DEPARTMENT OF THE NAVY
Office of the Chief of Naval Operations
Washington, DC 20350-2000

OPNAVINST 6000.1A
OP-136C1
21 February 1989

OPNAV INSTRUCTION 6000.1A

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

Subj: MANAGEMENT OF PREGNANT SERVICEWOMEN

Ref: (a) MILPERSMAN
(b) NAVMEDCOMINST 6320.3B
(c) NAVMEDCOMINST 1300.1B
(d) ENLTRANSMAN
(e) MANMED, Article 15-19 and 15-56 (NOTAL)
(f) NAVMEDCOMINST 6320.1A
(g) OPNAVINST 5100.23B

Encl: (1) Management of Pregnant Servicewomen

1. **Purpose.** To provide administrative guidance for the management of pregnant servicewomen, and to promote uniformity in the medical-administrative management of normal pregnancies. This instruction has been substantially revised and should be read in its entirety.

2. **Cancellation.** OPNAVINST 6000.1.

3. **Background**

a. Pregnancy, by itself, should not restrict tasks normally assigned to servicewomen.

b. The establishment and maintenance of worksites that allow Navy servicewomen to perform their assigned tasks, without adverse job-associated consequences, are a primary responsibility of command. This includes the 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 and/or watch modification on an individual basis.

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

(1) General health status/condition.

(2) Fertility difficulties/current pregnancy status.

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

(4) Lifestyle (smoking, alcohol, medicines).

(5) Worksite.

(6) Adequate obstetrical care meeting American College of Obstetricans Gynecologists Guidelines (ACOG).

e. The fertility/pregnancy status will not adversely affect the career pattern of the Navy servicewoman.

4. **Actions**

a. Fertility/pregnancy status as a factor affecting task accomplishment must be known to designated command officials while assuring the servicewoman's privacy.

b. All personnel involved in the management of pregnant servicewomen are to be made aware of this instruction to obtain consistency in the management of pregnant servicewomen. The chapters of enclosure (1) are formatted to provide answers to the questions that may arise when a servicewoman becomes pregnant. The overriding concern is to safeguard the health of

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the pregnant servicewoman and that of her unborn child. Of concern also is the maintenance of job performance for as long as possible.

5. **Forms.** DD 689, Individual Sick Slip, S/N 0102-LF-007-0101, is available in the Navy supply system per NAVSUP P-2002. SF 513, Medical Record, NSN 7540-00-634-4127, is available from the General Services Administration.

J. M. BOORDA
Deputy Chief of Naval Operations
(Manpower, Personnel and Training)

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Enclosure (1)

FOREWORD

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

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 ensure understanding and complete evaluation. Comments should be directed to Chief of Naval Operations (OP-136), Washington, DC 20350-2000, by letter.

This directive is meant to provide guidance for all active duty members. Reserve members must provide documentation of notification and approval by their primary obstetrical/gynecological physician prior to participation in active duty functions.

REFERENCES

(a) MILPERSMAN (NOTAL)
(b) NAVMEDCOMINST 6320.3B
(c) NAVMEDCOMINST 1300.1B
(d) ENLTRANSMAN
(e) MANMED, Article 15-19 and 15-56 (NOTAL)
(f) NAVMEDCOMINST 6320.1A
(g) OPNAVINST 5100.23B

CHAPTER ONE

COMMANDING OFFICER

101. Responsibilities.

a. General. After a pregnancy diagnosis is made and confirmed by a military medical treatment facility (or civilian health care provider in cases of inaccessibility to military facilities), a servicewoman's commanding officer must assure that the servicewoman retains a high degree of commitment to fulfill professional responsibilities. No preferential treatment shall be given because of pregnancy status. Specific limitations for the pregnant servicewoman are provided in this instruction. Additional limitations will require the judgement of the commanding officer in consultation with the health care provider and the occupational health professional.

b. Counselling

(1) Commanding officers shall ensure that the provisions of this instruction and MILPERSMAN Articles 3620220, 3810170 and 3810180 are brought to the attention of any servicewoman desiring to serve in the naval service while pregnant in order that possible conflicts between the role of maintaining the Navy's posture of readiness and mobility and the role of parenthood are fully understood.

(2) A pregnant servicewoman's commanding officer has responsibility for counselling the servicewoman once pregnancy has been confirmed. Counselors will discuss military entitlements to maternity care while on active duty (references (a) and (b)). The commanding officer should explain Navy policy on world-wide assignability which requires certain servicemembers to sign a page 13 appointing a guardian. Pregnant servicewomen ordered to overseas duty should be counselled concerning the decision to command sponsor/non-command sponsor their dependent per MILPERSMAN Article 1810550.

