

A Guide to Female Soldier Readiness



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PREFACE

Every day women make significant contributions to the missions of today's military forces. Female Soldiers make up 14 to 15 percent of the Active Duty Army supporting nearly every Area of Concentration and Military Occupational Specialty. Just as the Army has always championed health promotion and prevention efforts for its male Soldiers, so it must also champion the unique healthcare situations and considerations necessary to maintain the health and viability of its female Soldiers. When female Soldiers deploy to combat areas, they need to be prepared to maintain their optimal physical, emotional, and spiritual health in ways that may differ from their male counterparts.

The responsibility for female readiness ultimately falls to the female Soldiers themselves. However, this technical guide and the resources referenced within provide strategies to effectively ensure female Soldier readiness with the least amount of impact on the day-to-day mission of the unit and to help female Soldiers stay healthy before, during, and after deployment. The guide addresses areas such as pregnancy profiles, exercise during pregnancy, field needs of female Soldiers, and preventive health measures for the barracks environment. The target audience includes female Soldiers, leaders of female Soldiers, and healthcare providers (HCPs) of female Soldiers.

Female Soldiers are encouraged to include the considerations found in the guide in their planning for field exercises and deployments. The goal is to have positive duty assignments, without the problems that frequently typify field and deployment assignments, and be prepared to deal with the unique impact of the experience when they return from deployment.

Every military leader is a manager of time, resources, and people. Effective military leadership demands the maximum use of each of these elements. The goal of this technical guide is to enable leaders to maximize the potential of the female Soldier. Specific Leader Tips are found throughout the guide to give additional recommendations for leaders.

HCPs are frequently requested to give guidance and recommendations related to female Soldier health issues. This technical guide provides references to assist them in this role.

The mention of or reference to documents, products or websites that are from a non-federal entity are intended to assist the reader in obtaining further information about the topics in this guide. These references should not be construed or interpreted in any way to be official U.S. Army endorsement of same.

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CHAPTER 1. FEMALE SOLDIERS IN THE FIELD

The field environment presents some special considerations, particularly for the female Soldier. However, if approached proactively, these considerations will have a limited impact on the mission of the unit.

Section I. General Hygiene

Bathing requirements in Field Manual (FM) 21-10, Field Hygiene and Sanitation, state that optimally, Soldiers should have access to a shower or bath every day, or at least once every week for good personal hygiene. This prevents skin infections and infestation by insects. Given mission constraints, if showers or baths are not available, washing daily with a wash cloth is advised. Particular attention should be given to sweaty areas or places that become wet: genitals, armpits, feet, between thighs and buttocks, and under breasts.

It is highly recommended that female Soldiers that are menstruating during field exercises or deployments have daily access to bathing facilities. This does not mean that there must be a fixed facility with hot and cold running water. A private place with sufficient drainage should be adequate for a “bird bath.” A full canteen of water is required for one Soldier and a 5-gallon container for multiple Soldiers. Provisions for heating water would be helpful, but this is not always possible. This setup could be arranged using a general purpose (GP) small tent and some improvised flooring (e.g., wood pallets).

However, a Soldier should not be restricted from certain duties or missions during a Soldier’s menstrual cycle to accommodate a shower run to the rear if a bathing area has been provided in the area of operations. Hormonal control of menstrual cycles during field exercises is an option female Soldiers should discuss with their provider.

Female Soldiers who are not menstruating should be treated like male Soldiers with regard to accessing fixed shower facilities. Shower runs should be coordinated without gender preference influencing the frequency of the showers. Soldiers, regardless of gender, should avoid using perfume, cologne, or scented soaps, since these will attract insects. However, unscented lotion should be used to keep the skin from cracking and becoming infected. Cosmetics are not authorized in the field.

Vaginitis (an infection causing irritation of the vagina) is a common condition and can affect women of all ages. The infection is rarely a serious threat to a Soldier’s health. However, the infection can cause discomfort and may require treatment by a healthcare provider (HCP).

The two most common forms of vaginitis are yeast infection and bacterial vaginosis. A yeast infection is caused by a fungus. A Soldier may experience itching and burning of the vagina and

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the area around the entrance to the vagina. The area may also be red and swollen. A white discharge that looks like cottage cheese may also be present. Yeast infections may be treated by HCPs with prescribed oral or vaginal medications. Over the counter vaginal treatments are also available. An HCP should be contacted if there are concerns or if an over the counter treatment does not resolve the symptoms.

Bacterial vaginosis is caused by an overgrowth of several different bacteria that are normally found in the vaginal area. A Soldier will experience an increase in vaginal discharge. The discharge is often thin and watery, gray or white and has a strong “fishy” smell. An HCP should be seen if these symptoms are present to ensure proper treatment. Always take the medication exactly as directed.

Prevent vaginal infections by always wiping from front to back after bowel movements, keep the vaginal area clean and dry, and avoid tight clothing. Cotton panties will help absorb moisture and allow air to circulate. Also, the wearing of spandex products for long periods of time should be avoided. Douching may disrupt the balance of natural organisms in the vagina, which may lead to yeast or bacterial infections. Diaphragms, cervical caps, and medication applicators should be thoroughly cleaned after each use.

Section II. Packing List Additions

Cleanliness requirements for females differ from those of males. To compensate for a lack of shower facilities in the field, certain items must be added to the packing list of female Soldiers.

Unit packing lists, specifically sundry packs, need to be designed with females’ needs in mind. During extended deployments, push packages of sanitary supplies may not be available. For the initial phase of the deployment, female Soldiers should pack enough sanitary supplies for 30 days.

Baby wipes (unscented)	Should be mandatory, not just as a “nice-to-have” item. There is often no toilet paper available in field environments, and this can have an impact on a female’s health. Not cleansing oneself adequately can lead to infection and discomfort.
Panty liners	Add to the packing list for females.
Sanitary pads and tampons	Add to the packing list for females.
Cotton underwear	Female Soldier should pack own.
Sports bras	Female Soldier should pack sports bras or bras designed for support.

Multivitamin that includes iron, folate, and calcium	Include on the packing list for those who do not eat all of the provided rations. A multivitamin and a calcium supplement will supplement the diet by providing the vitamins and minerals that the body needs for maximum performance. If other medications are prescribed, an HCP or pharmacist can say whether the multivitamin can be taken with the medicine or if they are better taken separately. Other dietary supplements such as those marketed for weight loss are discouraged.
Birth control medications	Lower estrogen and progestin containing oral contraceptive pills and alternative delivery methods that include the transdermal patch, vaginal ring and injections have been developed that offer a broad range of safe and highly effective contraceptive methods with improved side effect profiles.

Section III. Urinary Tract Infections

Urinary tract infections (UTIs) are among the most common bacterial illnesses of young adults, especially young women. Because they are so common and often recurrent, UTIs are responsible for significant short-term disability and very high healthcare costs. Normal urine is sterile. An infection occurs when microorganisms, usually bacteria from the digestive tract, cling to the opening of the urethra (the tube from the bladder to the outside of the body) and begin to multiply. In most cases, bacteria first begin growing in the urethra. From there bacteria often move on to the bladder, causing a bladder infection. The urinary system is structured in such a way as to help ward off infection. The ureters (the tubes from the kidneys to the bladder) and bladder normally prevent urine from backing up toward the kidneys, and the flow of urine from the bladder helps wash bacteria out of the body. It is essential that a Soldier drink plenty of water when in the field to maintain adequate urine flow even though bathroom facilities may not be optimal.

During convoys or other operations that restrict the places and time allowed for urination, many female Soldiers limit their consumption of liquids. In this effort to decrease their need to urinate, Soldiers dehydrate themselves, sometimes to a dangerous degree. Females should be allowed enough time to urinate on a regular basis, especially since they have to remove much of their gear and require more time than men. There are several commercially developed female urinary devices (FUD), which are available for bladder relief in difficult situations. These devices allow females to urinate through the fly of the uniform while still standing. As of the date of this document one brand is available in theater in Southwest Asia (SWA) and can also be obtained from the U.S. Army Medical Materiel Command (USAMMC) Europe. The stock number for the female portable urinal on the USAMMC-SWA TAMMIS is 4510-01-470-2805. Several brands and styles can also be ordered directly from urinary equipment manufacturers.

Not everyone with a UTI has symptoms, but most people exhibit at least some symptoms, such as a frequent urge to urinate and a painful, burning feeling in the area of the bladder or urethra during urination. It is not unusual to feel bad all over—tired, shaky, washed out— and to feel pain even when not urinating. Often, women feel an uncomfortable pressure over the pubic bone. Commonly, a person with a urinary infection will complain that, despite the urge to urinate; only a small amount of urine is passed. The urine itself may look milky or cloudy, even reddish if blood is present.

Antibiotics are used to treat UTIs. The choice of drug and length of treatment depend on the patient's history and the urine tests that identify the offending bacteria. It is important to take all antibiotics for the full length of time prescribed by the HCP even if symptoms disappear.

Various drugs are available to relieve the pain of a UTI. A heating pad may also help. Most HCPs suggest that drinking plenty of water helps cleanse the urinary tract of bacteria. It is best to avoid coffee, alcohol, and spicy foods. Because smoking is the major known cause of bladder cancer, those who smoke should seriously consider quitting.

The following are some steps that a Soldier can take to avoid a UTI:

- Drink enough water to urinate 6-8 times a day. Cranberry juice has properties that help prevent UTIs and is recommended when available.
- Urinate when the need is felt; don't resist the urge to urinate.
- Wipe from front to back to prevent bacteria around the anus from entering the vagina or urethra.
- Take showers instead of tub baths.
- Cleanse the genital area several times a day.
- Wear panties with a cotton crotch.
- Avoid using feminine hygiene sprays and scented douches that may irritate the urethra.
- Contact an HCP with questions or concerns.

Section IV. Pre-deployment Education

Prior to an extended deployment or a contingency operation, units can coordinate training sessions in field hygiene through the public/community health nursing section or the Department of Obstetrics/Gynecology (OB/GYN) at their local military treatment facility (MTF). A

representative from the unit with previous deployment experience may also be trained to provide this type of education.

Some suggested topics for these pre-deployment briefings are: 1) birth control and sexually transmitted diseases (STDs); 2) female hygiene in field settings, to include advice on how to avoid UTIs and yeast infections; 3) female-specific healthcare services available in theater and ways to obtain these services; 4) guidance on packing sufficient female hygiene products and medications; 5) tips on staying healthy; 6) guidance on nutrition and dietary supplements; 7) sexual assault awareness information and/or training.

Section V. Nutrition Basics

A Soldier is responsible for his or her assigned equipment and weapon. Proper maintenance of equipment and weapons is essential. Soldiers often forget that they are also responsible for proper maintenance of themselves.

LEADER TIP: Leaders often walk through the motor pool to evaluate the status of vehicles and to talk to Soldiers. This is a common technique for assessing Soldier morale. Leaders should also take time to walk through the dining facility and talk to their Soldiers. This provides a good opportunity to not only assess morale but also see what the Soldiers are being served and what they are actually eating at mealtime. When in the dining facility, look at the food choices for meals and snacks. Are all of the food groups represented?

For top performance, Soldiers should consume foods from all of the food groups to include grains, vegetables, fruits, milk, and meat and beans. Females require more of certain nutrients, such as iron, calcium, and folic acid.

Iron. Female Soldiers need 15 milligrams (mg) of iron daily. A lack of iron may cause fatigue and anemia. Meats are the best-absorbed source of iron, but other good sources include beans, spinach, dried fruits and iron-enriched cereals.

Calcium. Female Soldiers need 1000 mg of calcium daily. Insufficient calcium in the diet can lead to stress fractures and osteoporosis. Calcium is primarily found in dairy products. Many females have eliminated dairy products for fear of consuming too many calories. Low-fat milk products offer roughly the same amount of calories per ounce as orange juice. Other dairy products that are good sources of calcium are low-fat yogurt and cheese. Broccoli, spinach, calcium-fortified juices and bread are also good sources of calcium.

Folic acid (Folate). If a Soldier is in her childbearing years, she needs 400 mg of folic acid daily. Folic acid is the form of folate in fortified foods and supplements. Women who consume enough folate, especially prior to conception and during the first three months of pregnancy, reduce the risks of neural tube defects and facial clefts in the infant. Folate naturally occurs in citrus fruits and juices, dark green leafy vegetables, nuts, legumes and liver. Foods like bread and crackers are also fortified with folic acid.

Eating balanced meals is very important because consuming adequate calories and nutrients is essential for good health and performance.

For additional information regarding nutrition, contact the registered dietitian at the installation, or visit the USAPHC(Prov) website <http://chppm-www.apgea.army.mil/dhpw/> in the Nutrition and Weight Management section.

The U.S. Department of Agriculture (USDA) Center for Nutrition Policy and Promotion works to improve the health of Americans by promoting dietary guidance that links scientific research to the nutrition needs of consumers. Visit <http://www.cnpp.usda.gov/> for interactive guidance targeted for specific populations.

Section VI. Weight Management Awareness

According to Army Regulation (AR) 600-9, The Army Weight Control Program (AWCP), female Soldiers who become pregnant are exempt from the AR 600-9 standards throughout the pregnancy plus 6 months following the end of the pregnancy. Pregnancy creates the need for additional nutrients. Therefore, it is highly recommended that a Soldier seek medical guidance regarding weight management during pregnancy.

LEADER TIP: If a Soldier becomes pregnant while in the AWCP, she is considered non-promotable and is flagged for awards and other favorable actions according to AR 600-9, dated 1 September 2006 and AR 600-8-2, Suspension of Favorable Personnel Actions (Flags). She will receive nutrition counseling from a dietitian or other HCP while enrolled in the AWCP.

Weight control concerns deal not only with the overweight Soldier but also with the underweight Soldier. Although men are diagnosed with anorexia nervosa and bulimia nervosa, these eating disorders and others are predominantly found in women. Eating disorders are a serious health concern. If a Soldier is suspected of having an eating disorder, insure that the Soldier receives an evaluation by an HCP. For more information, go to the Army G-1 Weight Control Program website, <http://www.armyg1.army.mil/hr/weight/default.asp>.

Eating disorder danger signals—

- Restricted intake of food
- Obsession with food
- Binging and purging (disappearing to the restroom immediately after eating)
- Obsession with body image
- Lanugo—growth of fine, downy hair on the body (anorexia)
- Swelling of the cheek and/or jaw areas (bulimia)
- Teeth marks on the hands and/or fingers (bulimia)
- Stashes of diuretics, laxatives, diet pills, binge food
- Mood changes (for example, irritability)
- Broken blood vessels in the eyes
- Dental report of eroded enamel (bulimia)

Physical complications—

- Bone loss and susceptibility to stress fractures
- Insomnia
- Sensitivity to cold
- Abnormally low heart rate and blood pressure
- Chronic body fluid losses that deplete blood potassium, sodium and chloride levels, resulting in muscle spasms, weakness and irregular heart beat
- Dental erosion (bulimia)
- Death

The media has bombard us with weight management information. If a Soldier is interested in maintaining or losing weight, it is important for her to be a smart healthcare consumer. If the weight loss product or program sounds too good to be true, it may affect a Soldier's immediate and long-term health. The best place to receive weight management information and guidance is the Nutrition Clinic at the local MTF. A dietitian can provide a Soldier with guidance on safe and successful approaches to losing weight.

Section VII. Oral Health in the Field

A healthy mouth is essential for energy intake (tasting, chewing, and swallowing) and communication (speaking, smiling, or whistling). Oral diseases can cause severe illness if not prevented or treated early, and are the major causes of dental disease and non-battle injury (DNBI) during deployments. The main causes of oral diseases are bacterial or viral infections that are enabled by poor oral hygiene practices, inadequate fluoride intake, frequently consuming simple carbohydrates, and tobacco use.

