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04 March 2003

OPNAV INSTRUCTION 6000.1B

From: Chief of Naval Operations
To: All Ships and Stations

Subj: GUIDELINES CONCERNING PREGNANT SERVICEWOMEN

Ref: (a) OPNAVINST 5354.1E
(b) NAVPERS 15560D, Naval Military Personnel Manual
(MILPERSMAN)
(c) BUMEDINST 6320.3B
(d) NEHC-6260-TM-01, Reproductive/Developmental Hazards
(e) OPNAVINST 5100.23F
(f) BUMEDINST 1300.2
(g) OPNAVINST 3710.7S
(h) DOD 4165.63-M of Sep 93 (NOTAL)
(i) SECNAVINST 1000.10
(j) OPNAVINST 6110.1G
(k) NAVPERS 15665I, U.S. Navy Uniform Regulations
(l) BUMEDINST 6320.72
(m) SECNAVINST 6300.4

Encl: (1) Guidelines Concerning Pregnant Servicewomen

1. Purpose. To provide administrative guidance concerning pregnant servicewomen, and to promote uniformity in the medical-administrative management of normal pregnancies per references (a) through (m). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 6000.1A.

3. Background

a. By itself, pregnancy should not restrict tasks normally assigned to servicewomen.

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

c. Pregnant servicewomen may have a heightened susceptibility to certain stresses and the effects of a normal pregnancy may necessitate job/watch modification on an individual basis.

d. The safe completion of a pregnancy includes consideration of multiple factors.

(1) General health status/condition.

(2) Current pregnancy status.

(3) Fertility difficulties.

(4) Job/rate/rank/NEC/tasks assigned.

(5) Lifestyle (smoking, alcohol, medications).

(6) Work site.

(7) Adequate obstetrical care that meets American College of Obstetricians and Gynecologists Guidelines (ACOG).

e. Pregnancy status will not adversely affect the career patterns of Navy servicewomen.

4. Actions

a. Pregnancy must be known to designated command officials while ensuring the servicewoman's privacy.

b. The chapters of enclosure (1) are formatted to provide answers to questions that may arise when a servicewoman becomes pregnant. The overriding concern is safeguarding the health of the pregnant servicewoman and that of her unborn child while maintaining optimum job performance as long as possible. All Commanding Officers (CO), supervisory personnel, health care providers, and pregnant servicewomen will be made aware of this instruction in its entirety, so that there is consistency in the management of the pregnancies.

5. Forms. Below listed forms are available in the Naval Inventory Control Point using requisitioning procedures

contained in CD-ROM NAVSUP PUB 600(NLL), Navy Stock List of Publications and Forms.

a. DD 689 (Mar 63), Individual Sick Slip is available online at website <http://web1.whs.osd.mil>.

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

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

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

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

f. NAVMED 6260/8 (12-2002), Occupational Exposures of Reproductive or Developmental Concern - Supervisor's Statement and NAVMED 6260/9 (12-2002), Occupational Exposures of Reproductive or Developmental Concern - Worker's Statement are available at website <https://bumed.med.navy.mil/publications/>.

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OPNAVINST 6000.1B
04 March 2003

**GUIDELINES
CONCERNING
PREGNANT SERVICEWOMEN**

Enclosure (1)

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FOREWARD

1. This directive provides

a. a single-source document for the CO, pregnant servicewoman, health care provider, occupational health professional, and others involved in the administrative and health care management of pregnant servicewomen.

b. guidance for all active duty members. Reserve members must provide documentation of notification and approval by their primary obstetrical/gynecological (OB/GYN) physician prior to participation in active duty functions.

2. Users of this directive are encouraged to submit recommended changes and comments to improve the publication. Comments should be keyed to the specific page, paragraph, and line of the text in which the change is recommended. Reasons should be provided for each comment to aid in understanding and complete evaluation. Comments should be directed by letter to Chief of Naval Operations (N134) Washington, DC 20350-2000.

CHAPTER 1
COMMANDING OFFICER (CO)

101. Responsibilities

a. General. After a pregnancy diagnosis is made and confirmed by a military medical health care provider (or civilian health care provider in cases of inaccessibility of military facilities), a servicewoman's CO must ensure that the servicewoman retains a high degree of commitment to fulfill professional responsibilities. Specific limitations for the pregnant servicewoman are provided in this instruction. Additional limitations will require the judgment of the CO in consultation with the health care provider and the occupational health professional. COs shall make every effort to ensure that pregnant servicewomen are not subjected to harassment, imposition of personal opinions, or infringement of legal rights per reference (a).

b. Counseling

(1) A pregnant servicewoman's CO has responsibility for counseling the servicewoman once pregnancy has been confirmed. Counseling will include discussions on military entitlements to maternity care while on active duty per references (b) and (c), and Navy policy on worldwide assignability, which requires certain servicemembers to sign a NAVPERS 1740/6, Department of the Navy Family Care Plan Certificate and NAVPERS 1740/7, Family Care Plan Arrangements appointing a guardian. Pregnant servicewomen ordered to overseas duty should be counseled concerning the decision to command sponsor/non-command sponsor their dependents per reference (b), article 1740-010. Sample Pregnancy Counseling Form, appendix A, provided.

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

(3) Command counseling will be documented and recorded by service record entries.