(3) Servicewomen should be advised that requests for separation 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 Article 3620220 of reference (a). Pregnant servicewomen requesting separation will be counselled on the limited medical benefits available after separation.

(4) Command counselling must be documented and recorded by service record entries.

c. Work Reassignment. The commanding officer, with the health care provider and the cognizant occupational health professional, shall determine if any environmental hazards or toxins exist which may require work reassignment of the servicewoman, within the command, for the duration of the pregnancy. In cases where symptoms such as sudden lightheadedness, dizziness, nausea, easy fatiguability, or loss of consciousness may impair performance, the servicewoman shall not be assigned to duties where she is a hazard to herself or others. Diving duty is hazardous and carries an increased hyperbaric risk to the fetus; therefore, diving during pregnancy is prohibited. If there is a question regarding assignment in these cases, the health care provider should be consulted.

d. General Limitations. After confirmation of pregnancy, a pregnant servicewoman:

(1) Shall be exempt from:

(a) The regular physical training (PT) program of her unit. However, she shall be counselled and encouraged to participate in an approved American College of Obstetricians and Gynecologists (ACOG) exercise program, unless exempted by her health care provider for medical reasons. This program shall be made available through each military treatment facility providing prenatal care. (COMNAVMEDCOM will ensure that documentation for conducting this exercise program is provided to military treatment facilities.)

(b) Physical readiness testing (PRT) during pregnancy and for six months following delivery.

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

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

(e) All routine immunizations except tetanus-diptheria unless clinically indicated.

(f) Participation in weapons training, swimming qualifications, drown-proofing, and any other physical training requirements that may affect the health of the servicewoman and/or the fetus.

(2) May be allowed to work shifts.

(3) May be exposed to radio-frequency (RF) radiation 300MHz and up to the same limits allowed in the non-pregnant state. The current limits allow for a whole-body Specific-Absorption Rate (SAR) not to exceed 0.4 W/kg when averaged over any six (6) minute period or a field strength measurement of 1mW/cm2.

(4) 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.

e. Specific Limitations. During the last three months of pregnancy (weeks 28 and beyond) the servicewoman shall be:

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

(2) Limited to a forty hour work week. The forty hours may be distributed among any seven day period, but hours are defined by presence at servicewoman's duty station, and not by type of work performed. Pregnancy does not remove a servicewoman from watchstanding responsibilities, but all hours shall count as part of the forty hour per week limitation. In instances where the unit work week and/or watchstanding requirements exceed forty hours, the commanding officer, in consultation with the health care provider and the occupational health professional, must be informed and approve, on a case-by-case basis, extension of the servicewoman's work week beyond forty hours. The servicewoman may request a work waiver to extend her hours beyond the stated forty hour week, if she is physically capable and her attending physician concurs.

102. Medical Considerations of Work Assignment and Training

a. General. The commanding officer, in consultation with the health care provider and the occupational health professional (where appropriate), must determine whether or not the servicewoman requires a work reassignment. This may include complete reassignment to a different work environment or restriction(s) from performing specific types of tasks.

b. Recommendations for Duty. In an uncomplicated pregnancy of a physically fit, trained servicewoman, working in a safe environment, there is probably little need for restriction of duty.

c. Restrictions. These fall into four categories:

(1) Medical. High blood pressure, bleeding, multiple pregnancy, or other indications as identified by the servicewoman's health care provider.

(2) Environmental. Exposure to known toxins or hazardous conditions as determined by the appropriate occupational health professional.

(3) Ergonomic. Instances where there may be no obvious medical contradictions but where the individual's physical configuration and/or abilities preclude her from continuing with specific activities (such as lying in a prone position for weapons qualifications, diving duty, certain duty aboard ships, etc.) or where nausea or fatiguability would be hazardous to the servicewoman, the unborn child, and other servicemembers of the unit (e.g., air controller duties).

(4) Other. Areas of questionably harmful effects such as nuclear, biological, and chemical (NBC) training, a regular unit physical training program, certain unit qualification tests or hands-on elements of skills qualification tests, potentially harmful environmental conditions, etc.

103. Administration

a. Assignments. COMNAVMILPERSCOM shall limit overseas assignment of pregnant servicewomen as feasible, consistent with manning and readiness considerations. Based on medical considerations, no servicewoman may be assigned overseas or travel overseas after the beginning of the 28th week of pregnancy. Suitability screening for overseas duty, if properly conducted under procedures outlined in the TRANSMAN, assures 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 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 (meeting or equivalent to ACOG guidelines to provide care as required by reference (c)) 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 six months post-delivery.