Unfortunately, neglect of oral hygiene is all too common during field situations. The high-carbohydrate content of field rations and the exposure to sugar-containing drinks increase a Soldier's risk of developing tooth decay. Bacteria in dental plaque produce acid that removes the minerals from tooth enamel and causes decay. Failure to properly remove plaque from the teeth and gums for a week or more usually results in the development of gingivitis (inflammation of the gums). Already existing gum disease can become exacerbated.

Maintaining good oral hygiene practices to prevent dental decay and gum disease is very important for females in the field—

- Floss once a day. Dental floss removes plaque (bacteria) and food particles that stick in between teeth where a toothbrush can't reach. Flossing prevents gingivitis and gum disease. Ideally, a Soldier should floss once a day, before brushing.
- Brush two to three times daily to remove food debris, plaque buildup and bacteria that cause tooth decay. Brush teeth for about 2 minutes using fluoride toothpaste and a gentle, circular motion. If toothpaste is not available, table salt, baking soda, or water can be substituted. These mechanisms will remove plaque and bacteria from tooth surfaces and prevent gingivitis, but may not prevent dental decay. If unable to brush, rinse thoroughly with potable water after meals, and wipe all teeth surfaces with a clean cloth at least twice a day.
- Do not rinse, eat or drink for 30 minutes after brushing, just spit several times to remove the excess toothpaste. This allows the fluoride to remain in contact with the tooth surfaces to remineralize (harden) any areas of the tooth enamel that have been weakened by bacterial acids.
- Avoid using sugary and starchy snacks and drinks between meals to deal with distress or boredom. Frequent use of sugary snacks, sodas and sports/energy drinks can cause tooth decay and weight gain.
- Avoid tobacco, which causes gum disease, tooth decay, and oral cancer. There is no "safe" form of tobacco.
- Chew gum or mints that contain xylitol as the first ingredient after meals or snacks. Xylitol is a natural sweetener that blocks bacteria from producing the acids that cause tooth decay. Xylitol gum is found in the accessory pack of the meals ready to eat (MRE), and should be chewed for about 5 minutes, three to five times a day.

Be aware of the fact that hormone fluctuations affect oral health. Estrogen and progesterone promote an increase in oral bacterial levels and changes in the microcirculatory system (blood supply). Those who already have gingivitis can experience an increase in inflammation during monthly hormonal fluctuations. Increased hormone levels associated with pregnancy or the use of hormone supplements (including oral contraceptives) can also cause an increase in inflammation of the gums, resulting in tenderness, swelling, and bleeding when brushing. Females who use oral contraceptives are also twice as likely to develop a dry socket after dental extraction. Females who smoke and use oral contraceptives are even more likely to develop a dry socket.

Dental fads

One of the current popular dental fads are dental grills, a type of jewelry that is made to fit over the upper or lower front teeth. These grills can be removable or permanently glued onto the teeth. Many times, in order to have the grill fit over the teeth, healthy tooth structure needs to be shaved away. This removal of healthy tooth structure for the placement of decorative mouth jewelry is harmful to the teeth and is NOT recommended.

Body piercing, especially of the face or mouth, has become viewed as a form of self-expression in today's society. Army Regulation 670-1, Wear and Appearance of Army Uniforms and Insignia, states that Soldiers are not allowed to attach articles, jewelry, or ornamentation to or through the skin, which includes the tongue, lips, inside the mouth, and other surfaces of the body. The only exception is that female Soldiers are authorized to wear earrings. Oral piercing can be very dangerous if infection control procedures are not followed. The most common problems caused by oral piercing are damage to the teeth and gums, complications such as swelling or infection, and contracting diseases.

LEADER TIP: Leaders should ensure that Soldiers receive annual dental examinations and needed oral health care. Make sure all dental appointments are kept. Use low operational requirement periods to ensure all personnel maintain their dental readiness. Encourage Soldiers to eat a healthy diet and avoid tobacco use.

More information and resources on oral health are available at the USAPHC(Prov) Health Promotion and Wellness, Oral Health section, <http://chppm-www.apgea.army.mil/dhpw/>.

Section VIII. Non-pregnancy Restrictions

Some female-specific conditions unrelated to pregnancy, such as certain infections or severe vaginal bleeding, may preclude female Soldiers from participating in a field exercise, deployment, or even normal duty. If a Soldier experiences such a condition, seek a medical assessment and provide feedback to the unit.

Section IX. Environmental Factors

Cold weather

The peripheral cold injury rate for female Soldiers is two times higher than the rate for males. Gender differences in thermoregulatory responses during cold exposure are almost entirely attributable to women's generally greater body fat content and thicker subcutaneous fat layer than men of comparable age and weight, which enhances insulation and reduces the fall in core temperature. In women and men of equivalent subcutaneous fat thickness, the women typically have smaller total body mass causing the total heat loss to be greater in women, and body temperature tends to fall more rapidly for any given cold stress. Women typically have lower finger temperatures and higher rates of peripheral vascular disorders that could make them more susceptible to peripheral cold injury.

Soldiers who are pregnant should use additional caution during PT in cold weather conditions. Pregnant women need to see a physician to discuss exercising and other activities in the cold. It is very important that pregnant women do not become hypothermic, since this can potentially harm the fetus. In most cases, pregnant women can perform PT in cold environments if they pay special attention to proper clothing (removing clothing layers in response to sweating) and hydration. Exercise of moderate intensity, which causes slightly increased rate of breathing, feels somewhat hard, produces slight perspiration, and allows for conversation is safe as long as women follow guidelines for eating and drinking and do not become overheated. However, studies indicate that the body's ability to dissipate or conserve heat during heat or cold exposure appear to protect the fetus from changes in its thermal environment. In addition, a pregnant woman gets thirsty sooner and hormonal effects tend to conserve blood volume in the body core.

Due to the shift in the center of gravity adversely affecting balance and coordination, special attention should be paid to the surface conditions underfoot since snow or ice can increase the risk of dangerous slips and falls. The cold weather physical activities (i.e., cross-country skiing, ice skating) are safe for active and highly active individuals during the first and second trimesters if there is already a familiarity with the required equipment and skills. These activities become increasingly dangerous as the pregnancy progresses.

Hot weather

Heat injuries continue to be a threat to the health and well-being of Soldiers. Early identification of the signs of overheating is critical to prevent progression to a more serious heat injury or death. Climate, intensity and duration of exercise intensity, clothing, and individual risk factors are the variables that interact to cause a heat injury.

During pregnancy, women should avoid hot, humid locations since overheating is risky. There is a theoretical possibility of overheating due to elevated core body temperatures associated with moderate-to-high intensity aerobic exercise. The risk of neural tube defects during the first trimester owing to this effect is considered serious. However, **no evidence of overheating in**

association with exercise has been established. To augment the dissipation of heat, especially during the first trimester, adequate hydration and appropriate clothing are necessary. Fabrics, such as cotton, that move easily and let heat escape are good. Environmental surroundings that are cooled and well ventilated are recommended. Activities that depend on competition or group energy to keep up or go faster should be discouraged, as the dynamics can overtake common sense.

Pool PT

Swimming and water aerobics are a safe and effective means of exercise, especially for pregnant women. Water varying from **80-85 degrees Fahrenheit (F)** is the most comfortable temperature for water fitness classes. Cooling benefits are still felt as body heat rises due to vigorous activity, yet there is little risk of overheating. In cool water less than 78 degrees F, physiological responses in the body will change to keep the organs warm and functioning. Avoid exercise programs in pools with temperature around or above 90 degrees F as this is too warm for vigorous exercise programs and the possibility of overheating may occur.

LEADER TIP: Be aware of the individual risk factors that may affect your female Soldiers most specifically. The primary reference for heat injury is TB MED 507, *Heat Stress Control and Heat Casualty Management*. Additional heat injury information is available at the USAPHC(Prov) website <http://chppm-www.apgea.army.mil/heat/>.

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CHAPTER 2. REPRODUCTIVE HAZARDS, PREGNANCY, AND PARENTING

Pregnancy is a major life-cycle event for Soldiers and a major concern for commanders. Pregnancy is not a disease or affliction. With proper management and education, a female Soldier can be a productive member of her unit throughout her pregnancy. The maximum use of a pregnant Soldier may require some creative thinking or temporary internal reassignments within a unit. While this may be mildly disruptive, it also can present the opportunity for cross-training. A pregnant Soldier can continue to work in a worthwhile position and be a value-added resource to her unit.

Section I. Reproductive Hazards

Reproductive and developmental hazards in the workplace are an important concern if a Soldier is attempting to conceive a child or is pregnant. A Soldier should be notified of any known reproductive hazards when in-processing into a unit and how to access the nearest Occupational Medicine Clinic. Finally, a Soldier must promptly tell her commander if she becomes pregnant so that the Occupational Medicine Clinic can be notified.

A Soldier should know which operations in a unit could cause reproductive hazards. Specific occupational health limitations will be listed on a Soldier's pregnancy profile. A Soldier should contact her chain of command if there is concern about reproductive hazards in her workplace. A Soldier can also get information about reproductive hazards from the Occupational Medicine Clinic through the MTF.

An occupational history will be taken at the Soldier's first visit to assess potential workplace hazards related to the Soldier's military occupational specialty (MOS) and if additional occupational exposures should be avoided during the pregnancy.

LEADER TIP: A leader's responsibilities regarding reproductive and developmental hazards include assuring that Soldiers are informed about potential workplace reproductive hazards and assuring that a pregnant Soldier and her fetus are not at risk by the Soldier's work assignment. Commanders should be aware of which operations under their command pose hazards. The most likely area to contain potential hazards is the motor pool. Weapons maintenance and firing; handling of petroleum, oil, and lubricants; and pesticide application may also pose potential risks. The following military occupational specialty codes have the highest potential for exposures: 44 B; 45 series; 52 C, D; 62 B; 63 series; and 77 F. In hospitals, high-risk areas include the pharmacy, the operating room, post anesthesia care unit, radiology, nuclear medicine, and the oncology clinic. The level of risk depends on the frequency, duration, and intensity of the exposures, and any preventive measures that are in place. The unit commander is advised to establish liaison with the industrial hygiene officer or occupational health personnel at the installation.

Section II. Issues to Consider Prior to Deployment

Some Soldiers have indicated a desire to have sperm or ovum collection and storage performed before their deployments in the event of sustaining injuries which would prevent them from fathering or bearing children in the future. Others have indicated that in the event of their deaths or if they are in a persistent vegetative state they would want their spouse/significant other to have their children at some point. In each case, this process takes prior planning on the part of the Soldier. If these options are seriously being considered by the Soldier, the following need to be considered:

- Consult with an attorney and chaplain or other life counselor before making a decision.
- Consider these issues deliberately and significantly in advance of the deployment. Many interrelated issues must be discussed that have lasting effects on multiple individuals.
- The eligibility of a child from post-mortem conception is uncertain and will be addressed on a case-by-case basis.

Guidance on gamete collection issues for active duty Army personnel is addressed in Office of the Surgeon General (OTSG)/U.S. Army Medical Command (MEDCOM) Policy Memo 09-015. An information sheet, “Reproductive Issues to Consider Prior to Deployment” has been developed and is available as part of the Soldier Readiness Processing (SRP) or from Clinical Services Division, Office of the Assistant Chief of Staff for Health Policy and Services, MEDCOM.

Section III. Pregnancy Counseling

After a positive pregnancy test, a Soldier will receive a pregnancy profile from an HCP. A Soldier must give the profile to her commander. The starting point for all pregnant Soldiers is pregnancy counseling by the company commander. The counseling session should take place as soon as possible after the unit is informed about a medically confirmed pregnancy test. The session can avert misunderstandings, indecision, and potential problems. A standard checklist is often used during the counseling session. A pregnancy counseling session must include all the information indicated in Figure 8-1, Pregnancy Counseling Checklist, and Figure 8-2, Statement of Counseling, in AR 635-200, Active Duty Enlisted Personnel Separations, dated 06 Jun 2005 or AR 600-8-24.

Although female officers are not eligible for Chapter 8 separation, they may request resignation from active duty due to pregnancy. The same counseling is very relevant and highly recommended, regardless of rank. Policy pertaining to Reserve Component and Active Duty officer pregnancy separation and counseling is in AR 600-8-24, paragraphs 2-13, 2-14, 3-11, 3-12, Tables 2-5 and 3-4. Figure 2-2 provides a sample format for a pregnancy statement of counseling and Figure 3-3 provides a sample format for a pregnancy resignation.

The counseling session should be more than a check-the-block exercise. The commander should be prepared to answer specific questions regarding separation, medical entitlements, etc. A

Soldier's immediate supervisor also needs to understand the counseling in order to deal with any follow-up questions. The list below provides information to supplement and explain the checklist. Table 2-1 provides information to supplement and explain the checklist. Areas not covered in the checklist but addressed elsewhere in this technical guide include pregnancy and postpartum (after childbirth) physical training (PT), assignment of duties such as charge of quarters (CQ)/staff duty noncommissioned officer (SDNCO)/staff duty officer (SDO), the AWCP, and agencies available to assist a Soldier.

Recommended attachments to the counseling statement would be the Supplemental Information for Pregnancy Counseling Session (Table 2.1), Family Care Plan Checklist (Appendix B), and Letter of Instruction for Family Care Plan (Appendix C). A sample completed DA Form 4856 is in Appendix G.

Possible topics to discuss during counseling:

- Profile.
- Pregnancy discharge (AR 635-200, Chapter 8). Separation benefits. (medical and dental)
- Work hours/ restrictions as outlined in profile and AR 40-501 dated 14 Dec 2007.
- Housing.
- Uniforms.
- Non-deployable status.
- Occupational health assessment. (if environmental hazards are possible)
- Medications. (Does the medication restrict driving or lifting?)
- Physical fitness and APFT.
- Preparing a Family Care Plan packet (if applicable).
- Location of delivery and citizenship of child.
- Convalescent leave.

Possible Plan of Action: (Person counseled develops plan with leader/ counselor's guidance.)

- Plans are to stay in the Army after having the child.
- Contact housing to get on the housing list.
- Go through supply to get new uniforms for pregnant Soldiers.
- Check with the doctor for any restrictions medications/ pregnancy may cause.
- Enroll in PPPT Program once receive medical clearance.
- Keep the supervisor informed of the changes in the work hours allowed by profile.
- Prepare a Family Care Plan packet in the seventh month of pregnancy (if applicable).

Possible Leader's Responsibilities: (This guide is only an example.)

- Contact the Noncommissioned Officer in Charge (NCOIC)/Coordinator of the Pregnancy/Postpartum Physical Training (PPPT) Program to get Soldier scheduled for an orientation and sign memorandum for this to be her place of duty for PT.
- Coordinate the workload around the Soldier's restricted work hours and other limitations.
- Schedule the Soldier for an appointment with the company commander for her initial counseling for her Family Care Plan packet (if needed).