(4) A pregnant servicewoman who has the potential for exposure to occupational reproductive hazards shall be afforded the opportunity for counseling by an occupational health care provider, if requested, per reference (e). The Development Hazard questionnaires (appendices B and C) shall be completed by the pregnant servicewoman and command supervisory personnel knowledgeable of the servicewoman's workplace. If potential for exposure to a developmental hazard is present in the workplace, or if naval activities have not determined the possibility of such potential, the command shall arrange for an occupational health care provider to evaluate the woman as soon as possible. If the most recent industrial hygiene site survey documents that no potential for exposure to a developmental hazard exists in the workplace, then an occupational medicine evaluation should occur if either the pregnant servicewoman or the CO requests it. A copy of the appropriate sections of the completed evaluations should be placed in the servicewoman's medical record and in the servicewoman's command safety office.

c. General Limitations

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

(a) physical readiness program (PRP) during pregnancy and for 6 months following delivery. However, if the servicewoman desires, she may participate in an exercise program approved by her OB healthcare provider.

(b) exposure to chemical or toxic agents/environmental hazards that are determined unsafe by the cognizant occupational health professional or the health care provider.

(c) standing at parade rest or attention for longer than 15 minutes.

(d) all routine immunizations except as indicated in chapter 3, paragraph 302c of this instruction.

(e) participation in weapons training, swimming qualifications, drown-proofing, and any other physical training requirements that may affect the health of the servicewoman/fetus. Diving duty is hazardous and carries an increased hyperbaric risk to the fetus; therefore, any type of diving during pregnancy is prohibited.

(2) The pregnant servicewoman may be allowed to work shifts.

(3) The command should ascertain whether the work site has had an industrial hygiene site survey. If the setting has not had a recent industrial hygiene site survey, temporary removal of the pregnant servicewoman from an industrial setting may be indicated. Consult with an occupational health care provider for evaluation of the site survey.

d. Specific Limitations. During the last 3 months of pregnancy (weeks 28 and beyond) the servicewoman shall be

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

(2) limited to a 40-hour workweek. The 40 hours may be distributed among any 7-day period, but hours are defined by the servicewoman's presence at her duty station, and not by type of work performed. **Pregnancy does not remove a servicewoman from watch standing responsibilities, but all hours shall count as part of the 40 hour per week limitation.** In instances where the unit work week/watchstanding requirements exceed 40 hours, the CO, in consultation with the healthcare provider, must be informed and approve, on a case by case basis, extension of the servicewoman's work week beyond 40 hours. The servicewoman may request a work waiver to extend her hours beyond the stated 40-hour week, if she is physically capable and her OB healthcare provider concurs.

102. Medical and Work Assignment Considerations

a. General. Few restrictions are required in an uncomplicated pregnancy of a physically fit, trained servicewoman working in a safe environment.

b. Work Reassignment. The servicewoman shall not be assigned to duties where she is a hazard to self or others. A pregnant servicewoman's duties/occupation may cause or exacerbate symptoms such as lightheadedness or nausea. In consultation with the appropriate health care provider, the CO shall determine medical and work assignment limitations. Results of the industrial hygiene site survey, evaluation of the occupational health care provider, or recommendations of the OB health care provider may indicate the need for reassignment or work restriction(s) per reference (d).

c. Common restrictions from duty. These fall into the following categories:

(1) Medical. Clinical conditions as identified by the servicewoman's OB health care provider.

(2) Environmental. The work environment may expose a pregnant servicewoman to potential health hazards. Appropriate restrictions will be determined by the occupational health care provider as detailed in chapter 4.

(3) Ergonomic. Instances where there may be no obvious medical contraindications but where the individual's physical configuration/abilities prohibit participation (such as lying in a prone position for weapons qualifications, certain duty aboard ships, etc.) or where nausea or fatigability would be hazardous to the servicewoman, the unborn child/or other servicemembers of the unit (e.g., air traffic controller duties) as detailed in chapter 4.

(4) Other. Areas of questionably harmful effects such as chemical, biological, radiological and nuclear effects (CBRNE) training, a regular unit physical training program and certain unit qualification tests or hands on elements of skills qualification tests.

103. Administration

a. Assignments. Navy Personnel Command (NAVPERSCOM) shall limit overseas assignment of pregnant servicewomen as feasible, consistent with manning and readiness considerations. No servicewoman may be assigned overseas or travel overseas after the completion of the 28th week of pregnancy. Suitability

screening for overseas duty, if properly conducted under procedures outlined in the officer/enlisted transfer manuals (TRANSMAN), ensures that the assignment and transfer of pregnant servicewomen, officer and enlisted, conform with the following guidelines:

(1) To an Overseas Duty Station/Geographically Isolated Duty Station. Servicewomen assigned to duty ashore in the 48 contiguous states, who are otherwise eligible for duty Outside the Continental United States (OCONUS), and have not reached their 28th week of pregnancy, may be assigned for duty at an overseas installation **except** when any of the following conditions exist:

(a) Adequate civilian/military medical facilities with obstetrical capabilities (equivalent to ACOG guidelines) to provide care as required by reference (f) are **not** available.