(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 28th week of pregnancy. They will not be transferred to units that are deploying during the period from the 20th week of pregnancy through four 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 discharged as unqualified for military service per Article 3810170 of reference (a). 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 when no longer pregnant provided they are eligible for reenlistment in accordance with current directives.

(2) Shipboard

(a) The commanding officer in consultation with the health care provider and the appropriate occupational health professional shall decide whether the individual may safely continue in her shipboard assigned duties. This decision will be based on the servicewoman's condition and environmental toxins or hazards within the individual's workplace.

(b) A pregnant servicewoman shall not remain aboard ship if the time for medical evacuation of the member to a treatment facility capable of evaluating and stabilizing obstetric emergencies is greater than 3 hours.

(c) For enlisted servicewomen, commanding officers shall ensure that the enlisted availability report includes the date the pregnant servicewoman will be in her 20th week of pregnancy, and in the case of deploying units, the date of deployment. The servicewoman shall not remain on board beyond her 20th week of pregnancy.

(d) Shipboard assignments are deferred up to a period of four months following delivery unless the servicewoman volunteers (waivers) for an earlier rotation. This time is meant to allow the delivered servicewoman time to regain her physical strength and stamina in order to perform the duties of her rate/rank. This does not preclude the stated six month waiver from physical readiness test participation, per paragraph 101d(1)(b).

(3) Aviation Squadron

(a) Pregnancy is considered disqualifying for designated flight status personnel including aircontrollers, however waivers may be requested up to the beginning of the third trimester. Flight personnel may be waived to Transport, Maritime, or Helo type aircraft with a cabin altitude less than 10,000 feet. Designated Naval Aviators (DNA) are waivered to Service Groups III (SG III) only. Pregnancy must be uncomplicated. No A-3 flights will be authorized. A local board of flight surgeons (LBFS), with the addition of a specialist in OB/GYN, must be held prior to any waiver request by the command. When LBFS has recommended waiver, an up chit may be issued at that time while awaiting passage of the waiver through channels. Maximum duration of this LBFS authorized up chit is 60 days. Notify Naval Aerospace Medical Institute (NAMI) Code 42 upon termination of pregnancy. 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) Aircontrollers may work up to the 28th week of pregnancy. From the 28th week and beyond, they may work in an administrative capacity only. Additionally, due to the building constraints that hamper medical evacuation, pregnant aircontrollers will normally be restricted from tower duties after their 27th week of pregnancy.

(c) Servicewomen who become pregnant while assigned to sea duty aviation squadrons due for deployment, should be reassigned to a squadron not scheduled for deployment from the 20th week of pregnancy through recuperative period.

(d) Aviation Waiver. Commanding officers of aviation crew or aircontrollers should submit waiver requests to OP-59 and NMPC-43B via Naval Aerospace Medical Institute (NAMI Code 42).

(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, geographic locations that require the use of government quarters, nor 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 PRD adjusted to remain at their current duty station until 60 days following delivery. If conditions exist at their current duty station which preclude this extension, the servicewoman will be assigned Temporary Duty to another command until 60 days following delivery. At their adjusted PRD they will be assigned in accordance with 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 community) or adequate OB/GYN care, will be reassigned prior to their 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 by her commanding officer. Consideration must be made for the course content and the limitations discussed in paragraphs 101c through 102. Additionally, the pregnant servicewoman will not be assigned to a school if her projected delivery date or recuperative period will occur during the course of instruction.

(b) If a servicewoman becomes pregnant during training, the commanding officer 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 commanding officer 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 under Permanent Change of Station orders, final disposition will be determined by NMPC-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. Commander, Naval Education and Training 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. A servicewoman's commanding officer, if the circumstances warrant, may request a waiver on behalf of a servicewoman. See paragraph 202 under this instruction for details.

(2) Aviation Waiver. See paragraph 103b(3)(c).

d. Billeting. Commanding officers may, on a case by case basis, authorize pregnant servicewomen to move from barracks to the civilian community and receive appropriate allowances upon recommendation of medical and social work staff.