Table 2-1
Supplementary Information for Pregnancy Counseling Session

Subject	Basic Facts	References
1. Retention or separation	Soldiers may choose to remain in the Service or separate.	AR 635-200, paragraphs 1-16, 1-36, 5-11, 6-3, chapter 8, and 11-3b
	Officers may choose to remain in the Service or request release from active duty; those officers with obligations due to schooling, incentive pay or funded programs are not eligible for release until completion of Service obligation.	AR 600-8-24, paragraphs 2-13, 2-14, 3-11, and 3-12; tables 2-5 and 3-4; and figures 2-2 and 2-3
Reenlistment	Soldiers who are pregnant (includes the birth of the child plus 7 months) may reenlist or extend if they passed an APFT within the 9 months preceding the date of the profile, are otherwise qualified, and were not in the Weight Control Program immediately prior to pregnancy or termination of pregnancy.	AR 600-9, paragraph 3-3b; AR 601-280, 3-8 e and f
2. Maternity care	<p><u>A Soldier remaining on Active Duty</u> will receive care in a MTF or civilian facility if no military maternity care is available within 50 miles of where the Soldier works and resides. Soldiers who reside/work more than 50 miles from an MTF or elect to take leave and deliver in the vicinity of her leave address are required to enroll in the TRICARE Prime Remote Program. These pregnant Soldiers will be counseled by the leave approving authority and local MTF PCM about requirements for obtaining maternity care from civilian sources.</p>	<p>AR 40-400, paragraphs 2-2 and 2-8</p> <p>NOTE: ACOG recommends travel begin prior to 34 weeks.</p>
	<u>Soldiers separating</u> are authorized treatment only in a MTF that has maternity care. They are not authorized care in a civilian treatment facility at government expense.	AR 40-400, paragraph 3-39
a. Family planning services	Eligible upon request at MTFs	AR 40-400, paragraph 2-17
b. Abortions	Only performed in military facilities when the life of the mother is in danger. Abortions in overseas Army MTFs on a prepaid basis only as the result of rape or incest.	AR 40-400, paragraphs 2-18 and 3-39

Subject	Basic Facts	References
3. Leave	Soldiers may request ordinary, advance, or excess leave in order to return home or to another appropriate place for the birth, or to receive other maternity care. Care must be received at an MTF, or the Soldier must get a non-availability statement (NAS) from the treatment facility prior to leaving the area. If the Soldier fails to do this, she will be liable for the expenses incurred for her care. Leave is at the discretion of the command. Such leave will terminate with the onset of labor or other medical necessity. Non-chargeable convalescent leave for postpartum care is limited to the amount of time essential to meet medical needs, normally 42 days.	AR 600-8-10, paragraphs 4-5, 4-27, 4-28, 5-3 through 5-8, and 5-15; tables 4-14, 5-2, through 5-5
4. Clothing and uniforms	Military maternity uniforms will be provided to enlisted Soldiers. Officers must purchase.	AR 670-1, chapters 4, 9, 11, and 17; paragraphs 1-6, 1-9, 1-10, and 14-6 AR 700-84, paragraph 4-9
	Soldiers cannot be required to purchase PT uniforms of a larger size.	AR 670-1, paragraph 14-6
5. Basic Allowance Subsistence (BAS) and Basic Allowance for Housing (BAH)	BAH with dependents is authorized for single Soldiers after the birth of the child. BAH without dependents is authorized when the pregnant Soldier moves off-post. Check with a Soldier's ISG regarding the installation's policy on when a Soldier is authorized to move out of the barracks. Check with military housing for government quarters availability. Pregnant Soldiers may be placed on the waiting list when pregnancy is confirmed by medical authority.	AR 420-1, paragraph 3-14d(5), 3-14f, 3-18k; Department of Defense (DOD) Financial Management Regulation 7000.14-R Vol. 7A CH 26; Installation Housing Office
6. Assignments	Except under unusual circumstances and approval by exception, pregnant Soldiers will not be reassigned to overseas commands. If assigned overseas when she becomes pregnant, the Soldier will usually remain overseas, but she may be reassigned within the continental U.S. (CONUS). Medical clearance must be obtained prior to any reassignment. Soldiers will be considered available for worldwide deployment 6 months after giving birth. Soldier may request waiver to deploy with the unit during the 6-month non-deployable period. Soldiers found pregnant after deployment will be removed from area of responsibility when cleared by medical authority.	AR 614-30, paragraphs 3-3f, 3-8a(5), 3-8b, 5-1e, and 5-3; table 2-1, Nos. 13 and 14; table 3-1, Nos. 31-33
7. Involuntary separation for	If unsatisfactory performance or conduct warrants	AR 635-200, paragraphs

Subject	Basic Facts	References
unsatisfactory performance, misconduct, or parenthood	separation, or if parenthood interferes with duty performance, a Soldier may be separated even though a Soldier is pregnant.	5-8, 11-3, and 13-2; and figure 8-1
8. Family care counseling	Single parents or dual military couples must have an approved Family Care Plan (FCP) on file. The plan must state actions to be taken in the event of assignment to an area where dependents are not authorized or upon absence from the home while performing military duty. Failure to develop an approved care plan will result in a bar to reenlistment. (See the sample letter of instruction for FCPs in appendix B of this guide.)	AR 600-8-24, tables 2-5 and 3-4 AR 600-20, paragraph 5-5 AR 601-280, paragraph 8-4c AR 635-200, paragraphs 8-9 and 8-10; and figure 8-1
9. Pregnancy and postpartum PT	Uncomplicated pregnancy does not preclude a Soldier from participating in a modified PT program. Pregnant and postpartum Soldiers are required to enroll and participate in the Army Pregnancy Postpartum PT programs where available. Before participating in PT, the Soldier must obtain the profiling officer's approval. Participation in PT is guided by the Soldier's profile and any other limitations set by her HCP. Soldiers are exempt from the Army Physical Fitness Test (APFT) for 180 days postpartum. A postpartum Soldier will be issued a profile for 45 days that allows PT at the Soldier's own pace.	AR 40-501, paragraphs 7-9 and 7-10; AR 350-1, Appendix G-9a (10) and (11); DOD Directive (DODD) 1308.1, 4.3.2; and Field Manual (FM) 21-20
10. Additional duties	Pregnancy does not preclude a Soldier from performing additional duties such as CQ/SDNCO/SDO. At 20 weeks there are some duty limitations. After the 28 th week of pregnancy, when the Soldier's workweek is limited to 40 hours, these duties are counted as part of her 40-hour workweek, with a limitation of an 8-hour workday. One hour of PT counts toward the work day.	AR 40-501, paragraphs 7-9 and 7-10
11. Army Weight Control Program	Pregnancy invokes some special considerations in the AWCP. (See section VI of this chapter.) Pregnant Soldiers are exempt from body composition testing until 6 months after delivery or termination of the pregnancy.	AR 40-501, paragraph 7-13 AR 600-9, paragraphs 3-1d and 3-2k
12. Institutional School Attendance/ Eligibility	Soldiers with temporary profiles that are not a result of operational deployment that prevent full participation in a course will be removed from school attendance consideration. Soldiers receiving	AR 350-1, paragraph 3-13

Subject	Basic Facts	References
	temporary physical profiles limitations after enrolling in resident training courses will be evaluated for continued enrollment.	
13. Profiles	Upon a medically confirmed positive pregnancy test, a Soldier will be issued a physical profile (DA Form 3349) for the duration of the pregnancy and prenatal care will be initiated. Beginning on the date of termination of pregnancy or date of delivery, postpartum Soldiers will be issued a temporary postpartum profile for 45 days.	AR 40-501, 4-13c, 7-9 and 7-10
14. Field Training Exercises	At 20 weeks pregnant, a Soldier is exempt from field duty. A postpartum Soldier receives a 4-month deferment from duty away from home station immediately following the birth of a child.	AR 40-501,7-9d. (11) DODI 1342.19, 4g DODI 1315.18
15. Deployability status	Soldiers are "not available" for deployment in the following circumstances: - During pregnancy - Mother of newborn, for 6 months after delivery, unless Soldier waives - Parent of adopted child, for 6 months after adoption, unless Soldier waives - If no family care plan on file (see item 8)	AR 220-1, table D-1; AR 614-30, table 3-1
16. Common military training	Required individual or unit training related to female readiness: - Preventive measures against disease and injury - Army family team building - Ethics - Command climate - Sexual harassment and sexual assault prevention and response - Health benefits awareness	AR 350-1, Tables G-1 and G-2
17. Paternity Leave	10 days of paternity leave are authorized for a married Soldier on active duty to be used in conjunction with the birth of a child. Leave must be taken consecutively and within 45 days of birth of the child.	ALARACT 062/2009; Duncan Hunter National Defense Auth Act for FY 2009

LEADER TIP: Ensure that all Soldiers are well informed. Appendix B contains a fact sheet outlining questions that pregnant Soldiers often ask and the answers to those questions. If accountability is an issue, include a block on the counseling checklist where the Soldier can initial upon receipt of the fact sheet.

Section IV. Pregnancy and Postpartum Profiles

Once a Soldier has a medically confirmed positive pregnancy test, she will be issued a Physical Profile (DA Form 3349) by a privileged provider (physician, nurse midwife/ practitioner or physician assistant) and enrolled in prenatal care. Highlighted in this section are the major points of the profile issued for normal pregnancy and the postpartum period (AR 40-501, 7-9, 10).

Profiles for Soldiers experiencing difficult or complicated pregnancies will include more information than what is discussed in this section. If there are questions regarding the profile or the extent of its application, the best point of contact is the HCP who issued the profile.

Upon confirmation of pregnancy—

Profiles will be issued for the duration of the pregnancy. An occupational history will be taken at the first visit. The profiling HCP, in conjunction with the occupational medical clinic as needed, will determine whether any additional occupational exposures should be avoided for the remainder of the pregnancy. Upon delivery or termination of the pregnancy, a new profile will be issued reflecting revised profile information. The MTF will ensure that a unit commander is provided a copy of the profile.

The profile will indicate the following limitations:

- Except under unusual circumstances, a pregnant Soldier should not be reassigned to overseas commands. A Soldier may be reassigned within CONUS. A Soldier must obtain medical clearance prior to any reassignment.
- Soldier will not be assigned to duties when nausea, easy fatigue, or sudden lightheadedness would be hazardous to a Soldier or to others, to include all aviation duty, classes 1/2/3.
- Uncomplicated pregnancy results in flying duty restrictions to synthetic flight simulator training during the entire pregnancy; or multi-crew, multi-engine, non-ejection seat fixed wing aircraft during the 13th through 24th week of gestation. The requirement for physiological training is waived during pregnancy. (See APL, Pregnancy.)
- Soldier will be restricted from assignments involving frequent or routine exposures to fuel vapors or skin exposure to spilled fuel, such as fuel handling or otherwise filling military vehicles with fuels such as mogas, JP8, and JP4.
- Soldier cannot participate in indoor weapons training, but firing of weapons at outdoor sites and laser weapons training is permitted. No exposure to organic solvents above permissible levels is permitted.

- Soldier will not work in the motor pool involving painting, welding, soldering, grinding, sanding on metal, washing parts, or performing other duties where she is routinely exposed to carbon monoxide, diesel exhaust, hazardous chemicals, paints, organic solvent vapors, or metal dusts and fumes.
- Soldier may do preventive maintenance checks and services on vehicles using impermeable gloves and coveralls. A Soldier may work in areas adjacent to the motor pool if adequately ventilated and if shown by industrial hygiene sampling not to pose a hazard from chemicals, fumes or engine exhaust.
- Soldier should avoid excessive vibrations from vehicles greater than 1-1/4 ton on unpaved surfaces.
- Upon the diagnosis of pregnancy, a Soldier is exempt from mandatory unit PT and from PT testing. Pregnant Soldiers will enroll and participate in pregnancy PT programs (remote Soldier PPPT is available for those in locations without a structured PPPT Program) after receiving HCP approval to participate.
- Soldier is exempt from wearing load-bearing equipment. Wearing of individual body armor is not recommended and should be avoided after 14 weeks gestation.
- Soldier is exempt from all routine immunizations except influenza and tetanus-diphtheria.
- Soldier is exempt from exposure to all fetotoxic (poisonous to the fetus) chemicals noted on the occupational history form. She is exempt from exposure to chemical warfare and riot control agents and the wearing of mission-oriented protective posture (MOPP) gear at any time.
- Soldier may work shifts.
- Soldier must not climb or work on ladders or scaffolding.
- At **20 weeks** of pregnancy, a Soldier is exempt from standing at parade rest or attention for longer than 15 minutes. A Soldier is exempt from participating in swimming qualifications, drown proofing, field duty, and weapons training. The Soldier should not ride in, perform preventive maintenance, checks and services (PMCS) on, or drive vehicles larger than light medium tactical vehicles.
- At **28 weeks** of pregnancy, a Soldier must be provided a 15-minute rest period every 2 hours. A Soldier's workweek should not exceed 40 hours, and a Soldier should not work more than 8 hours in any one day. The 8-hour duty day includes the hour for PT and the hours after reporting to work or work call formation.

- If a Soldier is experiencing a normal pregnancy, a Soldier may continue to perform military duty until delivery. Only unusual and complicated problems will allow excuse from all duty, and medical personnel will assist unit commanders in determining duties.
- A Soldier will not be placed sick in quarters solely on the basis of pregnancy unless there are complications present that would preclude any type of duty performance.

For postpartum profiles—

Convalescent leave after delivery will be for a period determined by the physician (AR 600-8-10) and is normally 42 days following normal pregnancy and delivery. Convalescent leave after a termination of pregnancy (for example a miscarriage) will be determined by the physician on a case by case basis.

Beginning on the date of delivery or termination of pregnancy, postpartum Soldiers will be issued a temporary postpartum profile for 45 days, which allows PT training at a Soldier's own pace. A Soldier is encouraged to use the Army PPPT At-Home Program during convalescent leave. A Soldier will receive clearance from the profiling officer to return to a Soldier's full duty. Pregnant Soldiers are exempt from the APFT and record weigh-in for 180 days following termination of pregnancy. Postpartum Soldiers will take part in the postpartum portion of the Army PPPT Program to prepare for the APFT. Clearance from their healthcare provider is required if a Soldier returns to regular unit PT before 180 days following pregnancy termination.

Guidance will only be modified after physician evaluation requires such. The chain of command will have the same expectations once a Soldier returns from convalescent leave as they have for a Soldier's peers. While the leadership may certainly be understanding of the hardships faced by new parents, there must be one standard for readiness and duty performance in the unit.

Section V. Exercise During Pregnancy and the Postpartum Period

Pregnant and postpartum Soldiers should be treated as Soldiers first whenever possible. As a pregnant Soldier, a Soldier should participate as much as possible in all unit activities; this participation is vital to a Soldier and to other Soldiers in the unit. One way to do this is to continue a regular, although modified, PT program during uncomplicated pregnancies.

In a January 2002 opinion, the American College of Obstetricians and Gynecologists **recommended** that healthy women participate in at least 30 minutes of moderate exercise most days of the week. Exercise during pregnancy assists postpartum recovery and improves fitness, wellness, and self-esteem. Soldiers who maintain a level of fitness throughout their pregnancies may benefit by promoting a faster return to physical readiness, preventing excessive gains in weight and body fat, reducing physical discomforts and stress during pregnancy, and promoting a healthy pregnancy.

A Soldier's safety and that of the baby are the primary concern in any exercise program undertaken during pregnancy. The potential exists for maternal and fetal injury because of the physical changes that take place during pregnancy, so exercise recommendations and programs must be conservative. These changes include such things as a forward shift of the center of gravity, ligament laxity, and increases in blood volume, resting heart rate, core body temperature, metabolic rate, and respiration. They can impact the balance of a Soldier's body systems and increase the risk of joint injury and back pain.

The goal of exercise during pregnancy is to maintain the highest level of fitness consistent with maximum safety for the Soldier and baby. After the baby is born, potential problems for women continue due to persistent musculoskeletal and physiological changes that occur during pregnancy.

LEADER TIP: Pregnant Soldiers must be evaluated and cleared for exercise by an HCP before taking part in any PT program. A standardized PPPT program has been developed and is being implemented Army-wide. Ensure consistent participation by Soldiers in the Army's structured pregnancy/postpartum PT programs as much as possible. For more information regarding PPPT educational materials and personnel training contact the local point of contact for pregnancy/postpartum fitness or the USAPHC(Prov) PPPT website, <http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPT.aspx>.

Guidelines

The guidelines that follow are based on the unique conditions that exist during pregnancy and the postpartum period. They outline general criteria for a safe exercise program.

Pregnancy and postpartum—

- A Soldier must have the approval of an HCP before beginning an exercise program.
- Regular exercise three to five times a week is preferable to intermittent activity. Competitive activities should be discouraged.
- A Soldier should not engage in vigorous exercise in hot, humid weather, or if a Soldier has a fever above 100.5 degrees F.
- Avoid ballistic movements (jerky, bouncy motions) such as high-impact aerobics, jumping rope and certain calisthenics like the mule kick or high jumper. Exercise on a wooden floor or a tightly carpeted surface to reduce shock and provide a sure footing.