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

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

(2) Continental United States (CONUS). Servicewomen may be assigned in CONUS without restriction provided they do not have to fly after the 36th week of pregnancy. They will not be transferred to units that are deploying during the period from the 20th week of pregnancy through 4 months after the servicewoman's expected date of delivery.

b. Specific Assignments

(1) Initial Training. Servicewomen with pregnancies that existed prior to entrance (EPTE) or certified during initial training (e.g., recruit training or officer candidate school (OCS)) shall be denied entrance or discharged as unqualified for military service per reference (b), article 1740-020. **When certified as EPTE, the members shall be discharged without maternity benefits.** The initial permanent duty station has the authority to discharge pregnant servicewomen when it is medically determined that they became

pregnant during initial training. Discharged servicewomen shall not be prohibited from applying for reenlistment per current directives.

(2) Shipboard

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

(b) For enlisted servicewomen, COs shall ensure the enlisted availability report includes the date the pregnant servicewoman will be in her 20th week of pregnancy, the date replacement required, and in the case of deploying units, the date of deployment. For an officer, COs should notify the placement officer as soon as possible for relief and transfer of the officer. **The servicewoman shall not remain onboard beyond her 20th week of pregnancy.**

(c) All transfer (permanent change of station (PCS), temporary additional duty (TAD), etc.) assignments are deferred up to a period of 4 months following delivery unless the servicewoman volunteers for an earlier rotation, in which case a waiver is required. Earlier assignment to a non-deployable unit is acceptable if the billet is a "hot fill." The purpose for the delay is to allow the servicewoman time to regain her physical strength and stamina in order to perform the duties of her rate/rank. The 6-month waiver from PRP participation will remain in effect, per paragraph 101c(1)(a).

(3) Aviation Squadron

(a) Reference (g), paragraph 8.3.2.8 discusses the considerations and requirements in regard to pregnant flight personnel.

1. Pregnancy is considered disqualifying for designated flight status personnel. However, waivers may be requested up to the beginning of the third trimester (28th

week). Flight personnel may be waived to permit flight in transport, maritime, or helo type aircraft with a cabin altitude of less than 10,000 feet. No solo flight or ejection seat flight will be considered for waiver. Designated naval aviators (DNA) are waived to service group III (SG III) only. **Pregnancy must be uncomplicated.**

2. Waiver requests should be submitted per the procedures defined in Navy Aeromedical Reference and Waiver Guide to Chief of Naval Operations (N78) and NAVPERSCOM (PERS-43B) via Naval Operational Medicine Institute Det, Naval Aerospace Medical Institute (NAVOPMEDINST DET NAVAEROMEDINST), Pensacola, FL (Code 42). Additionally, NAVOPMEDINST DET NAVAEROMEDINST (Code 42) will be notified upon termination of pregnancy.

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

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

(4) From and Within an Overseas Area

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

(b) Servicewomen deferred from overseas transfer due to pregnancy will have their projected rotation date (PRD) adjusted to remain at their current duty station until 4 months following delivery. If conditions exist at their current duty station which preclude this extension, the servicewomen will be assigned temporary duty to another command until 4 months

following delivery. At their adjusted PRD they will be assigned per the normal sea/shore rotation pattern of their rating.

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

(5) Reporting or Assigned as a Student

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

(b) If a servicewoman becomes pregnant during training, the CO of the training command will determine if she can complete her training, based on the discussion above. When disenrollment is required, it will be necessary to determine when training can be terminated. If possible, training will be terminated at a point where it will be academically feasible to reenter the training at a later date, without repeating previously completed portions of training. Based on this information and the projected delivery date, the CO of the training command will determine the disenrollment date.

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

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

c. Waivers

(1) General. A waiver procedure has been established for use in unique circumstances. If the circumstances warrant, a servicewoman's CO may request a waiver on her behalf. See paragraph 202 of this instruction for details.

(2) Aviation Waiver. See waiver discussion included in paragraph 103b(3).

d. Billeting. A pregnant active duty servicewoman with no family members may reside in bachelor quarters for her full term. If the servicewoman requests, the host commander may authorize a pregnant servicewoman to occupy off-base housing and be paid a basic allowance for housing (BAH) up to her 20th week of pregnancy. **From the 20th week forward the host commander must approve such a request.** COs may authorize single pregnant servicewomen to move into housing, based on availability, before the birth of the child. **However, they will not be given special treatment (i.e., head of line privilege).** These policies allow single pregnant servicewomen to set up housing in preparation for the baby. Reference (h) outlines the policy for application to government housing and reference (i) supports this. Payment of BAH will be per applicable pay and entitlement regulations.

e. Conduct and Discipline. **Pregnant servicewomen have the same rights and responsibilities and are subject to the same administrative and disciplinary actions as all other naval personnel.** An active duty servicewoman under court-martial charges or sentence of court-martial, who is certified as pregnant by a health care provider within the military health care system, may be discharged only with the written consent of the officer exercising general court-martial jurisdiction over her.

f. Performance Evaluation. **COs shall ensure that pregnant servicewomen are not adversely evaluated or receive adverse fitness reports/evaluations as a consequence of pregnancy.** Additionally, no comment on the pregnancy shall be made in the comments section.