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 by a military treatment facility physician as pregnant, may be discharged only with the written consent of the officer exercising general court-martial jurisdiction over her.

f. Performance Evaluation. Commanding officers shall ensure that pregnant servicewomen are not adversely evaluated or receive adverse fitness reports as a consequence of pregnancy. Weight standards exceeded during pregnancy are not cause for adverse fitness reports or evaluations. Pregnant servicewomen and those who have recently delivered, who are otherwise fully qualified for and desire reenlistment, but who exceed acceptable weight standards of article 15-19 of reference (e), will be extended for the maximum of up to six 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 commanding officer. The maternity uniform is mandatory for all pregnant servicewomen in the Navy when a uniform is prescribed and regular uniforms no longer fit. This uniform, when worn, shall be labeled as a certified authorized naval garment and, as such, is the only style permitted to be worn with other naval accouterments. The outergarments (sweater, raincoat, overcoat, peacoat, and reefer) may be worn unbuttoned when the garment no longer fits properly buttoned.

h. Maternity Care After Separation. Pregnant servicewomen may request separation from active duty. The information given to them, about continued maternity care at Government expense, usually plays a decisive role in making their decision. Thus, it is imperative that they fully understand the following information. Under the law, neither the military departments, CHAMPUS, nor the Veterans Administration has 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 discharge certificate (see Article 3620320 of reference (a) for effective time of discharge).

(1) The Uniformed Services Voluntary Insurance Policy (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 Armed Forces medical treatment facilities, on a space available basis. This care is available if:

(a) The servicewoman presents documented evidence which reflects that a physical examination, given at an Uniformed Services Medical Treatment Facility, (USMTF) demonstrates that she was pregnant prior to her separation from active duty; and

(b) The USMTF to which she applies for care has the capability of providing maternity care. Many USMTF's cannot provide maternity care. A pregnant servicewoman who elects to leave the service must first consider the distance between her home and the nearest USMTF 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, CHAMPUS, nor the Veterans Administration has the authority to pay civilian maternity care expenses, regardless of the circumstances necessitating their use for either the servicewoman or the servicewoman's newborn infant. The servicewoman should be made aware that if the newborn infant requires care beyond that which is available at the USMTF, 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 federal medical institution.

(c) Before deciding to accept a discharge or resign from the service, a pregnant servicewoman should contact the Commanding Officer of the Uniformed Servies Medical Treatment Facility she plans to use to determine if: (1) The facility provides maternity care; (2) 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 time of birth; (3) The facility's workload will permit acceptance of her case.

i. Medical Examination and Diagnosis for Separation

(1) An examination for pregnancy will be conducted as part of the thorough medical examination required in article 15-56 of reference (e). The statement the servicewoman is required to read and attest an understanding of assures that the examining officer will be apprised if the servicewoman thinks that she may be pregnant. When such an examination results in the determination of pregnancy, no additional medical examination is required prior to separation provided there is no change in the woman's medical condition other than her pregnancy. The diagnosis will be certified by a physician on duty at an Uniformed Services medical treatment facility as soon as possible. This does not preclude observation of the servicewoman for a reasonable period of time in which to ensure that the diagnosis is correct. In establishing the diagnosis, the physician may utilize biological or other tests for pregnancy without cost to the servicewoman.

j. Evacuation of Pregnant Servicewomen. If noncombatant evacuation is ordered, all pregnant servicewomen who have reached the 20th week of pregnancy will be evacuated as noncombatants. This also applies to other pregnant servicewomen, on an

individual basis, assigned to an area from which noncombatants are evacuated. The following applies to pregnant servicewomen who have not reached the 20th week of pregnancy:

(1) The area commander will make the decision 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 provide emergency obstetrical care.

(c) Requirement for the servicewoman's duties.

(d) Nearness of the hostilities.

(e) Welfare of the unborn child.

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

(3) Pregnant servicewomen evacuated will be reported to and reassigned by COMNAVMILPERSCOM (NMPC-4).

104. Convalescent Leave. Post delivery convalescent leave of six weeks (42 days) will normally be granted by the servicewoman's commanding officer under the following:

a. The servicewoman's commanding officer (upon advice of the attending physician), Commanding Officers of the USMTF, or Office of Medical Affairs (OMA) (for persons hospitalized in civilian facilities within their respective areas of authority), may grant convalescent leave to naval servicewomen following delivery provided:

(1) Such convalescent leave is limited to a maximum of 42 days following any uncomplicated vaginal delivery or cesarean section.

(2) The servicewoman is not awaiting disciplinary action or separation from the service for medical or administrative reasons.

(3) The medical officer in charge certifies 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.

b. When considered necessary by the attending physician and approved on an individual basis by the commander of the respective geographic naval medical command, convalescent leave in excess of 42 days may be granted. Due to the time involved, this individual approval authority may not be redelegated to hospital commanding officers. The servicewoman's permanent command must be notified of such extensions (Article 3020360 of reference (a) refers).

105. Breastfeeding. Servicewomen wishing to breast feed their infants may do so during times allotted for breaks or meals. Breast feeding is not a reason for granting excessive time for meals or from work. Requests to breast feed infants during duty hours should be handled on a case-by-case basis.