- Avoid deep flexion (bending) or extension (straightening) of joints because of ligament laxity. Avoid activities that require jumping, jarring motions, or rapid changes in direction because of joint instability.
- Engage in a 10-12 minute period of muscle warm-up prior to vigorous exercise. Slow walking or stationary cycling with low resistance can accomplish this.
- Follow vigorous exercise with a 5-10 minute period of gradually declining activity that includes gentle stationary stretching. Because ligament laxity increases the risk of joint injury, do not stretch to the point of maximum resistance.
- Measure a Soldier's heart rate at times of peak activity during the first trimester and the postpartum period. Do not exceed exercise intensity limits established by the HCP. During the second and third trimesters, use the rate of perceived exertion to monitor exercise intensity. Second and third trimester Soldiers who are working at an effective intensity will be working at a somewhat hard to hard level, and should not exercise above hard.
- When doing floor exercises, rise gradually from the floor. Some form of activity involving the legs should be continued for a brief period after a Soldier rises from the floor.
- Ensure consumption of enough calories at regular intervals to maintain a steady blood sugar level. A Soldier in the second trimester should eat an extra 340 calories per day and in the third trimester 450 extra calories per day to provide adequate nutrition for herself and the fetus. A Soldier needs adequate protein (70-90 grams/day) and vitamins and minerals for tissue formation, energy, hormones, and cell function.
- After 20 weeks, use splinting techniques (crossing hands over the abdomen to pull the abdominal muscles toward the center) during curl-ups, curl-downs or head lifts to minimize the separation of abdominal muscles. Postpartum Soldiers with a separation of abdominal muscles of two fingers or greater also must splint and not do Army sit-ups.
- Drink liquids liberally before and after exercise to prevent dehydration. If necessary, interrupt a Soldier's activity to drink water.
- Exercise programs should correspond with a Soldier's pre-pregnancy fitness levels. Remember that a Soldier should work at her own pace. Avoid fatigue and over-training.

LEADER TIP: If a Soldier exhibits or experiences any warning signs or symptoms of overexertion or conditions that will limit exercise (see a detailed list below), direct her to stop the activity and ensure that she sees her HCP for an immediate medical assessment of her condition.

Pregnancy only—

- Strenuous activity performed at the maximum intensity level should not exceed 20 minutes in duration.
- Do not perform any exercise while lying on the back after the first 13 weeks of pregnancy; examples include leg lifts, butterfly kicks, bicycles, full sit-ups, and crunches.
- Avoid exercises that involve bending at the knees and bearing down since these exercises put undesirable strain on the rectum, cervix, and those muscles that support the internal abdominal organs and surround the vagina, urethra, and anus. Examples are full squats, both callisthenic and weight lifting, and deep knee benders.
- Avoid standing still for long periods. Weight-bearing aerobic sessions from 20 minutes to a maximum of 45 minutes are recommended.

LEADER TIP: There are conditions during pregnancy that may prevent a Soldier from exercising vigorously. A Soldier should be evaluated by an HCP to determine if a Soldier has any of these conditions, and the impact this may have on any exercise program. If a Soldier exhibits or experiences any warning signs or symptoms of overexertion or conditions that will limit exercise (see a detailed list below), direct her to stop the activity and ensure that she sees her HCP for an immediate medical assessment of her condition.

All of these conditions must be determined/ diagnosed by an HCP, and are presented as information only so that Soldiers and Commanders may better understand the implications of any diagnoses and changes in profile.

Some conditions that **may limit exercise** during pregnancy are—

- High blood pressure
- Anemia or blood disorders
- Thyroid disease
- Diabetes
- Irregular heartbeat
- A history of premature labor
- A history of the fetus not growing adequately
- A history of bleeding during present pregnancy
- Breech presentation in the last trimester
- Excessive obesity
- Extreme underweight

Some conditions that **will limit exercise** during pregnancy are—

- A history of three or more spontaneous abortions (miscarriages)
- Ruptured membranes (water breaks)
- Premature labor
- Diagnosed multiple gestation (twins, triplets)
- Incompetent cervix (weak opening from the uterus and vagina)
- Bleeding or diagnosis of placenta previa (situation in which the placenta lies over the cervix)
- Diagnosed heart disease

Warning signs and symptoms of overexertion

A Soldier experiencing any of the following conditions must stop exercising and contact an HCP immediately for a medical assessment of her condition:

- Swelling of face and hands
- Severe headaches
- Pain
- Bleeding or excessive flow of clear or yellow-white fluid from the vagina
- Dizziness or lightheadedness
- Shortness of breath
- Palpitations or chest pain
- Faintness
- Back pain
- Pubic pain
- Difficulty walking
- Fever over 100.5 degrees F

Uniforms during exercise

Pregnant Soldiers will wear the physical fitness uniform until it becomes too small or is uncomfortable. At this time a Soldier may wear equivalent civilian PT attire. A Soldier may wear the T-shirt outside the trunks. A Soldier will not be required to purchase a larger physical fitness uniform to accommodate the pregnancy.

Pregnant Reserve Component Soldiers

Reserve Component and National Guard Soldiers that are pregnant are required to meet the same physical fitness and height/weight requirements postpartum as the Army active component. To assist these Soldiers, specific Army Reserve and National Guard Soldier materials, in the form of a workbook (on CD-ROM) and video set (on DVD), have been developed to address the needs of Soldiers in individual PT programs. These materials are intended to be used only after a Soldier has received clearance for participation from her HCP. Command guidance and implementation information for Army National Guard State Surgeons, Regional Readiness Command Surgeons,

and individual units, as well as the documentation required to order the training materials may be obtained from the USAPHC(Prov) PPPT website at <http://chppm-www.apgea.army.mil/dhpw/Readiness/RNGPPPT.aspx>.

Section VI. Oral Health During Pregnancy

Hormonal changes during pregnancy encourage bacteria to grow in the mouth and increase a woman's risk of developing gingivitis (redness and bleeding of the gums). Eating healthy foods and practicing good oral hygiene will help keep gums healthy. In some instances benign (not harmful) growths can develop on the gums. A dentist can remove these growths if they become large, painful or interfere with chewing.

Emergency dental treatment to relieve pain or infection should be sought as soon as possible. Routine dental examinations or treatment can and should be performed during an uncomplicated pregnancy. In fact, pregnant women who have unhealthy gums may be affecting their unborn child's health. Several studies have shown a strong association between gum disease and increased risk of poor birth outcomes (e.g., preterm delivery, low-birth weight).

Many women experience nausea or hypoglycemia during pregnancy and find it necessary to eat snacks between meals. Common snack foods such as crackers may be high in starches or sugars. This increased frequency of food consumption and increase in carbohydrate intake can promote tooth decay. Make sure to brush after meals and snacks.

One of the body's primary defenses against decay is saliva. Saliva contains proteins and electrolytes that buffer and neutralize bacterial acids. It also contains calcium and phosphorus, which promote the hardening of weakened tooth structure. During pregnancy, saliva may become more acidic, have decreased ability to maintain the balance between acidity and alkalinity and have lower calcium levels. This may increase susceptibility to tooth decay, so maintaining good oral hygiene habits becomes particularly important.

The nausea that is often experienced during the first trimester is sometimes accompanied by vomiting. During the third trimester some women also experience severe heartburn, which may expose the mouth to stomach acid. Stomach acids irritate the gums and soften the outer layers of tooth enamel allowing the enamel to be removed easily. If this happens repeatedly, the enamel will become thin and the teeth may become sensitive. Do not brush immediately after the mouth is exposed to stomach acid. Rinsing with milk or a solution of water that contains a pinch of baking soda will neutralize the acid and allow the saliva to remineralize the teeth. If milk or baking soda are not available, use plain water, or suck on an antacid tablet—do NOT chew the tablet. If acid exposure happens repeatedly on a daily basis, a fluoride mouthwash or prescription fluoride gel may also be necessary to prevent dental erosion.

To keep a mouth healthy during pregnancy—

- Get a dental checkup and a cleaning as soon as possible, and take care of any dental problems.
- Floss once a day, before brushing.
- Brush teeth 2-3 times a day with fluoride toothpaste. Do not rinse, eat or drink for 30 minutes after brushing, just spit several times to remove the excess toothpaste. This allows the fluoride to remain in contact with the tooth surfaces where it is most effective.
- Avoid sugary snacks and drinks that can cause tooth decay and weight gain.
- Avoid tobacco.
- Chew xylitol gum for five minutes after eating; when used regularly it reduces tooth decay.

Proper nutrition during pregnancy is important not only for a mother's oral health, but also the oral health of her developing baby. Low vitamin D levels during pregnancy may affect the development of the baby's teeth, making them prone to tooth decay. Folic acid appears to be important in the prevention of cleft lip and palate in the developing baby. Cleft lip can form by the 8th week and cleft palate by the 12th week. The majority of studies have shown that an adequate intake of folic acid reduces the chances of a baby having clefting problems, even in mothers who have a genetic predisposition for orofacial clefting. Vitamin C helps a woman maintain healthy gums during pregnancy. Calcium is important for both the health of the mother's bones and teeth and the proper development of the baby's bones and teeth.

Eating small, frequent meals or snacking is sometimes necessary during pregnancy, especially during the third trimester. Decrease your chances of tooth decay and increase your intake of vitamins and minerals by practicing smart snacking. Eat dairy products and plenty of fresh fruits and vegetables instead of starchy or sugary snacks.

For more tips on how to keep your mouth healthy during pregnancy and make sure your baby has healthy teeth, check out *A Healthy Mouth for Your Baby* (available in English and Spanish at <http://chppm-www.apgea.army.mil/dhpw/DentalProviders.aspx>) and *Two Healthy Smiles: Tips to Keep You and Your Baby Healthy* from the National Maternal and Child Oral Health Resource Center, <http://www.mchoralhealth.org/>.

Section VII. The Single Pregnant Soldier

Single Soldiers who become pregnant warrant additional attention from command since these Soldiers may have less support than married Soldiers. A Soldier who becomes pregnant needs to make important decisions about her future in the military and provision of care for her baby. For single Soldiers, these decisions may be more complex, especially if the pregnancy was unplanned.

LEADER TIP: The goal of the chain of command should be to empower a Soldier since this is a critical time in a Soldier's military career and personal life. By default, the chain of command often becomes the support network for the single pregnant Soldier as she progresses through her pregnancy. The most positive thing a Soldier's leadership can do is to provide a Soldier with information and points of contact (POCs). Upon learning that a single Soldier is pregnant, immediately involve the chain of command, NCO Support Chain, and Unit Ministry Team to assess the Soldier's needs, determine what assistance she may require, and find out how the Soldier is coping with any anxiety associated with her pregnancy. This should not be a formal counseling session but rather an informal discussion. Remember, the goal is to provide additional support to a Soldier who may have few resources and limited support outside of the unit. Any decisions concerning a Soldier's baby must be her own.

Any pregnancy can be a source of anxiety as well as celebration. For pregnant Soldiers who are making decisions about their futures and their babies without family or spouse, feelings of anxiety may become overwhelming for them at times. This anxiety can lead to the Soldier experiencing increased distress, unexpected difficulty in decision making, and possibly choosing to alter her lifestyle without having thought through the consequences of her choice. For this reason, it is important that single pregnant Soldiers, whenever possible, reach out to either their existing or newly established support systems for counsel and resist the desire they may experience to withdraw from others. Doing so will help reduce the stress burden, provide increased social support, and give single Soldiers access to "sounding boards" as they make important personal decisions regarding their pregnancies and careers.

While it is true that single Soldiers face special challenges during pregnancy as a result of their single status, it is worth remembering that some married Soldiers have family situations that contribute to stress rather than make it easier to bear. All Soldiers (single and married) should be considered as individuals with unique circumstances that contribute to their experience of pregnancy, and unit support should be provided at a level commensurate with the Soldier's situation.

In many cases, though, a Soldier may need more help than the unit can provide. In such instances, there are a number of support services available to address different areas of concern. These services are available to all eligible Soldiers (both single and married) who could benefit from them. In addition to support services provided by the Army or local government, it is also a good idea to check out the community resources available in the area. A list of community services and resources should be available through Army Community Services, Community/Public Health Nursing, or Preventive Medicine Services.

Social Work Services

These services can be very helpful to a single, pregnant Soldier. Social Work Services (SWS) can help Soldiers plan for the arrival of a child by teaching them what to expect from a newborn; how to deal with financial issues, child care arrangements, and changes in relationships; general education about child rearing; and community resources to assist new mothers and mothers with other children. They can also help the Soldier deal with difficult decisions, such as adoption or separation from the military.

LEADER TIP: In most cases, a Soldier cannot be forced to seek help from Social Work Services (nor should they be), but these services should be offered to a Soldier. Reinforcement at the unit level can be beneficial to encourage Soldiers to take advantage of these services. Leaders should feel free to contact SWS if they have questions or concerns. If leaders are concerned for a Soldier's safety or mental health but that Soldier refuses to go to SWS, then leaders should contact SWS to learn more about the command-referral process. If leaders should become concerned for the safety or health of a Soldier's child, they should contact the installation's Family Advocacy Program (usually co-located with SWS).

Women, Infants, and Children Program

The Women, Infants, and Children (WIC) Program is designed to help low-income women and families. Eligibility for WIC benefits is determined by financial need. The program helps a Soldier buy food during pregnancy and after delivery. It also helps in the purchasing of formula and food for infants and children. In the military, most single Soldiers in the grade of E-4 and below qualify for the WIC program.

In addition to providing support and facilitating assistance to single pregnant Soldiers, there are some regulatory actions that must be implemented when a single Soldier becomes pregnant. These include issues concerning housing, food, and Family Care Plans.

Basic Allowance for Housing (BAH)/Basic Allowance Subsistence (BAS)

Pregnant Soldiers living in barracks are authorized to remain in the barracks until they deliver. Check with the First Sergeant and the installation housing office for the local policy governing when a Soldier is authorized to move out of barracks and to receive BAH. A single Soldier is authorized to put her name on the military housing waiting list once the pregnancy is confirmed by a medical authority; however, family housing will not be assigned nor will the Soldier be eligible to receive BAH at the "with dependents" rate until the birth of the child.

In cases in which a single Soldier elects (with the permission of her chain of command) to vacate the barracks prior to delivery, she is entitled to BAH at the "without dependents" rate and BAS in order to establish a home prior to the birth of the child. Poor planning can increase the financial

burden on the single Soldier and create a number of problems down the road. Timely completion of the paperwork required to start BAH and BAS will greatly ease this transition and allow the single pregnant Soldier to focus on what is really important.

In some instances, single pregnant Soldiers move out of the barracks early, and then approach HCPs to obtain a “profile” stating that they cannot tolerate the dining facility food and need to receive BAS prior to the seventh month of pregnancy. However, dining facilities provide a range of selections that should accommodate a Soldier’s dietary tolerances. In writing profiles, medical providers must follow established guidelines, which prohibit making command/ administrative determinations (AR 40-501, para 7-3e[1]). Furthermore, profiles are medical recommendations to the chain of command; commanders are not required to follow profile recommendations. Soldiers need to understand this prior to moving out of the barracks early and possibly getting into financial trouble.

Family Care Plan

In order to remain on active duty, single parents and dual military couples must have a workable Family Care Plan (FCP). A Soldier should begin preparing this plan once she determines that she is going to raise a child while remaining in military service. According to AR 600-20, a complete FCP should include the following information:

- A letter of instruction outlining the specifics of the care arrangements in case duties preclude a Soldier from caring for their child. Appendix C contains a sample letter of instruction for FCPs.
- DA Form 5304-R (Family Care Plan Counseling Checklist) used for the counseling session performed by the company commander when there is a need to initiate a care plan.
- DA Form 5305-R (Family Care Plan) used to verify the adequacy of the completed care plan.
- DA Form 5840-R (Certificate of Acceptance as Guardian or Escort) and DA Form 5841-R (Power of Attorney). Powers of attorney for temporary guardianship, permanent guardianship, and escort are available in the legal assistance section of the Office of the Judge Advocate General (OTJAG).
- DD Form 1172 (Application for Uniformed Services Identification Card—DEERS Enrollment) required regardless of the age of the child(ren).
- DD Form 2558 (Authorization to Start, Stop or Change an Allotment) used to provide for care of a Soldier’s child(ren) during a Soldier’s absence.