Weight standards exceeded during pregnancy are not cause for adverse fitness reports/evaluations. Pregnant servicewomen who have recently delivered, who are otherwise fully qualified

for and desire reenlistment, but who exceed acceptable weight standards per reference (j) will be extended for the maximum of up to 6 months after delivery.

g. Uniform. The proper wearing of the uniform during pregnancy is the concern and responsibility of the servicewoman and shall be addressed by the unit CO. The maternity uniform is mandatory for all pregnant servicewomen in the Navy when a uniform is prescribed and a regular uniform no longer fits. This uniform, when worn, shall be labeled as a certified authorized naval garment and is the only style permitted to be worn with other naval accouterments. The outer garments (sweater, raincoat, overcoat, peacoat and reefer) may be worn unbuttoned when the garment no longer fits properly buttoned. The servicewoman is expected to wear regular uniforms upon returning from convalescent leave; however, COs may approve the wear of maternity uniforms up to 6 months from the date of delivery based on medical officer diagnosis and or recommendations. Enlisted servicewomen will be given a clothing allowance upon presenting the pregnancy notification from the CO/officer in charge (OIC) to the personnel support detachment (PSD). (Refer to reference (k)).

h. Maternity Care after Separation

(1) Under the law, neither the military departments nor TRICARE have the authority to pay civilian maternity care expenses for former servicewomen who separate from active duty while they are pregnant, regardless of the circumstances requiring the use of civilian facilities. A former servicewoman loses her entitlement to all civilian maternity care at military expense upon receipt of a discharge certificate (DD 214). See reference (b), article 1910-180, for effective time of discharge. Prior to separation, a servicewoman should be encouraged to consult with a Health Benefits Advisor for current information regarding health benefits available to former active duty personnel.

(2) The uniformed services voluntary 90-day medical insurance policy available to separating servicewomen will not cover pre-existing conditions such as pregnancy. This is also true of virtually all medical insurance programs in the private sector. Because of this, the service secretaries (under special administrative authority) allow former servicewomen, who

separate under honorable conditions because of pregnancy, to receive maternity care for that pregnancy, up to 6 weeks following delivery, only in Military Treatment Facilities (MTF) on a space available basis. This care is available only if

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

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

(3) Before deciding to accept a discharge or resign from the service, a pregnant servicewoman should contact the Health Benefits Advisor of the MTF that she plans to use, to determine if

(a) the facility provides maternity care.

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

(c) the facility's workload will permit acceptance of her case.

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

i. Medical Examination and Diagnosis for Separation.
During the physical examination process, if the health care provider determines that a servicewoman is pregnant, no additional examination (i.e. OB) is required. Pregnancy does not disqualify a servicewoman from separating from the military. The servicewoman should be informed concerning maternity benefits available to her after separation.

j. Evacuation of Pregnant Servicewomen

(1) If noncombatant evacuation is ordered, all pregnant servicewomen who have reached the 20th week of pregnancy will be evacuated as noncombatants.

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

(a) ability of the pregnant servicewoman to perform in her specialty.

(b) capability of field medical (or other support unit) to perform emergency OB care.

(c) requirement for duties.

(d) nearness of the hostilities.

(e) welfare of the unborn child.

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

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

104. Convalescent Leave

a. The servicewoman's CO (upon advice of the attending physician), COs of the MTF, or Military Medical Support Office (MMSO) (persons hospitalized in civilian facilities within their respective areas of authority), may grant convalescent leave to servicewomen as follows:

(1) Convalescent leave will normally be for 42 days after discharge from the MTF following any uncomplicated delivery. The attending physician may recommend extension of convalescent leave beyond the standard 42 days based on the servicewoman's clinical circumstances. The servicewoman's permanent command must be notified of this recommendation. COs may grant regular leave following convalescent leave if appropriate, per reference (b), article 1050-180.

(2) The attending physician must also certify that the patient is not fit for duty, will not need hospital treatment during the contemplated leave period, and that such leave will not delay the final disposition of the patient.

(3) Servicewomen awaiting disciplinary action or separation from the service for medical or administrative reasons may not be granted convalescent leave. (Refer to reference (b), article 1050-180).

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

106. Breastfeeding

a. Servicewomen should be provided access to educational information from didactic materials/a lactation consultant for breast care, breastfeeding education, counseling, and support during the pregnancy, after delivery, and on return to work.

b. When possible, CO shall ensure the availability of a private, clean room for expressing breast milk. There should be

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ready access to running water and refrigeration for safe storage of breast milk.

c. Requests to breast feed infants during duty hours should be handled on a case by case basis; however, breastfeeding an infant is not a reason for granting excessive time for meals or from work.

CHAPTER 2
SERVICEWOMAN

201. Responsibilities. The individual servicewoman is responsible for

- a. planning her pregnancy to allow her to meet both her family and military obligations.
- b. seeking confirmation of pregnancy at a military medical treatment facility.
- c. **notifying her CO or OIC of her pregnancy as soon as possible, but no later than 2 weeks after diagnosis of pregnancy.** This will help facilitate planning a request for replacement requisition if the servicewoman is in a seagoing/deployable billet.
- d. reporting as soon as possible to the supporting MTF to establish a prenatal care program.
- e. performing her military duties within the limits established by her condition.
- f. complying with work site and task related safety and health recommendations made by appropriate occupational health professionals, including the use of personal protective equipment.