CHAPTER TWO

SERVICEWOMAN

201. Responsibilities. The individual servicewoman is responsible for:

a. Planning her pregnancy to allow her to meet both her family and military obligation.

b. Seeking confirmation of pregnancy at a military medical treatment facility.

c. Notifying her commanding officer or officer in charge of her pregnancy.

d. Performing her military duties within the limits established by her condition.

e. Complying with worksite and task-related safety and health recommendations, made by appropriate occupational health professionals, including the use of personal protective equipment.

202. Waiver Request. Requests for a waiver of pregnancy policy restrictions shall be promptly submitted to Commander, Naval Military Personnel Command (COMNAVMILPERSCOM) (NMPC-4) for officers and rated enlisted personnel, or the Enlisted Personnel Management Center (EPMAC) in the case of non-designated SN/AN/FN. The appropriate COMNAVMILPERSCOM (NMPC-4) detailer will screen the request and make the final determination regarding assignment eligibility. A medical waiver request should contain all information required by COMNAVMILPERSCOM 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, determination of the available medical care must be evaluated. This includes the facility's ability to treat the servicewoman for prenatal care, delivery, and postnatal care for servicewoman and infant.

203. Obstetrical Care

a. In Vicinity of Servicewoman's Command. When pregnant servicewomen remain at their duty stations, maternity care will be provided at the USMTF designated, provided it has obstetrical-gynecological (OB-GYN) capability and the servicewoman resides in the facility's inpatient area. If that USMTF does not have OB-GYN capability and there is no other USMTF 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 USMTF for delivery. See references (b) and (f) 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. Article 3020360 of reference (a) and paragraph 104 of this instruction provide guidance for the granting of convalescent leave.

b. While in a Leave Status. If a servicewoman requests leave to return to her home (or other appropriate place) for the birth or other maternity care, and there is no USMTF serving the area of her leave address (or she does not intend to use the USMTF), the servicewoman shall obtain authorization under reference (f) if the Government is to assume financial responsibility for such care.

(1) Prior to approving such leave, the servicewoman's commanding officer shall ensure that the servicewoman has received counseling, to include the local health benefits advisor (HBA) with regard to prenatal and postnatal care available in her leave area and the command or family services 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 only be terminated when determined medically necessary by a physician. This normally 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 USMTF (may be an office of medical affairs (OMA)) having medical responsibility for the geographic area of the patient's leave address. If the servicewoman is receiving prenatal care from other than a USMTF,

she should avail herself of the services of the nearest HBA to effect the aforestated services. This statement should be attached to the approved leave request.

(3) Upon arrival at the designated leave address, servicewomen shall notify the USMTF indicated on the statement attached to their leave request. A determination will be made by that USMTF whether the servicewoman's condition can be adequately treated and her leave address falls within their inpatient area. If the local USMTF cannot meet the medical needs of the patient or the patient's leave address is outside the USMTF'S in-patient 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 USMTF (under reference (c)) for maternity care.

(4) When civilian medical care will be utilized, the member must notify the USMTF listed on the statement of any admission to the civilian facility.

(a) Civilian maternity care for the servicewoman includes all charges for the servicewoman and the newborn as long as the mother remains hospitalized. Bills shall be submitted to the appropriate OMA per reference (f).

(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 the Civilian Health and Medical Program of Uniformed Services (CHAMPUS) under reference (f).

(5) Upon discharge from the civilian hospital following delivery, the mother will be granted convalescent leave (by the USMTF listed on the statement attached to her leave request) or by the cognizant OMA 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. Initial guidance and assistance for placing infants for adoption can be obtained from the local Navy Legal Support Office and the local Family Service Center. Servicewomen intending to place their infants for adoption will meet with the appropriate legal counsel and placement agencies to ensure specific state requirements are followed. Pregnant servicewomen are not eligible for OUTCONUS assignments until delivery and adoption requirements are completed.

205. Convalescent Leave

a. A period of authorized absence granted for an active duty servicewoman under medical care and not fit for duty, may be granted by the servicewoman's commanding officer or the hospital's commanding officer following delivery. The length of convalescent leave will normally be 42 days following an uncomplicated vaginal delivery or cesarean section. The servicewoman may terminate such leave early with the attending physician's approval and making provisions for adequate child care.

b. It is a responsibility of the servicewoman to report any complications or medical problems that she experienced during convalescent leave to her appropriate command to ensure the granting of appropriate convalescent leave. Upon return from convalescent leave:

(1) One copy of leave papers of officers, bearing all endorsements, shall be forwarded to NMPC-4.

(2) An entry shall be made on the administrative remarks page (page 13 for Navy personnel) of the service records of enlisted personnel that convalescent leave was granted and showing dates of departure and return.