One advantage to formulating a Soldier's plan early is that it may allow a Soldier to see the complexity of being a single military parent. A Soldier will then be able to make a more informed decision about whether to remain on active duty or separate from the military.

Section VIII. Pregnancy and the Army Weight Control Program

Pregnancy creates some special considerations in the Army Weight Control Program (AWCP). The governing regulation is AR 600-9.

If a Soldier is not enrolled in the AWCP at the time of a pregnancy, she—

- Is exempt from weight control standards for the duration of the pregnancy, and for 6 months following termination of the pregnancy.
- Will not be flagged for exceeding the screening weight table during this time.
- Will remain on the promotion list if otherwise qualified, even if her weight exceeds table weight during this period.
- Will be promoted on the effective date of her promotion, even if her weight exceeds table weight during this period.
- Must be medically cleared by an HCP and then enrolled in the AWCP if she fails to meet the weight standard after the 6-month postpartum period.

If a Soldier is enrolled in the AWCP at the time of a pregnancy she—

- Will remain flagged for the duration of the pregnancy and for a period of up to 6 months after termination of her pregnancy.
- May request to be weighed or measured any time prior to the expiration of the 6-month recovery period. If she meets the standards, she will be removed from the AWCP.
- Will continue in the AWCP if she does not meet standards at the end of the 6-month recovery time. This is considered a continuation, not a new enrollment. Provisions of AR 600-9, paragraph 3-2e and 3-2g do not apply.
- Will continue in the program and remain flagged for the duration of her pregnancy and for a period of up to 6 months after termination of her pregnancy in the case of continuous pregnancy (in which a Soldier becomes pregnant again prior to the expiration of the 6-month recovery time).

Reenlistment

Fully qualified Soldiers, who are not enrolled in the AWCP prior to pregnancy, including those with approved waivers, may reenlist or extend as Soldiers not part of the AWCP for the period of pregnancy plus 7 months.

Fully qualified Soldiers, who are enrolled in AWCP at time of pregnancy, including those with approved waivers, will be extended for the minimum period that would allow for the birth of the child plus 7 months. If at the end of this period a Soldier meets standards and is still otherwise qualified, she will be allowed to reenlist. The authority for active duty Soldiers in this category is AR 601-280 (para 3-8). Cite this authority on DA Form 1695 (Oath of Extension of Enlistment).

Soldiers who were enrolled in the AWCP prior to their pregnancies, and then extended, but who do not meet the standards at the end of the 6-month postpartum recovery period will be denied reenlistment or extension.

Section IX. Postpartum Duty

The postpartum period technically comprises the first 6 weeks following delivery, but it generally takes longer to return to a true non-pregnant state. Many biomechanical and physiological changes do not return to their previous state for 4 to 6 months. During this time, a Soldier will be coping with parenthood, perhaps for the first time, as well as return to full-time work. Some fatigue is to be expected, but there is normally no need for a Soldier to receive special exemption beyond what is provided for in regulations.

Physical training

A Soldier will be issued a 45-day postpartum profile prior to leaving the hospital to begin convalescent leave. This temporary profile allows for PT at a Soldier's own pace and restricts PT testing. At the termination of the postpartum profile, a Soldier is **restricted from PT testing until 180 days following the termination of the pregnancy or date of delivery**. This time should be used for getting back in shape and preparing for the PT test. To ensure a progressive return to fitness and readiness, a Soldier will attend the postpartum PT program if one is available at the installation. Common sense should guide fitness expectations immediately following a return from convalescent leave.

Diagnostic APFTs may be administered during PT to assist a Soldier in assessing her fitness levels. If there is no postpartum PT program, a Soldier should be exercising during the normal unit PT, but it would be unrealistic to expect her to perform well on a diagnostic APFT within the first couple weeks. It is strongly recommended that a Soldier not receive a diagnostic APFT until 30 days after returning from convalescent leave.

Uniforms

If a Soldier stays within the recommended 25- to 35-pound weight gain during pregnancy, she should not have extreme difficulty in losing the weight after delivery to fit into pre-pregnancy uniforms and meet AR 600-9 weight standards within 6 months postpartum.

LEADER TIP: It may be appropriate to allow returning Soldiers some additional time to fit back into their pre-pregnancy uniforms, particularly their Class As. If there is an inspection scheduled during the first month after a Soldier's return, perhaps a Soldier could bring in a uniform and have a Soldier's supervisor inspect it on the hanger.

Section X. Psychological Effects of Pregnancy and the Postpartum Period

Childbearing is a major life event, and a Soldier must prepare emotionally for the challenges of motherhood. She will transition from a high state of readiness and excitement leading up to delivery to the day-to-day routine of child-rearing. She will undergo rapid hormonal changes, the loss of the pregnancy with its unique sense of intimacy, and the shifting of friends and family's attention from the Soldier to the Soldier's baby.

With all the physical changes that take place during pregnancy and the postpartum period, a Soldier may experience psychological effects as well. All these factors may contribute to a mild depressive state called postpartum blues, a common "down" feeling that often occurs around the third to fifth day following birth. In most cases, postpartum blues are not a cause for concern and resolve quickly without professional assistance. Adequate physical activity, reassurance, positive reinforcement, socialization and support from friends and family can facilitate the quick resolution of postpartum blues, positively influence a Soldier's experience, help prevent depression, and provide the emotional bridge between pregnancy and return to Army duty. Spending time with other postpartum mothers is especially helpful during the convalescent period following delivery.

In cases where postpartum blues does not resolve quickly, a mental health professional should be consulted. New mothers especially benefit from consulting mental health professionals if there are no friends and/or family in the immediate environment to help overcome postpartum blues.

Section XI. Breastfeeding

Breastfeeding is widely accepted as the ideal form of nutrition for babies. Because of this, many female Soldiers want to continue breastfeeding their babies after they return from maternity leave. A Soldier needs to discuss several issues with their commander and supervisor if she decides to breastfeed after returning from maternity leave.

LEADER TIP: It is critical that leaders support their Soldiers. The ability to successfully continue breastfeeding after returning to work involves space, time, and support. Leaders need to provide female Soldiers with social and administrative support if the decision is made to continue breastfeeding after returning to work. Providing designated space in the workplace where mothers may express breast milk is important since many active duty mothers do not have private offices. If a designated room cannot be provided, the use of empty conference rooms or offices may suffice.

With a little training and effort, a Soldier can continue to breast-feed after returning to work by using a breast pump to collect milk two to three times during the day and store it to feed to the baby later. Breast milk can be expressed by hand, with a manual hand pump, a battery-powered pump, or an electric pump. A hospital-grade electric breast pump is often the most efficient since it allows a Soldier to express milk from both breasts at the same time, is simple to clean, and provides better suction. These pumps are more expensive, but are sometimes available for rent or loan from the hospital, TRICARE, or from Army Community Services. Army MTFs may also have lactation consultants who can help Soldiers with breastfeeding concerns.

A Soldier should begin collecting breast milk at least 2-3 weeks before she returns to work. After breast milk is collected, it should be stored at 40 degrees or less. It is safe to keep breast milk at this temperature for up to 3 days. If a Soldier plans on storing the breast milk for more than 3 days, the milk should be frozen. Frozen breast milk is safe to use for 2 weeks to 6 months depending on the temperature in the freezer. Containers of stored breast milk should be thawed in the refrigerator or under running warm water. Prior to use, warm the breast milk to roughly body temperature in a pan of very warm water. Heating breast milk on the stove or in a microwave oven is not recommended. These methods can make the breast milk hot enough to burn a baby's mouth. These methods may also reduce the effect of the protective factors in the breast milk that help a baby fight infections.

A mother who exclusively breastfeeds her baby will probably need two to three 20-minute breaks to pump or breastfeed during an 8-hour workday. Infrequent pumping or breastfeeding can result in leakage and cause swelling of the breasts, which is uncomfortable and reduces the milk supply. For information and help getting started, Soldiers interested in breastfeeding should contact their MTF or community hospital and ask for the lactation (breastfeeding) consultant.

Maintaining breastfeeding will pose additional challenges if a Soldier has to go to the field. If the exercise is relatively short, such as a week or less, a baby can be fed breast milk that was pumped earlier and frozen. A baby can be fed formula, or a mixture of breast milk and formula, while she is away. During the exercise, a Soldier will need to continue to express breast milk every 3 to 6 hours in order to prevent painful swelling of breasts (engorgement) and to maintain her milk supply. Breast milk can be expressed under field conditions by hand or with a hand-operated or battery-powered vacuum pump. This is often not as efficient as using an electric pump, so it will be important for a Soldier to plan ahead and practice before the exercise. A Soldier will need to have

access to soap and water for washing hands and cleaning equipment in order to reduce the risk of breast infection. A Soldier will also need access to a space where she can have a few minutes of privacy. Breast milk that is expressed in the field will most likely need to be discarded.

If a field training exercise requires the Soldier to remain away from home station, a Soldier that is 4 months or less postpartum receives a deferment from duty away from home station immediately following the birth of a child (Department of Defense Instruction (DODI) 1342.19).

Depending on a Soldier's job, she may be exposed to potentially harmful chemicals at levels that are safe for her, but may be a concern for her baby because these chemicals tend to concentrate in breast milk. Women who plan to breastfeed after returning to work should be referred to the Occupational Medicine Clinic so that any hazards that are present in their work environment can be assessed and appropriate plans can be made to lessen or eliminate those hazards.

Immunizations may potentially impact breastfeeding. Before receiving any immunizations, a Soldier should check with her HCP.

Section XII. Menopause Considerations

Now that the enlistment age has increased to age 40, it is not uncommon for female Soldiers to serve in the Army into their midlife years. In addition, the Army Reserves Troop Program Units have a retirement age of 60. It is important for all Soldiers to be aware of and prepare to adjust to the midlife changes that occur for female Soldiers during this period of a woman's life.

Menopause is a normal age-related process resulting in the cessation of menstrual periods. The period of time leading into menopause is known as the perimenopausal period. It is during this time that the ovaries progressively reduce estrogen production and cease monthly ovulation usually resulting in irregular menstrual cycles. In most women, this occurs beginning at 37-38 years of age and can last for up to 10 years. When there has been no menstrual cycle for 12 months, a woman has transitioned into the menopausal phase. The normal age range for natural menopause is between 35-55 years where 95 percent reach menopause between 45-55 years. The exact age is not predictable by hereditary, race, or nutritional status, although cigarette smokers experience menopause one to two years earlier than non-smokers.

Perimenopausal, menopausal, and postmenopausal women undergo significant physiological changes in their body systems which have been shown to directly and indirectly influence physical health and muscle strength. Genetics, lifestyle, and individual responses effect how a woman's hormonal changes proceed, but there are some characteristics common to many women's experience. Increases in menstrual irregularities, vasomotor symptoms (hot flashes/night sweats), increased risk of heart disease and osteoporosis, thinning and drying of vaginal tissue, loss of bladder tone that may contribute to urogenital prolapse and incontinence, as well as mood changes are symptoms that may occur during perimenopause. Other reported menopausal symptoms

include insomnia, fatigue, nervousness, headache, depression, irritability, joint and muscle pain, dizziness, and palpitations. The vagina may thin 5-10 years after the onset of menopause causing vaginal pain, itching, dryness, bleeding and painful sexual intercourse. Greater than 10 years after menopause systemic estrogen deficiency manifestations may include osteoporosis.

Oral health can also be affected during and after menopause. Women can experience dry mouth, burning sensations, swollen, red and bleeding gums, and changes in taste during menopause or when using hormonal replacement therapy. Gums can be sore and sensitive to brushing. Many medications that are commonly prescribed for women during or after menopause can affect oral health also. Antidepressants, high blood pressure medications, and over-the-counter medications can decrease saliva flow and cause dry mouth resulting from reduced or absent saliva flow. Because there is less protective saliva, the risk for cavities and gum disease is increased.

- Sip water or other sugar-free drinks (not soda or juice) frequently.
- Stimulate the flow of your saliva by—
 - Eating sugarless (diabetic-type) candies or Xylitol mints.
 - Chewing sugarless or Xylitol sweetened gum.
 - Sucking on a cherry or olive pit.

The traditional treatment of menopause associated symptoms has been hormone replacement therapy (HRT) in the form of estrogens and progestins. These can be taken orally or in the form of skin patches, creams or gels. However, this decision should be made on an individual basis with an HCP after a complete history and physical exam. The general rule is that estrogens and progestins should be prescribed at the lowest effective doses and for the shortest duration possible consistent with treatment goals and risks for the individual woman. Contraindications to the use of HRT include pregnancy, abnormal vaginal bleeding, active thrombophlebitis or thromboembolic disorder, known or suspected estrogen-dependent cancer of the breast, and coronary artery disease. Woman on HRT should be seen by their HCP annually to determine what types of surveillance testing they need, such as pelvic exam, breast examination, Pap smear, mammogram, and bone density testing.

Other evidence based strategies for the relief of menopausal symptoms include—

- Exercise and weight loss.
- Slow deep breathing (paced respiration).
- Sleeping in a cold room (18°Celsius).
- Some antidepressants like Prozac and Effexor
- Some evidence suggests the use of dietary soy (soy milk, tofu, edamame), flax, Vitamin E, or black cohosh. Prior to taking any herbal or dietary supplements learn as much as you can and consult with your physician!

Insomnia is a common problem for woman who experience vasomotor symptoms and can result in poor work performance. Woman experiencing severe insomnia should discuss further treatment options with their HCP. Some recommended strategies for improving sleep hygiene include—

- Low light and noise.
 - Avoid heavy evening meals.
 - Exercise daily but not close to bedtime.
 - Use bedroom only for sleep.
 - Use systematic relaxation techniques (yoga).
 - Sleep on a regular schedule even on weekends.
 - Display a green color on digital alarm clock (not red).
 - Sleep in a cold room (18°C).
 - Over the counter sedative herbs found to be safe and efficacious such as melatonin and valerian.
- Prior to taking any herbal or dietary supplements learn as much as you can and consult with your physician!

Vaginal dryness can be treated effectively with non hormonal moisturizers and frequent sexual stimulation. Non petroleum-based products help ease penetration. Vaginal moisturizing gels improve vaginal moisture and elasticity. Very low dose vaginal estrogen creams, pills, rings have been shown to help with symptoms of vaginal dryness, irritation, and painful intercourse.

Some women experience a transient weight gain during menopause. Maintaining a regular cardiovascular exercise program at least 20-30 minutes a day can help prevent weight gain associated with menopause. Estrogen loss in menopause is associated with redistribution of body fat centrally, which can increase your risk factors for the development of type 2 diabetes and cardiovascular disease in women. The good news is that central fat is easier to lose than peripheral fat. Waist circumference is the simplest and most accurate indicator for obesity. A loss of just 2 inches will lower cardiovascular risk factors by 10 percent.

Healthy women are encouraged to participate in exercise training programs that contain vigorous total body exercise that includes aerobic training, jumping, and high-intensity resistance training to increase muscle strength and balance and maintain bone mineral density. The components of an activity program aimed specifically at the needs of midlife women are—

- Bone-loading resistance and impact training three times per week. The type of resistance training that has been shown to delay and reduce the initial onset of age-related muscle deterioration in menopausal women involves slower movement and fewer repetitions of exercises to improve the quality of muscle contraction and thereby strength (Sanger, 2008).
- Weight-bearing aerobic activity for 30 minutes, five days a week.
- Core stabilization, flexibility, relaxation, and stress management techniques as needed.
- Activities that promote mood enhancement, self-confidence, stress reduction, and a supportive social structure are also critical elements for a positive menopause experience.