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

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

b. Results of specialty consultation that include the medical officer's estimate of the servicewoman's ability to perform assigned duties, and when such duties should be terminated prior to the expected date of delivery.

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

203. OB Care

a. In Vicinity of Servicewomen's Command. When pregnant servicewomen remain at their duty stations, maternity care will be provided at the MTF designated, provided it has OB/GYN capability and the servicewoman resides in the facility's inpatient area. If that MTF does not have OB/GYN capability and there is no other MTF with OB/GYN capability serving her residence area, she may choose to deliver in a civilian hospital closer to her residence, or travel to the nearest or most accessible MTF for delivery. See references (c) and (l) for procedures relative to receipt of payment for civilian care. Upon discharge from either the military or civilian inpatient facility following delivery, the servicewoman will be granted convalescent leave based on specific medical indications. Reference (b), article 1050-180 and paragraph 104 of this instruction provide guidance for the granting of convalescent leave.

b. While in a Leave Status. If a servicewoman requests to have the delivery or other maternity care at a location outside of the area of cognizance of a MTF with OB capability and while in a leave status, there must first be a referral and authorization from the member's Primary Care Manager (PCM), even if the intention is to utilize another MTF. The PCM's referral and authorization are required for the TRICARE Health Support Contractor to pay for civilian healthcare services, and to avoid financial penalties to the member under TRICARE Prime's Point of Service Option.

(1) Prior to approving such leave, the servicewoman's CO shall ensure that the servicewoman has received counseling, to include the local Beneficiary Counseling and Assistance

Coordinator (BCAC) with regard to prenatal and postnatal care available in her leave area and the command or Fleet and Family Support Center (FFSC) expert with regard to parental and financial responsibilities. Additionally, the servicewoman will be advised that she cannot report to an installation and request attachment solely to preclude continued loss of leave. Leave status can be terminated only when determined medically necessary by a physician. Normally, this should occur at the time of confinement for delivery.

(2) When a servicewoman has been granted leave to cover the period of an imminent delivery, the servicewoman should request a copy of her complete prenatal care records from the attending physician. The attending physician should note in the record whether the servicewoman is medically cleared to travel. The servicewoman will obtain from the Patient's Administration Department a statement bearing the name of the MTF (may be a MMSO) having medical responsibility for the geographic area of the patient's leave address. If the servicewoman is receiving prenatal care from other than a MTF, she should avail herself of the services of the nearest BCAC to effect the forestalled services. This statement should be attached to the approved leave request.

(3) Upon arrival at the designated leave address, the servicewoman shall notify the MTF indicated on the statement attached to her leave request. A determination will be made by that MTF whether the servicewoman's condition can be adequately treated and her leave address falls within their service area. If the local MTF cannot meet the medical needs of the patient, or if the patient's leave address is outside the MTF's inpatient area the servicewoman will be given the opportunity to choose to deliver in a civilian hospital closer to her leave address or travel to the most accessible MTF (see reference (f)) for maternity care. The servicewoman should be aware that the attending physician may not approve air travel after 36 weeks gestation, based on the current ACOG guidelines.

(a) Civilian maternity care for the servicewoman includes all charges for the servicewoman and the newborn as long as the mother remains hospitalized.

(b) If the infant must remain in or is transferred to a civilian hospital after discharge of the mother, the infant's

admission or transfer costs shall be cost shared under TRICARE, per reference (1). The servicewoman should consult with a Health Benefits Advisor (HBA) for detailed information regarding health benefits for the infant(s).

(4) Upon discharge from the civilian hospital following delivery, the mother will be granted convalescent leave (by the MTF listed on the statement attached to her leave request or by the cognizant MMSO following paragraph 104). The period, if any, between expiration of convalescent leave and the servicewoman's return to her parent organization is chargeable as ordinary leave.

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

205. Convalescent Leave

a. The servicewoman's CO may grant a period of authorized absence for an active duty servicewoman who is not fit for duty and requires additional medical care as recommended by her OB healthcare provider. The length of convalescent leave will normally be 42 days from hospital discharge following an uncomplicated vaginal delivery or cesarean section. The servicewoman may terminate such leave early with the attending physician's approval.

b. It is the responsibility of the servicewoman to report any complications or medical problems that she has experienced during convalescent leave to her attending physician. The attending physician may recommend to the command that an extension of the convalescent leave, based on the servicewoman's clinical circumstances, is appropriate.

CHAPTER 3
HEALTH CARE PROVIDER

301. Responsibilities

a. Upon confirmation of pregnancy by a health care provider, written notification (appendix D) of the servicewoman's condition will be provided to the servicewoman's CO per reference (c). The health care provider must ensure the privacy of the servicewoman while at the same time safeguarding both her welfare and that of her unborn child.

b. When pregnancy is confirmed, there are related matters not strictly medical, about which the health care provider is called upon to aid in decision making. Each health care provider, with responsibility for pregnancy confirmation or prenatal care, should be familiar with the administrative and command requirements relating to pregnant servicewomen. Additionally, the health care provider must monitor the health of the servicewoman to determine if additional convalescent leave is warranted.

c. The servicewoman's health care provider must provide timely guidance on work restrictions and the most effective job utilization of the pregnant servicewoman which will not cause undue stress on her or her unborn child. The healthcare provider should refer to Occupational Health professionals when there is a concern about exposure to chemical or toxic agents, environmental hazards, positive results from the mandatory questionnaires (appendices B and C), or when clinically indicated.