CHAPTER THREE

HEALTH CARE PROVIDER

301. Responsibilities

a. Upon confirmation of pregnancy by a health care provider, written notification of the servicewoman's condition will be provided to the servicewoman's commanding officer per reference (b). 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 many 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. The servicewoman's health care provider must provide timely guidance on work restrictions and the most effective job utilization of the pregnant servicewoman without undue stress to her or her unborn child. Additionally, the health care provider must monitor the health of the servicewoman to determine if additional convalescent leave is warranted.

302. Light Duty. Article 3810170 of reference (a) provides for placement of pregnant servicewomen in a light duty status with subsequent assignment to sick in quarters status (here designated as Quarters-OB) prior to hospitalization for delivery. Accordingly, light duty may be recommended to a pregnant servicewoman's commanding officer any time a health care provider determines that it is needed. Unless prescribed by the attending medical officer earlier in the pregnancy due to other than normal circumstances, pregnant servicewomen are usually placed in a light duty status between the 36th to the 38th week of pregnancy. 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 only work part time.

303. Problem Pregnancies

a. General. 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 attending health care provider to order the servicewoman to bedrest for extended periods, or until delivery. The loss of

such a servicewoman may adversely impact upon the command. In these instances the following disposition alternatives may be utilized:

(1) Quarters-OB Status. See paragraph 303b.

(2) Medical Holding Company. This may be utilized for those requiring extraordinary time in a Quarters-OB status. Placement as TEMDU in a medical holding company by a USMTF with an affiliated Medical Holding Company 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 medical holding company are waived for pregnant servicewomen). Once admitted to a medical holding company, the servicewoman should be assigned duties commensurate with the physical limitations directed by her attending health care provider.

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

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

b. Quarters-OB

(1) Policy. Pregnant servicewomen requiring extended bedrest who reside outside the barracks and who must be seen by their attending health care provider at least weekly may be placed in a Quarters-OB status at home. The attending health care provider must specifically certify that Quarters-OB is prescribed. (Consult the patient administration officer of any naval 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 patients is waived for Quarters-OB patients. Granting this status should be reserved for those instances when, in the opinion of the 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 and 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), although not precluding all duty responsibilities, could potentially lead to an adverse obstetrical outcome if the member was in a duty status.

(2) Procedures. To place a patient in a Quarters-OB status, the health care provider shall record on the DD Form 689, Individual Sick Slip, the expected duration of Quarters-OB and if the period is to exceed 72 hours, the chief of the professional service or hospital commanding officer must sign the DD Form 689. When a pregnant servicewoman is placed in this status, it must also be noted on her Consultation Sheet (SF 513) and placed in her record. The reputation of the servicewoman and the credibility of medical care usually requires an explanation to the servicewoman's commanding officer by the attending health care provider when complications of pregnancy are managed by a long-term (72 hours or longer) Quarters-OB status.

304. Hospitalization

a. General. When it becomes necessary to hospitalize a pregnant servicewoman, because of complications or the onset of labor, the USMTF Commanding Officer will notify the service-member's commanding officer, citing the medical indication on which the decision is based (see reference (b) for notification requirements). Further information regarding hospitalization of pregnant servicewomen may be found in paragraph 203 of this instruction.

305. Postnatal Care

a. Sick in Quarters. Since all pregnancy terminations do not require the same length of time before the servicewoman can resume her duties, the physician providing postnatal care may place a servicewoman sick in quarters 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. Article 3020380 of reference (a) 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 home, barracks, or other non-hospital facilities (hotel, motel, occupying beds in dispensaries, etc.). At the discretion of the attending medical officer, such servicewomen may be placed sick in quarters after return to duty the same as

any other servicewoman. The fact that she may have recently returned from convalescent leave shall not be cause for refusal to place a servicewoman sick in quarters.

306. Termination of Pregnancy

a. General. Department of Defense (DOD) funds are not available for the elective termination of pregnancy except where the life of the mother would be endangered if the fetus were carried to term.

b. Abortions

(1) General

(a) The performance of abortions at naval MTFs shall conform with the provisions of proposed SECNAVINST 6300., Subj: Navy Abortion Policy.

(b) The use of appropriated funds to perform abortions is prohibited except where 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.

(2) At Civilian Facilities. When available and adequate, civilian facilities will be used at the servicewoman's own expense. Except when a servicewoman must be admitted, ordinary leave will be granted 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 (b) or (f), as appropriate.

(3) Convalescent Leave. The requirements for convalescent leave shall be determined by the attending physician on an individual basis.