A woman in menopause is affected by her nutrition and dietary practices. The effects of aging translate into the need for a nutrient-dense diet that is low-acid-producing, low in saturated fat, low glycemic index, high in antioxidants and trace minerals, and includes adequate amounts of calcium, Vitamin D, and dietary fiber. Eating a balanced diet especially high in calcium sources found in milk and milk products (cheese, yogurt, cottage cheese) and certain vegetables (cauliflower and brussel sprouts) can help prevent osteoporosis. Adequate intake of calcium and vitamin D is also important for maintaining oral health, particularly the jawbones that support the teeth. The recommended daily allowance for calcium for postmenopausal woman, not on estrogen replacement is 1000-1500 mg a day with Vitamin D supplementation.

Midlife in women brings a complex of metabolic and hormonal events that result in physical, physiological, and psychological changes. These changes are greatly influenced by a woman's perception of the severity of these symptoms and expectations of menopause. Women bring a variety of life experiences, health behaviors, environmental factors, and genetic characteristics to the midlife period. Midlife goals that can realistically be expected are enhancing the quality of life, promoting health, preventing disease, improving balance, posture and weight control, and developing a broader emotional support network with safety and effectiveness as priorities.

CHAPTER 3. MISSION IMPACTORS

Several preventable circumstances can have a negative impact on female Soldier readiness. Menstruation and unintended pregnancies, sexually transmitted diseases, clinical preventive services, and sexual assault are areas where the leadership has an opportunity to influence the course of events.

Section I. Menstruation, Contraception, and Unintended Pregnancies

Rapid and frequent deployments require a current high level of military operations and the combat readiness of every military member. Women have the unique operational issues of menstruation and unintended pregnancy which can decrease a female member's military readiness and affect her deployable status. Strategies to mitigate and even eliminate these concerns include the optional use of hormonal medications to induce reversible menstrual cycle suppression. Soldiers interested in menstrual-cycle suppression should discuss this with their HCP. The article, "Women in War: Operational Issues of Menstruation and Unintended Pregnancy", *Military Medicine*, 172, 1:9, 2007 provides specific information regarding the risks and benefits, as well as details regarding the various options for menstrual cycle suppression.

LEADER TIP: These hormonal medications should be available for female troops during field training and deployment.

There may be times when menstrual symptoms are out of the ordinary and interfere with the performance of military duty. For assistance in deciding when to seek medical attention immediately, go to sick call, and for self-care measures regarding menstruation concerns use the symptom evaluation chart in the Women's Health section of the USAPHC(Prov) Technical Guide 272, available through the USAPHC (Prov) Health Information Office's E-Catalog.

A study conducted at Madigan Army Medical Center, Fort Lewis, Washington revealed that 55 percent of Soldiers presenting for prenatal care reported their pregnancies were unintended at the time of conception. Only 39 percent of the junior enlisted had intended to become pregnant, compared to the majority of officers (60 percent) and NCOs (65 percent) reporting planned pregnancies. A planned pregnancy can avoid critical times like deployment and training cycles. Unintended pregnancy, defined as a pregnancy that was mistimed or not wanted at all, can have a long-term impact on unit readiness. Not only does the Soldier become non-deployable during her pregnancy, but the impact of an unintended pregnancy can also affect her duty performance after she returns from convalescent leave. These Soldiers are challenged financially, socially, and emotionally by parenthood. Pregnant Soldiers should use the chain of command to obtain the information needed to make career and parenting decisions. The good news is that unintended pregnancies can be prevented by a comprehensive program that includes education and access to contraceptive services.

The study at Fort Lewis, and other Army research studies, have revealed that 62 percent of Soldiers who had unintended pregnancies were not using contraception during the month they conceived. Two primary factors influence use of contraceptives: access to care and counseling/education. Military women do not face many of the access barriers present in the civilian world. Birth control methods are free to them, and the means to acquire them are generally well defined.

Many Soldiers do not know enough about their own reproductive systems and the birth control options available to make informed decisions. Education should begin when Soldiers arrive at their first duty station after Initial Entry Training (IET). Soldiers, especially junior enlisted Soldiers, need to understand that they are at significant risk for unintended pregnancies. A comprehensive curriculum should be provided to all first-term Soldiers (male and female) during in-processing. At the end of the training, appointments to receive birth control guidance and products should be offered.

Screening to see if female Soldiers are up-to-date with their annually required well-woman exams should be part of SRP that is conducted on a regular basis. An HCP should be asked to fully explain any tests or checks that will be done before the exam begins. The well-woman exam presents an opportune time for contraception counseling and to request or renew birth control prescriptions best suited for the individual. The following issues should be considered when selecting birth control methods:

- Success of birth control methods used previously.
- Age.
- Pregnancy history and possible future fertility.
- Expectations and compliance with method.
- Reversibility of method.
- Duration of use.
- Need from protection from STDs.
- Theoretical and typical failure rate of the various methods.
- Tolerance of possible side effects, medical problems, and medications.
- Tobacco and alcohol use.
- Religious and cultural concerns.

There are multiple and varied contraceptive methods available from natural family planning to vaginal barrier methods, vaginal spermicides, male condoms, intrauterine devices, tubal ligation, and hormonal contraception. Women today can select from a broad range of safe and highly effective hormonal contraceptive methods with improved side effect profiles. Newer lower estrogen- and progestin-containing oral contraceptive pills and alternative delivery methods that include the transdermal patch, vaginal ring and injections have been developed to meet the changing lifestyles of women. In addition to providing contraception, combined oral contraceptive pills (OCPs) also provide non-contraceptive benefits, including regulation of menstrual patterns,

reduced menstrual flow and minimization of severe menstrual related ailments. Traditional OCPs provide for normal menstruation, whereas newer extended or continuous OCPs can decrease the frequency of cycles or eliminate monthly bleeding and associated hormone free interval symptoms. The injectable progestin that is administered every 90 days, will decrease menstrual bleeding, and can cease menstruation after 9-12 months of continuous use. For detailed information regarding up-to-date contraception information go to Centers for Disease Control and Prevention, Unintended Pregnancy Prevention: Contraception webpage, <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception.htm>

The female condom is made of a thin polyurethane sheath and is prelubricated inside with a silicone based lubricant. The female condom is controlled by the female and not only helps prevent unwanted pregnancy but can protect against STD's as well. It provides a barrier to entry of sperm through the cervical canal by lining the vagina and partially shielding the perineum. It is impenetrable to the human immunodeficiency virus (or HIV) and reduces risk of exposure to gonorrhea, Chlamydia and trichomonas. It is stronger than latex and less likely to tear or break. For this reason, it is generally more expensive than the male condom and can range in price from \$1.10 to \$2.34 each. The female condom is commercially available in bulk, and it is recommended that female condoms be purchased for distribution at the unit and MTF along with male condoms. This can be done through a fringe order or a local purchase request from a commercial supplier. Several varieties are now available from multiple manufacturers.

Plan B[®] (Levonorgestrel) is an emergency contraceptive drug approved by the U.S. Food and Drug Administration to prevent pregnancy due to a contraceptive failure, unprotected sex, or in the case of sexual assault. The time interval between unprotected sex and Plan B[®] administration influences the clinical effectiveness of Plan B. The MTF pharmacies may distribute Plan B as an over-the-counter product to beneficiaries 18 years of age or older and only with a non-refillable prescription to beneficiaries 17 years and under. Each MTF and TMC must ensure patient accessibility to Plan B at military pharmacies and is responsible for developing its own policy and procedure governing the prescription and over-the-counter dispensing of Plan B. Additional information regarding Prescribing, Dispensing, and Distributing Plan B is in OTSG/MEDCOM Policy Memo 08-050. (Plan B[®] is a registered trademark of Women's Capital Corporation.)

Section II. Sexually Transmitted Diseases

The same behaviors that result in unintended pregnancies increase the risk of STDs. STDs are transmitted through vaginal, oral or anal sex. Both genders and all ranks can suffer from unprotected intercourse or unsafe sex. STDs can be significant mission impactors. A Soldier needs to understand that not all STDs are curable. A key preventive tool is the use of condoms. Having condoms available in the unit area is one way to decrease the occurrence of STDs. Education about the significant risks of STDs to Soldiers is vital. This is a topic that should be presented to both male and female Soldiers.

Bacterial diseases such as syphilis, gonorrhea, and Chlamydia are transmitted through vaginal, oral, or anal sex. They can cause abdominal pain, bleeding, fever, or pregnancy outside the womb. Viral diseases such as HIV and hepatitis are also transmitted through sex and can have serious health consequences. Genital warts, or human papilloma virus (HPV), and herpes are very common and are transmitted easily, even when bumps or sores are not present. The most serious consequence of HPV in women is cervical cancer.

Oral sex has become a more frequent route of STD transmission due to the mistaken belief that it is “safe” sex. A person can become infected by performing or receiving oral sex because of the exchange of body fluids in the mouth. Even if ejaculation does not occur, there is risk of infection. The presence of mouth sores or inflamed gums, such as gum disease, a scratch, cut or sore on the genitals increases the risk of contracting any STD. While the risk of HIV transmission via oral sex is less than for vaginal or anal sex, risk still exists. HPV has also been identified as a significant risk factor for oral cancer as well as cervical cancer. The use of condoms or barrier methods such as dental dams or plastic food wrap covering the genitals during oral sex decreases the risk of transmission for all STDs. There is a vaccine available for females age 11-26, called the HPV vaccine, to protect against four types of HPV that are responsible for 70 percent of all cervical cancer. An HCP can provide information about the HPV vaccine (brand name is Gardasil® and it is a registered trademark of Merck & Co., Inc.)

To obtain further information about STDs, consult the following resource:

Department of Health and Human Services, Centers for Disease Control and Prevention, Sexually Transmitted Diseases, <http://www.cdc.gov/node.do/id/0900f3ec80009a98>

LEADER TIP: Leaders can set a positive organizational climate by establishing a policy of responsible sexual behavior as the norm. Promote decreased risk behavior through—

- Ensuring access to condoms and knowledge of how to use condoms.
- Encouraging early evaluation of symptoms by an HCP.
- Respecting medical privacy.
- Supporting a positive learning environment by insisting on full attendance at sexual responsibility training that includes the options of abstinence and monogamy.
- Leading by example from all in the chain of command.

Section III. Clinical Preventive Services

A Soldier can help to prevent the loss of unit strength by receiving preventive care. Clinical preventive services help a Soldier and her HCP to detect and treat abnormalities in earlier stages. Many conditions, if caught early, have a better prognosis for successful treatment and a better effect on readiness.

Soldiers arriving at their first duty stations should be fully medically deployable. To ensure this, the female wellness encounter will be performed prior to completion of Advanced Individual Training (AIT) or Basic Officer Leader Course (BOLC) Phase 3. The encounter will include at a minimum: papanicolau (PAP) smear and treatment for abnormalities according to American Society for Colposcopy and Cervical Pathology guidelines, breast examination, reproduction/ birth control counseling, Chlamydia testing for women age 25 or younger, and testing for STDs if clinically indicated. HPV education and immunization is not required but highly recommended and will be available to women age 26 and younger according to Agency for Healthcare Research and Quality Clinical Practice Guidelines.

PAP smears are screening tests for abnormalities in the cervix that can lead to cervical cancer. The SRP screening of medical records for this examination is vital to ensure the maintenance of a Soldier's health. Neglecting this examination can result in more complicated and time consuming healthcare procedures. Some untreated STDs can lead to abnormal PAP smears, pelvic inflammatory disease, infertility, cancer and other serious health problems. It is important that Soldiers receive appropriate clinical preventive services.

Recommended Preventive Screening Tests and Immunizations for women are listed at the U.S. Department of Health and Human Services, Office of Women's Health (Parts 1-4).

<http://www.womenshealth.gov/screeningcharts/general/>.

LEADER TIP: Help to prevent the loss of unit strength by ensuring that female Soldiers receive preventive care education and are afforded necessary time off to go to the clinic for screenings and appropriate clinical preventive services.

Soldiers need to be aware that medical commanders will provide timely and accurate information to support unit commanders' decision making pertaining to the health risks, medical fitness, and readiness of their Soldiers. Procedures will be followed that are consistent with the military provisions under the Health Information Portability and Accountability Act Privacy Rule for release of protected health information (PHI) to unit command officials. The specific responsibilities and procedures related to the released of service member PHI to unit command officials are found in OPTSG/MEDCOM Policy Memo 07-048.

Section IV. Sexual Assault

Sexual assault is defined as intentional sexual contact, characterized by use of force, physical threat or abuse of authority or when the victim does not or cannot consent. Sexual assault includes rape, nonconsensual sodomy (oral or anal sex), indecent assault (unwanted, inappropriate sexual contact or fondling), or attempts to commit these acts.

The following organizations are available for support.

- [Army OneSource; http://www.armyonesource.com/](http://www.armyonesource.com/)

From U.S.: 1-800-464-8107

International toll free: 800-464-81077 (dial all 11 numbers); International collect: 484-530-5889

- Military Treatment Facility.
- Military Police/Criminal Investigation Division.
- Commander, Supervisor, or First Sergeant.
- Chaplains.
- Social Work Services.
- Family Advocacy.
- Legal Services.

Victims are encouraged to contact a Sexual Assault Response Coordinator (SARC) who is available to coordinate victim support services and inform victims of their reporting options. Sexual assault victims are offered two reporting options; restricted and unrestricted reporting.

Restricted reporting is for victims who wish to confidentially disclose the crime to specifically identified individuals and receive medical treatment and counseling without triggering the official investigative process. While the DOD prefers complete reporting of sexual assaults, it recognizes that some victims desire only medical and support services and no command or law enforcement involvement. Under restricted reporting policy, the assault must be reported to a SARC, Victim Advocate (VA), an HCP, or chaplain. Restricted reporting is available at this time only to military personnel of the Armed Forces and the Coast Guard. If a Soldier feels uncomfortable reporting the crime, she can consider calling a confidential counseling resource. Army One Source, Army psychiatric counselors, and chaplains are confidential counseling channels: they will not reveal the sexual assault to anyone else without a victim's consent.

Unrestricted reporting is for victims who desire medical treatment, counseling and an official investigation of the crime. When selecting unrestricted reporting, the assault is reported using current reporting channels (e.g., chain of command, law enforcement, the SARC, or request HCPs to notify law enforcement).

Upon notification of a reported sexual assault, the SARC will immediately assign a VA to the victim. At the victim's discretion/request, the HCP shall conduct a sexual assault forensic examination, which may include the collection of evidence. To protect evidence, it is important not to shower, brush teeth, put on make-up, eat, drink, or change clothes until advised to do so.

Sexual assault can be reported at any time. Once a sexual assault is reported, the procedures are the same regardless of the amount of time since the assault. Soldiers are encouraged to come forward as soon as possible, so that all possible evidence is collected and preserved. Delayed

reporting makes it more difficult to investigate the incident. However, victims are strongly encouraged to report crimes, no matter how long after an assault occurred.

LEADER TIP: Army leaders play a key role in the response to sexual assault in the Army. Individuals in a position of authority must:

- Enforce the Army policy on sexual assault and make sure subordinates enforce it, too.
- Treat each incident seriously by following the proper guidelines. Inform each party of the Victim's Rights under [AR 27-10](#) (1 mb).
- Report the allegations to law enforcement for a thorough investigation.
- Keep information confidential; disclose information only to those who officially need to know.
- Notify the chaplain if the victim wants pastoral counseling. Ensure the needs of the victim's family are considered.
- Make sure victims are aware of the military and civilian resources available under the Victim and Witness Assistance Program, <http://www.defenselink.mil/vwac/dodprograms.html>.
- Encourage the victim to get a medical examination, even if the incident occurred prior to the past 72 hours. It is important for the victim to seek medical attention to assess possible injury, sexually transmitted diseases, and pregnancy.