302. Immunizations. Pregnancy is normally a contraindication to certain immunizations. However, the benefits of immunizing women usually outweigh the potential risks when the likelihood of disease exposure is high and when infection would pose a risk to the mother or fetus. Pregnant servicewomen may receive tetanus-diphtheria toxoids, polyvalent influenza vaccine, and hepatitis B. For other vaccines, immunize only per the Centers for Disease Control (CDC) General Recommendations on Immunization and in consultation with the servicewoman's OB health care provider.

303. Light Duty. Light duty may be recommended to a pregnant servicewoman's CO any time a health care provider determines that it is needed. Pregnant servicewomen are usually placed in a light duty status at the 36th week of pregnancy until term, unless clinical circumstances indicate otherwise. Additionally, light duty may be prescribed for a maximum of 2 weeks for those servicewomen having completed convalescent leave, who are ready to report to the command, but can work only part-time.

304. Problem Pregnancies. Some pregnant servicewomen will require significant amounts of time away from the work environment; e.g., past history of multi-problem pregnancy, bleeding or threatened abortions. In these instances, it is not unusual for the OB health care provider to order the servicewoman to bed rest for extended periods, or until delivery. The loss of such a servicewoman may impact the command adversely. In these instances the following disposition alternatives may be utilized:

a. Medical Holding Company (MHC). This may be utilized for those requiring extraordinary time in a Quarters-OB status. Placement as temporary duty (TEM DU) in a MHC by a MTF with an affiliated MHC enables the parent command to gain relief for the loss of the servicewoman. Placement in this status should be done in consultation with the servicewoman's command. (The time limitations for remaining in a MHC are waived for pregnant servicewomen.) Once admitted to a MHC, the servicewoman should be assigned duties commensurate with the physical limitations directed by her attending health care provider.

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

c. Limited Duty (LIMDU) Board. Some servicewomen may require a significant alteration in work assignment, which may adversely impact the command. A LIMDU board allows the command to gain a replacement.

d. Quarters-OB Status

(1) Policy. Pregnant servicewomen requiring extended bed rest who reside outside the barracks and who must be seen by

their OB health care provider at least weekly may be placed in Quarters-OB status at home. **The OB health care provider must certify specifically that Quarters-OB is prescribed.** (Consult the patient administration officer of any MTF for guidance.) A pregnant servicewoman will not be placed in a Quarters-OB status solely on the basis of her pregnancy, i.e., no complications or extenuating circumstances. The medical condition of the patient must dictate the length of time the patient should be allowed to remain in a Quarters-OB status. Accordingly, the normal 72-hour time limit for sick in quarters (SIQ) patients is waived for Quarters-OB patients. This status should be reserved for those instances when, in the opinion of the OB health care provider responsible for providing prenatal care,

(a) the servicewoman has become disabled.

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

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

(2) Procedures. To place a patient in a Quarters-OB status, the health care provider shall record on the DD 689, Individual Sick Slip, the expected duration of Quarters-OB. If the period will exceed 72 hours, the OB health care provider must notify the servicewoman's CO. When a pregnant servicewoman is placed in this status, it must also be noted on her SF 513, Medical Record Consultation Sheet, and placed in her record. If the servicewoman requires long-term (72 hours or longer) Quarters-OB status due to complications of pregnancy, the attending health care provider will notify the servicewoman's CO and provide an explanation for the extension.

305. Hospitalization. When it becomes necessary to hospitalize a pregnant servicewoman because of complications or the onset of labor, the MTF will notify the servicemember's command, citing the medical indication which warranted her hospitalization (see reference (c) for notification requirements.) Additional information regarding hospitalization of pregnant servicewomen may be found in paragraph 203 of this instruction.

306. Postnatal Care

a. Sick in Quarters (SIQ). The physician providing postnatal care may place a servicewoman SIQ when neither light duty, hospitalization nor convalescent leave is indicated and the servicewoman may be capable of returning to full duty within, at most, a 72-hour period. Reference (a), article 1050-190 states that a servicewoman is in this status when excused from duty for treatment or medically directed self-treatment. The servicewoman may be in the barracks or other non-hospital facility (hotel, motel, etc.) At the discretion of the attending medical officer, such servicewomen may be placed SIQ after return to duty, the same as any other servicewoman. **The fact that she may have returned recently from convalescent leave shall not be cause for refusal to place a servicewoman SIQ.**

307. Termination of Pregnancy

a. Spontaneous Abortions. Following a spontaneous abortion (i.e., miscarriage), the servicewoman's health care provider may recommend a period of convalescent leave when clinically indicated.

b. Abortions

(1) General

(a) The performance of abortions at MTFs shall conform to the provisions of reference (m).

(b) The use of appropriated funds to perform abortions is prohibited except when the life of the mother would be endangered if the fetus were carried to term. This limitation does not apply to medical procedures necessary for the termination of an ectopic pregnancy.