307. Weight Standards. Weight standards exceeded during pregnancy are not cause for adverse fitness reports or evaluations. Pregnant servicewomen and servicewomen who have recently delivered who are otherwise fully qualified for and desire reenlistment, but who exceed the acceptable weight standards of article 15-19 of reference (e), will be extended for the minimum period which will allow for birth of the child plus six months.

308. 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 medical treatment facility near the brig which can provide for labor, delivery, and the management of obstetric emergencies.

309. Breastfeeding. Mothers electing to breast feed their infants may do so during times allotted for breaks or meals. Breast feeding is not a reason to grant excessive time from work. Request to breast feed infants during duty hours should be submitted to the current command.

CHAPTER FOUR

OCCUPATIONAL HEALTH PROFESSIONAL

401. Responsibilities

a. General. The cognizant health professional is responsible for providing consultation to commanding officers to assist them 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 child. Depending on the circumstances and information required, the appropriate occupational health professional may be: an occupational physician, industrial hygienist, occupational health nurse, audiologist, radiation health officer, toxicologist, or environmental health officer.

b. Naval Medical Commands. Onsite occupational health consultation are provided by the supporting Commander, Naval Medical Command USMTF. Additional support is available from the Navy Geographic Commands, the Navy Environmental Health Center, or the Navy Environmental and Preventive Medicine Units.

c. NAVENVIRHLTHCEN. The Navy Environmental Health Center (NAVENVIRHLTHCEN) will develop a list of potential reproductive hazards based on professional review of the current literature and analysis of available data, to be updated January of each year. Where feasible, this list will include recommended exposure-limits. A provisional NAVENVIRHLTHCEN REPRODUCTIVE HAZARD LIST-88 is listed in Appendix (A). 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. COMNAVMEDCOM Industrial Hygienists. At the time of a baseline industrial hygiene survey, and during the periodic 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 commanding officer or designated safety/health official.

e. TYCOM/Afloat Industrial Hygiene Officer (IHO). IHOs having cognizance over ships with assigned females will periodically evaluate the presence of shipboard reproductive hazards and make recommendations to the commanding officer and the medical department representative. The medical department representative 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:

Phase I:	Prepregnancy/Preventive
Phase II:	Early Pregnancy/Risk Management
Phase III:	Pregnancy/Job Modification

403. Prepregnancy/Preventive. Naval personnel will be educated on their responsibilities in the prevention of adverse reproductive outcomes including worksite precautions as well as the reduction of alcohol intake and smoking cessation, using media developed by the Navy Health Sciences Education and Training Command in consultation with the Navy Environmental Health Center. The baseline industrial hygiene survey required by reference (g) for each Navy worksite will be reviewed periodically for possible reproductive hazards. Recommendations will be provided to Naval personnel requesting guidance prior to planned conception.

404. Early Pregnancy/Risk Management. The servicewomen should report as soon as possible to the supporting medical facility for assistance in evaluating her condition when pregnancy is suspected. The servicewoman's command should ascertain whether her worksite has had an industrial hygiene survey. Consultation with an occupational health professional, for evaluation of the survey, is available. Temporary removal of the pregnant servicewomen from an industrial setting may be indicated if the setting has not had a recent industrial hygiene evaluation. Certain elements in the early pregnant servicewoman's medical history, by themselves or in conjunction with the pregnant servicewoman's occupational history, may indicate a need for further occupational health consultation. The outline contained in Appendix B may be used to identify the need for consultation and preliminary job/worksite modification.

405. 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/worksite modification recommendations. Interdisciplinary cooperation between obstetrics, occupational health, and the servicewoman's command is absolutely essential to responsible matching of job requirements and individual performance capabilities of the pregnant servicewomen. In most instances the pregnant servicewomen will be able to complete most of the required tasks of her originally assigned position with only minor modifications

usually effected because of ergonomic rather than toxin avoiding considerations. Where potential reproductive hazards are identified that warrant significant job modification or exclusion, the commanding officer or designated representative, will be notified.

APPENDIX A

NEHC POTENTIAL REPRODUCTIVE HAZARD LIST-88

AGENT	PROVISIONAL EXPOSURE LIMIT	ADDITIONAL GUIDANCE
LEAD	.050 mg/m^3	maternal blood Pb(30 ugm/100ml)
CADMIUM	.010 mg/m^3	
MERCURY		
inorganic	.05 mg/m^3	
organic-alkyl	.01 mg/m^3	non-detectable exposure best
organic-aryl	.05 mg/m^3	
BENZENE	1 ppm	
CHLOROPRENE	1 ppm	
DBCP	1 ppb	
CHLORDANE	0.5 mg/m3	
CARBON DISULFIDE	10 ppm	
ETHYLENE OXIDE	1 ppm	
ETHYLENE THIOUREA--------		not yet determined
GLYCOL ETHERS		
2-ME	5 ppm	
2-EE	5 ppm	
ETHYLENEDIBROMIDE	1 mg/m3	
PERCHLORETHYLENE	50 ppm	
PCBs		
42 percent CL	1.0 mg/m3	
54 percent CL	0.5 mg/m3	
VINYL CHLORIDE	1 ppm	
CARBARYL	5 mg/m3	
HALOG. ANESTH. GAS	2 ppm	
NITROUS OXIDE	50 PPM	