For additional information on sexual assault awareness, response and care, leader guidance, regulations, training, and additional resources refer to these websites.

www.sexualassault.army.mil

U.S. Army Sexual Assault Prevention and Response Program

<http://www.nsvrc.org/saam/>

National Sexual Violence Resource Center

Section V. Musculoskeletal Injury

Musculoskeletal injuries are a major threat to military readiness. PT and sports/athletics account for the vast majority of musculoskeletal injuries for both women and men. Female service members have *double* the rate of injury of the low back and lower extremities as males. The reasons why women get injured more is not entirely understood, but surveillance and injury research have identified risk factors that provide insight into the problem.

Gender differences in anatomy, hormones, neuromuscular, and biomechanics act to enhance the risk of injury. Less muscular protection of the knee ligaments during loading and reduced ability of the low back to handle compressive loading predisposes females to lower back injury while running, marching with a load, or jumping from military vehicles. Military studies consistently show that females suffer a much higher rate of stress fracture to the leg, thigh and hip, possibly due to a biomechanical or physiological difference between male and female bone resistance to stress

and fatigue. Risk factors for stress fractures associated with the prevalent condition known as the “female athlete triad” include weight loss, severe reduction in nutrition, increased running, and chronic irregular or absent menstruation which reduces female hormones that keep bones strong. Additionally, females who do not participate in load impact exercise (running, jumping, gymnastics) as they physically mature have lower bone density in the lower extremities.

Other risk factors that contribute to injury risk in a military training environment are—

- Low aerobic fitness and/or prior inactivity.
- Smoking.
- Age greater than 25.
- High and low extremes of body mass index (BMI).
- Previous injury, especially ankle sprains, implicates in an increased risk of re-injury.

Exercise after pregnancy is also a challenge for a woman’s body with a military study indicating higher rates of injury and lower PT scores 6 to 9 months postpartum when compared to non-postpartum females of the same age. Postpartum women should return to an exercise program very gradually, slowly increasing frequency and duration of exercise while monitoring signs and symptoms for injury.

LEADER TIP: Most injuries in the military are a consequence of overuse and overtraining due to vigorous weight-bearing aerobic exercise, with too much running as the primary contributor. Requiring the less fit to perform remedial PT sessions is likely to cause more injuries without much improvement in fitness. However, it is essential that Soldiers perform PT to develop and maintain the physical fitness necessary to withstand the rigor of daily occupational tasks and the deployed environment. Guidelines for the frequency and duration of exercise that provide gains in fitness but reduce the risk of injury should be followed. Some general recommendations to prevent injury for women in the military are—

- Perform weight-bearing exercise in the formative growth years to maximize peak bone mass.
- Perform gradual and progressive ability group training to reduce overtraining and injury risk.
- Precondition for several months prior to entering the military if not accustomed to vigorous weight bearing exercise. A gradual run progression to 3 times a week for no more than 30 minutes is safe guidance. Include core stability strength exercises as well as running.
- Based on the BMI, overweight women should lose weight and underweight women should gain weight. To calculate your BMI go to www.nhlbisupport.com/bmi.

CHAPTER 4. TOOLS AND STRATEGIES

Unit readiness is constantly being measured through Unit Status Reports, exercises, or real-world deployments. By using the right tools, female Soldiers can take a number of proactive steps to ensure readiness.

Section I. In-processing Education

The most opportune time to educate Soldiers is during in-processing. Each installation should include education pertaining to gender-specific issues during in-processing. Ultimately, it is a shared responsibility between the Soldier and her unit to ensure that she gets off to a good start. Young Soldiers may be vulnerable to unwanted sexual attention, and need to be made aware of what to do if they find themselves in these situations. The more education Soldiers are provided, the more empowered they will be to ensure their own readiness.

The in-processing education for the female Soldier should address—

- The significant risk for unintended pregnancies faced by female Soldiers.
- Information about the reproductive system and how it works.
- The routes by which a female seeks female-specific care, whether it is preventive, diagnostic, or therapeutic.
- Where to get birth control if she needs it.
- Where to get an annually required Pap smear.
- Where to obtain information related to sexual assault.
- Points of Contact (POCs). (See Appendix D for a sample form for listing local POCs.)

Section II. Support/Information Network

It may be more advantageous for the command as well as the Soldiers to have a senior female designated as a POC for all non-Equal Opportunity (EO), to include sexual assault and harassment, and other female-specific issues. This should be **clearly** separated from the EO channels. The primary goal of this representative would be to ensure mission accomplishment by dismantling any roadblocks that could prevent a Soldier from fully participating in and contributing to the mission.

This senior NCO or officer would run or coordinate the in-processing education, as well as serve as the command's information person for questions not covered in this guide or requiring expansion. This person would act as the command's representative and intervene if necessary prior to any impact on readiness or the mission. This person would establish working relationships with all activities at a Soldier's installation that can assist with female readiness, such as Community/ Public Health Nursing, the OB/GYN Department, the Corps/Division/Brigade Surgeon's Office, etc. The representative could also assist a Soldier in seeking the care needed or

directing her to the proper place to receive care. This would be especially helpful for the junior Soldier who may be more hesitant and less self-assured in seeking care.

LEADER TIP: In instances where a Soldier is absent from her home and unable to care for her child(ren), the installation commander should be prepared to issue agent's letter(s) to persons acting on the Soldier's behalf in caring for the child(ren). These persons must have sufficient legal authority, copies of certificates of acceptance, and either ID cards or applications for the same. The agent's letter allows access of qualified persons to military facilities and services.

If the persons designated as escorts or guardians are unable to exercise their responsibilities after a Soldier's departure, the commander must ensure that the situation can be rectified as soon as possible. Assistance may be required of the unit rear detachment commander.

Section III. Common Military Training

Common military training, as designated on the training calendar, presents an opportunity for gender-specific education. A Soldier has the opportunity to receive information from one of the resources on post related to female health topics. Table 2-1 lists required training that can accommodate gender-specific issues.

These training sessions should be geared towards issues relevant to the unit, whether an upcoming deployment, unintended pregnancy, sexual assault, or other problems. The sessions should not be limited to females. All Soldiers should attend classes pertaining to STDs or unintended pregnancies.

LEADER TIP: One beneficial exercise for all Soldiers is the Economic Realities of Childrearing illustrated in Appendix E. Begin with a Soldier's take-home pay, and then deduct expenses associated with having a child. Appendix F contains a worksheet for this exercise.

Appendix A. References

Section I. Publications

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Nonmilitary References

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Section II. Forms

DA Form 1695, Oath of Extension of Enlistment (1998)

DA Form 5304-R, Family Care Plan Counseling Checklist (2005)

DA Form 5305-R, Family Care Plan (2005)

DA Form 5840-R, Certificate of Acceptance as Guardian or Escort (2005)

DA Form 5841-R, Power of Attorney (2005)

DD Form 1172, Application for Uniformed Services Identification Card DEERS Enrollment (2005)

DD Form 2558, Authorization to Start, Stop, or Change an Allotment (2002)

Section III. Internet Resources

<http://chppm-www.apgea.army.mil/dhpw/wellness/5aDay.aspx>
Nutrition Initiatives/General Nutrition Resources

<http://chppm-www.apgea.army.mil/dhpw/wellness/ppnc.aspx>
Performance Power...the Nutrition Connection

<http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPT.aspx>
Pregnancy/Postpartum Physical Training Program

<http://chppm-www.apgea.army.mil/dhpw/population/M2MWebPage.aspx>
Mom-2-Mom Peer Support Breastfeeding Program Tool Kit

<http://chppm-www.apgea.army.mil/dhpw/OralFitnessMain.aspx>
Oral Fitness Resources

<http://www.nlm.nih.gov/medlineplus/breastfeeding.html>
U.S. National Library of Medicine, National Institutes of Health, Breastfeeding

http://www.nmcphc.med.navy.mil/Healthy_Living/
Navy and Marine Corps Public Health Center, Sexual Health and Responsibility Program

<http://www.cdcnpin.org/updates/oralsex.pdf>
Preventing the Sexual Transmission of HIV

<http://www.cdc.gov/breastfeeding/recommendations/index.htm>
CDC Breastfeeding Recommendations

<http://www.cdc.gov/std/general/>
Sexually transmitted diseases – General Information

<https://www.us.army.mil/suite/page/442957>

AKO My Dental Health and Readiness

www.hooah4health.com

Hooah 4 Health

<http://www.sexualassault.army.mil>

U.S. Army Sexual Assault Prevention and Response Program

<http://www.nsvrc.org/saam/>

National Sexual Violence Resource Center

www.armyonesource.com

Army One Source

<http://www.nlm.gov/medlineplus/tutorials>

National Institutes of Health Interactive Health Tutorials

<http://www.womenshealth.gov>

National Women's Health Information Center

Appendix B. Pregnant Soldiers' Fact Sheet: Questions and Answers

Question 1: Can I separate from the military if I think it would be better for my child and me?

Answer: Yes. For enlisted Soldiers, there are provisions commonly referred to as a "Chapter 8 separation" (AR 635-200, para 8-9). A Soldier may initiate separation through a unit's Personnel Administration Center (PAC) and chain of command at the time of the pregnancy counseling. This type of separation must be initiated prior to the delivery of the baby. According to AR 40-3, if requested at the time of separation, maternity care in a MTF with OB/GYN capability and/or capacity will be authorized. A Soldier's care is authorized through the birth of the child, and includes a 6-week postpartum visit. A Soldier's child will be authorized one well-baby visit, the timing of which will be determined by the MTF staff. A Soldier will not be authorized care in a civilian facility at Government expense.

Question 2: Can I take leave to go home and have my baby?

Answer: A Soldier may request leave to return home or to another appropriate place to have the baby. However, the leave is granted at the command's discretion. If maternity care is available at an MTF where a Soldier is stationed, and a Soldier requests leave to go home, a Soldier must obtain a non-availability statement (NAS) from the hospital at their installation in order to receive care at a civilian facility. Without an NAS, a Soldier will have to pay the expenses at a civilian treatment facility.

Question 3: Do I need to buy maternity uniforms?

Answer: If a Soldier is enlisted, she will be provided maternity uniforms and two sets of maternity whites if she is working in patient care or in a food service military occupational specialty. At most posts, a Soldier will need a memorandum from her commander requesting the issue of maternity uniforms and a copy of the pregnancy profile showing the due date, for the central issuing facility. The maternity uniforms will be added to her clothing record and should be turned in upon return from convalescent leave. Additional clothing may be supplied according to the local installation policy.

Question 4: What about new assignments while I am pregnant?

Answer: Pregnant Soldiers will not normally receive orders for overseas assignments during their pregnancies. If assigned overseas, in most situations a Soldier will remain overseas. An exception to this policy exists for single pregnant Soldiers stationed in some OCONUS locations (AR 614-30). Reassignments within CONUS may occur during pregnancy. A Soldier will be considered available for worldwide deployment 6 months after delivery.

Question 5: If I am single and living in the barracks, when will I be authorized Basic Allowance for Housing and Basic Allowance Subsistence?

Answer: BAH with dependents is authorized for single Soldiers after the birth of the child. BAH without dependents is authorized when the pregnant Soldier moves off-post. The paperwork for BAH and BAS will be initiated through her unit PAC. Check the installation's policy for when a Soldier is authorized to move out of the barracks. Check with military housing for government quarters availability as it depends on the current housing situation at her post. Contact the installation housing office for assistance in finding non-Government housing in the local area. A Soldier's HCP cannot write a profile against dining facility food unless there is a specific medical problem related to the pregnancy, which is rare.

Question 6: Can I be separated from the Army for unsatisfactory performance, misconduct, or parenthood while I am pregnant?

Answer: Yes. If a Soldier's performance warrants separation for unsatisfactory performance or misconduct, she may be involuntarily separated even though the Soldier is pregnant. This is also the case if her parenthood of any other children interferes with duty performance.

Question 7: If I am going to be a single parent or part of a dual military couple, are there any special considerations?

Answer: Yes. A Soldier must complete a Family Care plan (FCP) and keep this on file at her unit. A Soldier's FCP will state the actions to be taken in the event of assignment to an area where dependents are not authorized, or when she is absent from home while performing military duty. A Soldier should begin developing the FCP as soon as possible, even if the baby is not due for several months. Failure to develop a workable FCP will result in a bar to reenlistment. A complete FCP checklist will be completed during a counseling session with a Soldier's company commander (Appendix C). A letter of instruction outlining the specifics of the care arrangements made in case duties preclude a Soldier from caring for their child. (See Appendix D.)

Question 8: If I am a single and/or junior enlisted Soldier, are there any special resources available to me?

Answer: Yes. The WIC Program is designed to help a Soldier buy the foods a Soldier needs to eat during the pregnancy, and the formula and food she will need for the child. It is an income-based assistance program normally for E-4s and below. Usually, there is a WIC office in or near the MTF. If there is none, she can inquire at the next obstetrics appointment, or look in the telephone book. Army Community Services (ACS) also offers an abundance of information, education, and resources related to the family and an ACS office is located on every installation.

Question 9: Am I exempt from PT while I am pregnant?

Answer: While a Soldier is exempt from taking the APFT until 180 days after pregnancy termination, she is not exempt from participating in PT if the Soldier is experiencing an uncomplicated pregnancy. A Soldier should maintain the highest level of fitness possible while pregnant, while ensuring the safety of the unborn child.

Regular exercise (three times a week or more) is preferable to sporadic exercise. Good exercises for pregnant women are swimming, walking, riding a stationary bicycle, and low impact aerobics. A Soldier should consult an HCP to receive approval for participation in the pregnancy/postpartum PT program and to learn about appropriate exercises.

Question 10: Am I exempt from duty rosters (for example, CQ, SDNCO, SDO) while I am pregnant?

Answer: No. If a Soldier is having an uncomplicated pregnancy, at the 28th week a Soldier is limited to a 40-hour work week with a maximum eight-hour workday. A Soldier must have a 15-minute rest period every two hours. The duty day includes one hour of PT and begins again upon report for work duty after hygiene time.

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Appendix C. Family Care Plan Checklist

- A letter of instruction outlining the specifics of the care arrangements made in case duties preclude a Soldier from caring for their child. (See Appendix D.)
- DA Form 5304-R (Family Care Plan Counseling Checklist). To be completed during counseling session with a Soldier's company commander, <http://www.army.mil/usapa/eforms/pdf/A5304.PDF>
- DA Form 5305-R (Family Care Plan). This form verifies the adequacy of a Soldier's care plan, <http://www.army.mil/usapa/eforms/pdf/A5305.PDF>
- DA Form 5840-R (Certificate of Acceptance as Guardian or Escort), <http://www.army.mil/usapa/eforms/pdf/A5840.PDF> and DA Form 5841-R (Power of Attorney), <http://www.army.mil/usapa/eforms/pdf/A5841.PDF> Powers of attorney for temporary guardianship, permanent guardianship, and escort. Available in legal assistance section of the OTJAG.
- DD Form 1172 (Application for Uniformed Services Identification Card—DEERS Enrollment). This form is required regardless of the age of the Soldier's child, <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd1172-2.pdf>
- DD Form 2558 (Authorization to Start, Stop, or Change an Allotment). Provide for care of a Soldier's child(ren) during a Soldier's absence and is effective upon the absence start date, <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2558.pdf>

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Appendix D. Sample Letter of Instruction for Family Care Plans

I/We, _____ (name of parent(s)) _____, parents of _____ (name(s) of child(ren)) _____, have made the following arrangements for the care of my/our dependent family member(s) in the event that I/we am/are not available to provide the proper care due to absence for military service or emergency which would require me/us to be away from my/our child(ren) for an extended period of time.

_____ (name of child care provider) _____ has been given legal authority to care for my/our child(ren) until the long-term guardian can arrive to care for my/our child(ren) in this location or transport my/our to the guardian's residence where my/our child(ren) will remain until my/our return.