(c) Servicewomen are highly encouraged to consult with a military health care provider for information prior to obtaining an abortion. Every provision will be made to maintain the sensitivity and confidentiality of the consultation. During this time, information will be provided to the servicewoman concerning the procedure so that, should she experience any difficulties, she will seek medical attention for appropriate

treatment. Servicewomen should consult with a military health care provider following the procedure for the purpose of follow up care, including any necessary medications, appropriate short-term duty restrictions, scheduling of follow up examinations/laboratory studies, and documentation in the member's health record.

(d) Civilian facilities will be used at the servicewoman's expense. Annual leave will be used in order to have the procedure accomplished. Any subsequent treatment or hospitalization required as a result of an abortion at a civilian facility will be managed as any other illness or disability under references (c) or (1), as appropriate. A military health care provider shall determine the requirement for convalescent leave.

CHAPTER 4
OCCUPATIONAL HEALTH PROFESSIONAL

401. Responsibilities

a. General. The cognizant occupational health professional is responsible for assisting COs in fulfilling their professional responsibilities to provide a safe and healthy workplace. This may include recommendations to guard the health of pregnant servicewomen and their unborn children. Depending on the circumstances and information required, the appropriate occupational health professional might be an occupational physician, industrial hygienist, occupational health nurse, audiologist, radiation health officer, toxicologist, or environmental health officer.

b. Navy MTFs. The supporting MTF provides onsite occupational health consultation. Additional support is available from the Navy Environmental Health Center (NAVENVIRHLTHCEN) or the Navy Environmental and Preventive Medicine Units.

c. NAVENVIRHLTHCEN. Will develop a list of potential reproductive hazards based on professional review of the current literature and analysis of available data, and will be updated January of each year. This list will be maintained in reference (d), and, where feasible, will contain recommended exposure limits. NAVENVIRHLTHCEN will provide guidance to medical departments on criteria for requesting occupational health consultation and will also provide generic reproductive hazard guidance on request or when indicated.

d. MTF/Fleet Industrial Hygienists. At the time of a baseline industrial hygiene site survey, and during any survey updates, the presence of possible reproductive hazards will be evaluated including potential exposure to agents on the NAVENVIRHLTHCEN list. Any positive findings will be brought to the attention of the CO or safety officer and senior medical department representative (SMDR).

e. Type Commander (TYCOM)/Afloat Industrial Hygiene Officer (IHO). IHOs having cognizance over ships billeted with female servicemembers will evaluate the presence of shipboard reproductive hazards periodically and make recommendations to

the CO and the SMDR. The SMDR should request an evaluation when interpretation of individual and group exposure data involving pregnant servicewomen is needed.

402. Approach. A three-phased approach is necessary for optimal feto-maternal health promotion and risk management.

a. Phase I - Pre-pregnancy/Preventative. Naval personnel will be educated on their responsibilities in the prevention of adverse reproductive outcomes including work site precautions as well as the reduction of alcohol intake and smoking cessation. (Media developed by Chief of Naval Education and Training (CNET) in consultation with NAVENVIRHLTHCEN may be used.) The baseline industrial hygiene survey required by reference (e) for each Navy work site will be reviewed periodically for possible reproductive hazards. Recommendations will be provided to naval personnel requesting guidance prior to planned conception.

b. Phase II - Early Pregnancy. Certain elements in the pregnant servicewoman's first trimester medical history, by themselves or in conjunction with the pregnant servicewoman's occupational history, may warrant further occupational health consultation. The outline contained in appendix C may be used to identify the need for consultation and preliminary job/work site modification.

c. Phase III - Pregnancy/Job Modification. Occupational health consultation may be indicated during the pregnancy for updated review of previous job or personal protective equipment qualification/certification and for work site modification recommendations. Interdisciplinary cooperation between obstetrics, occupational health, and the servicewoman's command is absolutely essential for responsible matching of job requirements and individual performance capabilities of the pregnant servicewoman. In most instances the pregnant servicewoman will be able to complete most of the required tasks of her originally assigned position with only minor modifications, usually because of ergonomic considerations rather than toxin avoidance. When potential reproductive hazards are identified that warrant significant job modification or exclusion, the CO or designated representative will be notified.

403. Specific Limitations

a. Environmental. The pregnant servicewoman

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

(2) may be exposed to ionizing radiation, but these exposures should be as limited as possible. The exposure should not exceed 0.5 rem (0.005 Sievert) during the entire gestation. Efforts should be made to avoid substantial variation above the uniform monthly exposure rate that would satisfy this limiting value.

b. Ergonomic. Consider instances where there may be no obvious medical contraindications but where the individual's physical configuration/abilities prohibit participation (such as lying in a prone position for weapons qualifications, certain duty aboard ships, etc.) or where nausea or fatigability would be hazardous to the servicewoman, the unborn child, and other servicemembers of the unit (e.g., air traffic controller duties).

c. Other. Consider areas of questionably harmful effects such as chemical, biological, radiological and nuclear effects (CBRNE) training, a regular unit physical training program, certain unit qualification tests or hands on elements of skills qualification tests.

APPENDIX A
SAMPLE PREGNANCY COUNSELING FORM

Date: _____

RATE/NAME: _____

COUNSELOR: _____

SUBJ: COUNSELING FOR PREGNANT SERVICEWOMAN

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

a. OPNAVINST 6000.1B.

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

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

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

3. Pregnant servicewomen are exempt from the following:

a. PRP until 6 months after delivery.

b. Participation in weapons training, swimming quals, drown-proofing, or other physical requirements.

