-2002)

APPENDIX D
SAMPLE PREGNANCY COUNSELING FORM

Date: _____

RATE or RANK/NAME: _____

COUNSELOR RATE or RANK/NAME: _____

SUBJ: COUNSELING FOR PREGNANT SERVICEWOMAN

1. Pregnant servicewomen are required to read the references listed below:

a. OPNAVINST 6000.1C.

b. MILPERSMAN, Articles 1910-112, 1740-020 and 1740-030.

c. NAVPERS 1740/6, Department of the Navy Family Care Plan Certificate.

2. If any environmental hazards or toxins exist in a servicewoman's work center, as identified by medical and or occupational health, the servicewoman will be reassigned or duties modified.

3. Pregnant servicewomen are exempt from the following:

a. Physical Readiness Program until 6 months after delivery.

b. Deployment until 12 months after delivery.

c. Participation in weapons training, swimming qualifications, drown-proofing, or other physical requirements.

d. Exposure to chemical or toxic agents/environmental hazards.

e. Standing at parade rest or attention for longer than 15 minutes.

APPENDIX D (CONT'D)
SAMPLE PREGNANCY COUNSELING FORM

4. During the last 3 months (week 28 and beyond), servicewomen are allowed to rest 20 minutes every 4 hours and are limited to a 40-hour workweek, including watches.

5. Maternity uniforms are mandatory when regular uniforms no longer fit. Enlisted servicewomen will be given a clothing allowance upon presentation of pregnancy notification to PERSUPPDET.

6. Servicewomen with uncomplicated pregnancies should continue to perform an individualized exercise program based on pre-pregnancy activity level and be approved by the OB HCP if there are any known medical or OB complications. Pregnant servicewomen should not participate in push-ups or sit-ups.

7. Pregnancy is considered disqualifying for designated flight status personnel; however, a waiver may be requested up to the beginning of the third trimester (28th week).

8. Pregnant servicewomen (less than 20 weeks pregnant) assigned shipboard shall not remain onboard ship if it is estimated that it will take greater than 6 hours to transport a servicewoman to a medical treatment facility capable of evaluating and stabilizing OB emergencies. Servicewomen assigned shipboard shall not remain onboard beyond the 20th week of pregnancy.

9. Servicewomen may not travel overseas after the beginning of the 28th week of pregnancy.

10. Post-delivery convalescent leave of 6 weeks (42 days) will normally be granted by the CO upon advice of the attending physician.

11. Servicewomen who desire to continue breastfeeding upon return to duty will notify their chain of command at the earliest possible time to allow the command to determine how best to support them as well as to facilitate the prompt evaluation of the workplace for potential hazards. Questions regarding potential workplace hazard issues that are related to breastfeeding servicewomen should be referred to Navy

APPENDIX D (CONT'D)
SAMPLE PREGNANCY COUNSELING FORM

Occupational Health Program personnel to determine whether intervention is necessary. When possible, COs shall ensure the availability of a clean, secluded space (not a toilet space) with ready access to running water for the purpose of pumping breast milk. The number of breaks needed to express breast milk is greatest when the infant is youngest, then gradually decreases (i.e., 15-30 minutes every 3-4 hours). Requests to breastfeed infants at work during duty hours should be handled on a case-by-case basis; however, breastfeeding an infant is not a reason for granting excessive time for meals or from work.

12. Servicemembers with children are required to make arrangements for childcare to cover regular working hours, duty, exercises, war, and combat contingency deployment.

13. Legal counsel, if necessary, may be obtained from Navy Legal Service Office (NLSO) per SECNAVINST 1000.10A.

14. After delivery, servicewomen will participate in an exercise program, as soon as medically authorized, to prepare for the physical fitness assessment (PFA). No later than 6 months after being returned to full duty by the HCP, servicewomen are required to take the PFA and conform to the acceptable height/weight standards, per OPNAVINST 6110.1H. Additional time may be recommended by the HCP and granted, if necessary, due to medical complications.

_____ _____
Servicewoman Signature/Date Counselor Signature/Date