APPENDIX B

OCCUPATIONAL REPRODUCTIVE QUESTIONNAIRE

This questionnaire is designed to help Medical Department personnel identify pregnant servicewomen who require occupational health consultation, the priority of such consultation and the need for job modification and/or exclusion until such consultation has been effected.

NAME_____ SS#_____
RATE/RANK_____ BSC_____

SERVICEWOMAN: Please CHECK the best answer to the following questions:

1. How old are you?
   a. 18-30 ( ):
   b. 31-40 ( ):
   c. over 40 ( ):

2. What one term best describes your job?
   a. industrial ( )
   b. clerical/admin/staff ( )
   c. professional ( )
   d. technical ( )
   e. other ( )

3. What one term best describes where you spend most of your workday?
   a. office ( )
   b. shipboard ( )
   c. shop ( )
   d. outdoors ( )
   e. other ( )

4. Are you currently enrolled in a medical surveillance program?
   Yes ( ) No ( ) Don't know ( )

5. Are you required to use personal protective equipment in the normal course of your job? Yes ( ) No ( )

6. Are you pregnant now?
   a. Yes ( ) No ( ) Unsure ( )
   b. How far?
      (1) first month ( )
      (2) 3-8 wks ( )
      (3) beyond 8 wks ( )
   c. Have you had a positive UCG (urine pregnancy test)
      Yes ( ) No ( )
   d. Have you had a previous pregnancy? Yes ( ) No ( )
      (1) # of normal liveborn children: ( )
      (2) # of children with birth defects? ( )
      (3) # of stillbirths: ( )
      (4) # of miscarriages: ( )

7. Do you work with any of the chemicals on the NEHC POTENTIAL REPRODUCTIVE HAZARDS LIST?
   Yes ( ) No ( ) Don't know ( )

MEDICAL DEPARTMENT: Complete the following:

8. Has she had a recorded occupational illness or injury in the past year? Yes ( ) No ( )

9. a. Has her present job/worksite had a current industrial hygiene (IH) survey? Yes ( ) No ( )
   b. Does the IH survey reveal exposure to any agent on the NEHC POTENTIAL REPRODUCTIVE HAZARDS LIST?
      Yes ( ) No ( )
   c. Does the IH survey reveal any other reproductive hazards?
      Yes ( ) No ( )

10. a. Is there Industrial Hygiene data listed in the medical record? Yes ( ) No ( )
    b. Are there any exposures above the Permissible Exposure Limit (PEL)? Yes ( ) No ( )

11. Any chemical spills at the servicewoman's worksite in the past year? Yes ( ) No ( )

12. Any chronic illness that might complicate the pregnancy?
    Yes ( ) No ( )

13. Does she regularly take any medications? Yes ( ) No ( )

14. Any other medical conditions that might complicate the pregnancy?
Yes ( ) No ( ) What?_____

15. Is there an up to date occupational history in the medical record? Yes ( ) No ( )

Directions:
Qualitative evaluation of answers to the above questions will, in most cases, determine which cases may be a cause for concern. Occupational Health professionals supporting NAVMEDCOM MTF's or Navy Environmental Health Center are available to provide assistance in evaluating questionnaire responses. Specific questions or comments concerning the questionnaire should be directed to NEHC Code 03.

APPENDIX C

PREGNANCY NOTIFICATION TO COMMANDING OFFICER

Suggested information to be included in Pregnancy Notification to Commanding Officer

_____
Date

To: _____
Commanding Officer/Officer-in-charge

From: _____
MTF/Physician

Subj: _____
Member's Name

_____
Social Security Number

Ref: OPNAVINST 6000.1A

This is to notify _____ command of her pregnancy. Using current dating information, her Estimated Date of Confinement is _____. This would make her 20th week about _____ and her 28th week about _____.

Pregnancy is a condition of several physiological changes which potentially require alterations in job function and hours.

Please refer to OPNAVINST 6000.1A for guidelines. Certain unforeseen conditions may arise which warrant specific medical interaction. These conditions may require further constraints and are handled on a case-by-case basis.

_____
SIGNATURE/RANK/SSN