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

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

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

APPENDIX A (CONT'D)
SAMPLE PREGNANCY COUNSELING FORM

5. Maternity uniforms are mandatory when regular uniforms no longer fit. Enlisted servicewomen will be given a clothing allowance upon presentation of pregnancy notification to PSD.
6. Post-delivery convalescent leave of 6 weeks (42 days) will normally be granted by the commanding officer upon advice of the attending physician.
7. When possible, COs shall ensure the availability of a private, clean room for expressing breast milk. Requests to breastfeed infants during duty hours should be handled on a case by case basis. Breastfeeding an infant is not a reason for granting excessive time for meals or from work.
8. Servicewomen may not travel overseas after the beginning of the 28th week of pregnancy.
9. Pregnancy is considered disqualifying for designated flight status personnel; however, a waiver may be requested up to the beginning of the third trimester (28th week).
10. Servicewomen shipboard shall not remain onboard ship if the time for medical evaluation of the member to a treatment facility capable of evaluating and stabilizing obstetric emergencies is greater than 6 hours.
11. Servicewomen shipboard shall not remain onboard beyond the 20th week of pregnancy.
12. Legal counsel, if necessary, may be obtained from Navy Legal Service Office (NLSO)(see reference (i))

Servicewoman Signature/Date

Counselor Signature/Date

APPENDIX B

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

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

Worker's Name: Last First M.I. SSN: - -

Rank/Rate/Job Code: Today's Date: Day Month Year

Age: Sex: Phone (work): Phone (home):

Females only

Are you pregnant? No Yes Number of previous pregnancies: How many were: Live births

Date last menstrual period began: Day Month Year Stillbirths

Miscariages

Abortions

Males only

How many children have you fathered (ever)?

All workers

How many years have you had your current job?

What did you do at your previous job?

What does your spouse or mate do at work?

Have you ever gotten sick or injured because of your job? No Yes *Give details of any "yes" answers here*

Have any of your children had birth defects? No Yes

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

Do you take medications regularly? No Yes

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

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

Reason for consultation

What reproductive or developmental hazards are you most concerned about?

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

- | | | |
|--|---|--|
| Chemical Agents | Physical Agents | Biological Agents |
| <input type="checkbox"/> Inorganic chemicals | <input type="checkbox"/> Ionizing radiation | <input type="checkbox"/> Bacteria <input type="checkbox"/> Animal danders |
| <input type="checkbox"/> Organic solvents and fuels | <input type="checkbox"/> Microwave and other RF radiation | <input type="checkbox"/> Fungi <input type="checkbox"/> Endotoxins |
| <input type="checkbox"/> Metals - lead, cadmium, etc. | <input type="checkbox"/> "Noise" (Intense sound) | <input type="checkbox"/> Viruses <input type="checkbox"/> Enzymes and other proteins |
| <input type="checkbox"/> Pesticides | <input type="checkbox"/> Thermal stress (heat or cold) | |
| <input type="checkbox"/> Pharmaceuticals/drugs | <input type="checkbox"/> Vibration | Physical Conditions |
| <input type="checkbox"/> Other hazards (specify) _____ | | <input type="checkbox"/> Irregular or shift |
| | | <input type="checkbox"/> Strenuous work |
| <input type="checkbox"/> None of the above | | |

Supervisor's Signature _____

APPENDIX C

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

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

PLEASE PRINT

Worker's Name: [Last] [First] [M.I.] SSN: [][][][] - [][] - [][][][][]
 Rank/Rate/Job Code: [] Date: [][] [][] [][][][]
 Supervisor: [] Supervisor's Telephone: [][][][] Worker's Telephone: [][][][]
 Command/Shop: []

Job Duties (not job title) []

Check all boxes that apply

Workplace: Shipboard Shop Office Outdoors
 Other (describe) []

Is the worker exposed to:

Chemical Agents

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

Biological Agents

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

Physical Agents

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

Physical Conditions

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

Specify agents or conditions here

Personal Protective Equipment required:

- None Hearing protection Gloves
- Protective clothing Respirator

Is the worker in a medical surveillance program?

- No Yes Don't know

Are there Industrial Hygiene sampling data for the involved worker?

- No Yes

Did the Industrial Hygiene survey reveal reproductive or developmental hazards?

- No Yes (specify)

[]

Has a detailed evaluation of the worksite(s) and/or process(s) with which the worker is involved been performed?

- No Yes

Is the worker required to work shifts? No Yes

If yes, which one(s)? []

Has the worksite had an Industrial Hygiene survey in the last two years?

- No Yes [][] [][] [][][][]

Has the worker reported an occupational illness or injury in the last year?

- No Yes (specify)

[]

Supervisor's Signature

APPENDIX D
SAMPLE PREGNANCY NOTIFICATION TO
COMMANDING OFFICER/OFFICER IN CHARGE (CO/OIC)
FOR OFFICIAL USE ONLY (When Filled In)

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

Date _____

From: _____

MTF/Physician

To: _____

Commanding Officer/Officer-in-Charge

Subj: _____

Member's Name/SSN

Ref: (a) OPNAVINST 6000.1B

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

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

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

Signature/Rank/SSN

FOR OFFICIAL USE ONLY (When Filled In)