I/We have established a special account in _____ (name/location of banking institution) _____ or made other appropriate arrangements to cover the expenses of the escort/guardian.
 _____ (name/address/phone) _____ has full access to that account and will ensure that funds are available.

Should it be necessary to contact any of the persons involved in the transportation, support, or care for my/our child(ren), the following information is provided:

•Name, address, and phone number of designated escort (out of the continental U.S. (OCONUS) only)—

•Name, address, phone number, relationship to sponsor or child(ren) of long-term guardian—

•Name, address, phone number, relationship to sponsor or child(ren) of designated short-term child care provider or child development center—

_____ (name(s) of child(ren)) _____ is/are cared for by the local child care provider listed above during the week between the hours of _____ and _____.

Funds required providing financial support for my/our dependent family member(s) will be provided by allotment to be initiated immediately upon my/our departure, or by financial arrangements outlined in the attached documents.

Special documents pertaining to my/our child(ren), such as identification (ID) cards, medical records, school records, passports, as well as special instructions on medical prescriptions, allergies, or other pertinent information, will accompany my/our child(ren) if they are not already in the possession of the escort/guardian.

Those persons acting in my/our behalf for care of my/our child(ren) and who have sufficient legal authority, copies of certificates of acceptance, and either ID cards or applications for the same, should apply to the commander of the nearest military installation for an agent's letter allowing them access to military facilities and services on behalf of my/our child(ren).

If for any reason the persons designated as escorts or guardians are unable to exercise their responsibilities after my/our departure, please ensure that a Red Cross message is immediately transmitted to my/our unit commander, so that the situation can be rectified as soon as possible. Additional assistance may be obtained from my/our unit rear detachment commander whose address is listed below—

Rear detachment commander name, rank, complete unit address and telephone number—

(Optional) Should it be necessary to settle my/our estate(s), my/our will(s) and other important documents are located at—

Finally, a complete copy of my/our FCP with all required attachments is on file in my/our unit headquarters, which is located at the same address as shown above for the rear detachment commander.

NAME: _____
SSN: _____
RANK: _____
UNIT: _____

Signature: _____ Date: _____

Appendix E. Local Points of Contact (Sample Form)

	Name	Telephone Number/Email
Battalion Physician Assistant	_____	_____
Corps/Division/Brigade Surgeon	_____	_____
Community/ Public Health Nurse	_____	_____
Department of OB/GYN	_____	_____
Social Work Services	_____	_____
WIC Program	_____	_____
Army Community Services	_____	_____
Personnel (Separations Section)	_____	_____
Nutrition Care Division (Weight Control Program)	_____	_____
Pregnancy/Postpartum PT Program	_____	_____
Medical Treatment Facility	_____	_____
Occupational Medicine Clinic	_____	_____

Use this page to fill in the phone numbers of important POCs at a Soldier's installation.

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Appendix F. Economic Realities of Childrearing

1. A Soldier's monthly take-home pay (base pay, BAH, Veterans' Housing Authority (VHA), BAS, any other special pay, *minus* all deductions including taxes and Social Security) _____
2. Direct costs (TOTAL = a + b + c + d+ e) _____
- a. Child care _____
- b. Diapers _____
- c. Formula/Food _____
- d. Clothing _____
- e. Equipment (childcare items) _____
3. Indirect costs (TOTAL = f + g + h + i + j + k) _____
- f. Rent for two-bedroom apartment _____
- g. Car payment _____
- h. Car insurance _____
- i. Utilities _____
- j. Food (caregiver) _____
- k. Gas _____
4. TOTAL COSTS per month (line 2 + line 3) _____
5. PAY REMAINING per month (line 1 *minus* line 4) _____

Reference: Expenditures on Children by Families, 2004, USDA

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**APPENDIX G. Economic Realities Worksheet
(Instructions and Suggestions for Calculating Expenses)**

Do this exercise after a Soldier receives an end-of month leave and earnings statement (LES).

Line 1: Take-home Pay

Soldiers who live in the barracks should use the BAH, BAS, and VHA authorized for their grades.

Line 2: Direct costs

- Child care. A Soldier can call the post child development center to get the child care rates per child, based on income. This is a good barometer for the costs in a Soldier's area, although civilian care may cost much more. A Soldier should realize that the actual child care costs will probably exceed that amount due to the extra child care a Soldier must pay for during alerts, exercises, or odd shift duty.
- Diapers. This amount can be estimated at \$70 per child per month, depending on costs in a Soldier's area. Parents in a Soldier's unit can probably suggest a figure.
- Formula/Food. This worksheet is designed for babies. Formula prices vary widely depending on type and brand. Two to three cans per week is a good estimate for a general monthly expense of \$100. Again, parents in a Soldier's unit may be able to give a Soldier a better idea of actual prices in the local area.
- Clothing. This amount can vary widely based on personal preferences, but a conservative estimate would be \$50 a month.
- Equipment. Obviously, this will not be a recurring monthly expense. A Soldier will need to buy necessities such as cribs, strollers, car seats, bottles, bags, etc. These one-time expenses could be \$1200.

Line 3: Indirect costs

- Rent. A Soldier cannot assume a Soldier will receive Government quarters. A Soldier can inquire at the post housing office about a price range for two-bedroom apartments in the local area, or conduct an informal survey of Soldiers in their unit.
- Car payment. This varies widely according to personal preferences, but for this exercise, assume that a Soldier will need dependable, although not necessarily expensive, transportation. A conservative estimate would be \$350 per month.

- Car insurance. Assuming that most of the Soldiers targeted by this exercise are young (under 25), insurance can be costly. A conservative estimate would be \$125 per month.
- Utilities. The cost of utilities varies widely depending on the climate and the utilities that are used. Assume that a Soldier is living in an apartment that includes utilities and must pay only a phone bill and a cable bill, which would come to at least \$100 per month.
- Food. A Soldier needs to realize that BAS is not just additional money; it is intended to make up for the dining facility food a Soldier is no longer authorized. A Soldier should plan on at least \$200 per month for food.
- Gas. A conservative estimate is \$100 per month. If less is used, the excess can be saved for maintenance.

The links below can help you get an estimate of how much it will cost to raise your baby during the first year.

USDA's Cost of Raising a Child Calculator, <http://www.cnpp.usda.gov/calculatorintro.htm>.

BabyCenter, <http://www.babycenter.com/babyCostCalculator.htm>.

Appendix H. Sample Pregnancy Counseling Form

DEVELOPMENTAL COUNSELING FORM For use of this form, see FM 6-22, the proponent agency is TRADOC.			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY:	5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)		
PRINCIPAL PURPOSE:	To assist leaders in conducting and recording counseling data pertaining to subordinates.		
ROUTINE USES:	For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary.		
DISCLOSURE:	Disclosure is voluntary.		
PART I - ADMINISTRATIVE DATA			
Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Doe, Jane D.	PVT/ E-1	000-00-0000	01 Oct 2009
Organization	Name and Title of Counselor		
HHC, 1 BDE, Fort Army, MD	Joe Jones, CPT, Commanding		
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)			
PVT Doe, you are being counseled on your recent pregnancy IAW AR 635-200 (enclosed)			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion: PVT Doe, as your unit commander, I am counseling you IAW AR 635-200 using the Pregnancy Counseling Checklist (enclosed). The purpose of this counseling is to provide you with information concerning your options, entitlements, and responsibilities. You may choose to remain on active duty versus elect to separate from the Army for reason of pregnancy. Military maternity uniforms will be provided to you. Government quarters may be started once you move out of the barracks. You are authorized to move out of the barracks XXXXXX (check the installation policy). Your profile indicates work restrictions at specific time intervals during the pregnancy. You must keep your supervisor informed of any changes to your profile. You are NOT authorized care in a civilian facility at government expense unless you reside and work more than 50 miles from an MTF that provides OB/GYN services, then care will be provided by a TRICARE-authorized civilian provider. You may request ordinary, advance, and excess leave in order to return home, or to other appropriate place of birth of your child, or to receive other maternity care. Such leave usually terminates with the onset of labor. You are non-deployable for the duration of the pregnancy and will not normally receive PCS orders directing movement overseas until 6 months post-delivery. If your performance or conduct warrants separation for unsatisfactory performance or misconduct, or if parenthood interferes with your duty performance, you may be separated involuntarily even though you are pregnant. You will need a Family Care Plan on file effective 60 days prior to the date of the birth of the child. Failure to develop an approved care plan will result in a Bar to Reenlistment. Six weeks of non-chargeable convalescent leave should be granted for postpartum care. Contact Public Health Nursing, Child Youth Services, and New Parent Support for child care and parenting guidance. The Army has no breastfeeding policy. APFT is waived for eligibility requirement for schools and re-enlistment. PVT Doe, you will need to review and sign the attached Statement of Counseling. You will be granted seven days to consider the career options available. You will indicate your election by completing Comment 2 on the attached Statement of Counseling. Copies of this counseling with the enclosed completed Statement of Counseling and the Pregnancy Counseling Checklist will be filed in your MPRJ as an action pending document.			
OTHER INSTRUCTIONS			
This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.			
DA FORM 4856, MAR 2006	EDITION OF JUN 99 IS OBSOLETE		APD PE v2.1

Plan of Action *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)*

Plans are to stay in the Army after having the child.
 Check with your doctor to get an understanding of the restrictions that medications/ pregnancy may have (driving restrictions, lifting, etc).
 Go through supply to get new uniforms for pregnant Soldiers.
 Contact housing to get on the housing list.
 Start attending physical fitness with the Pregnancy/ Postpartum Physical Training Program as your place of duty during PT upon receiving medical clearance. POC for orientation is XXXX.
 Keep your supervisor informed of the changes in the work hours allowed by profile.
 Start preparing a Family Care Plan packet around the seventh month of pregnancy (if applicable).
 Start preparing for postpartum issues of child care, breastfeeding, meeting fitness and weight standards

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual counseled: I agree disagree with the information above.
 Individual counseled remarks:

Used attached pregnancy counseling checklist and supplemental information to cover all key points. Provided Soldier with Family Care Plan Checklist and sample Letter of Instruction for Family Care Plan.

Signature of Individual Counseled: _____ Date: 01 Oct 2009

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Contact the NCOIC/ Coordinator of the Pregnancy/ Postpartum Physical Training Program to get PVT Doe scheduled to start PT.
 Coordinate the workload around PVT Doe's restricted work hours and other limitations.
 Schedule an occupational health assessment if required.
 Schedule PVT Doe for an appointment for her initial counseling for her family care packet (if needed)

Signature of Counselor: _____ Date: 01 Oct 2009

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Plan of Action was sufficient and achieved desired results.

Counselor: CPT Joe Jones Individual Counseled: PVT Jane Doe Date of Assessment: 15 Jan 2010

Note: Both the counselor and the individual counseled should retain a record of the counseling.

Notice: Required by the Privacy Act of 1974 (5 USC 552a).

Prior to soliciting any personal information in the course of counseling a soldier, the counselor (See para 8-6.) will advise the soldier substantially as follows:

In the course of counseling you concerning the decisions you will have to make in connection with your pregnancy, I will request certain personal information from you. My only purpose in requesting this information is to assist you in planning how to meet your responsibilities to the child and to the military, and to determine if there is anything that I or the Army can do to assist you in meeting those responsibilities. Disclosure of your SSN and other personal information is voluntary. You are not required to provide personal information to me, but Army regulations require that you complete a Statement of Counseling. If you choose not to provide personal information to me, however, I may not be able to effectively assist you. No use of the information will be made outside the Department of Defense. A copy of the Statement of Counseling will be maintained in your MPRJ until this action is completed, at which time it will be destroyed. My authority for requesting this information is Section 3013, Title 10, United States Code.

The purpose of this counseling is to inform you of the options, entitlements, and responsibilities in connection with your pregnancy.

Information on your entitlements:

a. Retention or separation:

- (1) You may request separation or elect to remain on active duty.
- (2) For more information, see paragraph 8-9.

b. Maternity care:

- (1) If you remain on active duty you will receive treatment in a military facility or in a civilian facility, if there is no military maternity care available within 30 miles of your location.
- (2) If you separate, you are authorized treatment only in a military facility that has maternity care. You are NOT authorized care in a civilian facility at Government expense.
- (3) For more information see AR 40-3, paragraph 2-35 for care while on active duty; AR 40-3, paragraph 4-44, for care after separation.

c. Leave:

- (1) You may request ordinary, advance, and excess leave in order to return home, or other appropriate place, for the birth of your child or to receive other maternity care. Such leave usually terminates with the onset of labor.
- (2) Non-chargeable convalescent leave for postpartum care is limited to the amount of time essential to meet your medical needs.
- (3) For more information see AR 630-5, chapter 9, section II.

- d. Maternity clothing and uniforms:
- (1) Military maternity uniforms will be provided to soldiers.
 - (2) For more information see AR 670-1, chapter 4.
- e. BAQ and Government quarters:
- (1) Availability depends upon the status of quarters at your installation.
 - (2) For more information see Post Housing Office.
- f. Assignments:
- (1) You will not normally receive PCS orders directing movement overseas during your pregnancy. However, you are considered available for unrestricted worldwide assignment upon completion of postpartum care.
 - (2) For more information see AR 614-30, paragraph 3-3.
- g. Separation for unsatisfactory performance, misconduct, or parenthood:
- (1) If your performance or conduct warrants separation for unsatisfactory performance, or if parenthood interferes with your duty performance, you may be separated involuntarily even though you are pregnant.
 - (2) For more information see paragraph 5-8 and chapters 11, 13, and 14.
- h. Family care counseling:
- (1) You must have an approved family care plan on file stating actions to be taken in the event you are assigned to an area where dependents are not authorized or you are absent from your home on military duty. Failure to develop an approved care plan will result in a bar to re-enlistment.
 - (2) For more information see Post Housing Office.

Should you desire assistance in gathering additional information on the above subjects, I will assist you in locating the appropriate information. Further, if you desire, I will assist you in contacting the American Red Cross or other appropriate agencies.

I affirm that I have been counseled by (grade) (name) this date on all items on the attached counseling checklist, and I understand my entitlements and responsibilities. I understand that if I elect separation, I may receive maternity care at Department of Defense expense, on a space-available basis for up to 6 weeks postpartum for the birth of my child only in a military medical treatment facility that has maternity care capability and that I may elect a separation date no later than 30 days prior to expected date of delivery or the latest date my physician will authorize me travel, whichever is earlier. Further, I understand that many military medical treatment facilities cannot provide maternity care and that unforeseen circumstances or medical emergency could force me to use civilian medical treatment facilities following separation from active duty. Should this happen, I fully understand that UNDER NO CIRCUMSTANCES can TRICARE, any military department, or the Department of Veterans Affairs reimburse my civilian maternity care expenses. Such costs will be a matter of my personal responsibility. Further, I understand that the separation authority, in conjunction with my military physician based on the needs of the Army, will determine my separation date. I also understand that if I should remain on active duty, I will be expected to fulfill the terms of my enlistment contract. If I elect to remain on active duty, I understand that I must remain available for unrestricted service on a worldwide basis when directed and that I will be afforded no special consideration in duty assignments or duty stations based upon my status as a parent.

(Date) (Signature of Soldier)

TO: (Soldier concerned) (Date)
FROM: (Commander, unit)

CMT 1

Request your election of appropriate option indicated below and return within (number of days).

(Signature)
(Typed name)
(Rank, commanding branch)

TO: (Commander, unit) (Date)
FROM: (Soldier concerned)

CMT 2

___ During the counseling session there was no coercion on the part of the counselor influencing my decision.

___ I elect separation for reason of pregnancy per AR 635-200, chapter 8. I desire to remain on active duty until (date). (In no case later than 30 days prior to expected date of delivery.)

___ I elect to remain on active duty to fulfill the terms of my enlistment contract.

(Signature)
(Typed name, SSN, grade)

1 Copy MPRJ (Action Pending)
1 Copy Soldier
1 Copy File