

176 Mine Lake Ct, Ste 100
Raleigh, NC 27615
910-401-3566



www.mom2momglobal.org
info@mom2momglobal.org
bfincb@mom2momglobal.org

24 August 2020

To: Defense Advisory Committee on Women in the Services
4800 Mark Center Drive
Suite 04J25-01
Alexandria, VA 22350

Request for Extension/Expansion of the United States Army's Postpartum/Parental Operational Deferment

Summary:

The United States Army is the only service governed by Department of Defense regulations (Air Force, Coast Guard, Marine Corps, and Navy) that does not have a 12-month postpartum/parental operational deferment for duty away from home. The Army lags behind the other military services in that the Army lacks a clear and concise policy that defers birthparents of newborns (postpartum operational deferment) from duty away from home for the first 12 months. According to the Army's current guidance, the postpartum deferment period is anywhere from 4 to 12 months based on interpretation of the guidance and type of mission involved.

The American Academy of Pediatrics, National Institutes of Health, and the World Health Organization all concur that newborns should be exclusively breastfed for the first 6 months and should continue to be breastfed until *at least* one year of age. They recommend that breastfeeding continue beyond one year if possible.

Current DOD and Army Policies:

- 1) DODI 1315.18 (Change 3, 24 June 2019):
 - a. For a minimum of 4 months after the birth of the child, a military mother will be deferred from assignment to a dependent-restricted overseas tour or an accompanied overseas tour when concurrent travel is denied. The same deferment period also applies to deployments or TDY away from the PDS or home port. The mother may waive the deferment period. The Services may, if operational and military requirements permit, authorize a deferment period in excess of 4 months.

- b. Defer the involuntary activation of single parents and one member of a military couple for a minimum of 4 months after the date a child is placed in the home as part of a formal adoption process.
- 2) DODI 1342.19 (change 1, 30 November 2017): For a minimum of 4 months after the birth of the child, a military mother will be deferred from assignment to a dependent-restricted overseas tour or an accompanied overseas tour when concurrent travel is denied. The same deferment period also applies to deployments or TDY away from the PDS or home port.
- 3) AR 614-30 (22 December 2016), Table 3-1, [A] military mother of a newborn [who] is denied concurrent travel or selected for dependent-restricted tour (includes TDY or assignment away from permanent duty station) [is] ineligible until 6 months after childbirth UNLESS Soldier waives deferment or CDR further extends the Soldier's de-ferment. (Postpartum Operational Deferment).
- 4) ALARACT 016/2020 (20 February 2020), paragraph 7, extended the 6-month Postpartum Operational Deferment (PD code) to 12 months for mothers in the Regular Army (RA), United States Army Reserve (Active Guard Reserve) Soldiers, and Soldiers on Active Duty who give birth.
- 5) AR 600-20 (24 July 2020): Soldiers who are breastfeeding or expressing milk remain eligible for field training, mobility exercises, and deployment (after completing their postpartum deployment deferment period).

Other Services' Policies:

Air Force

AFI 36-2110_AFGM2020-01 (28 July 2020)

During the 12-month period after the birth of a child to an Airman, deferment from PCS is authorized (see Table 2.2, assignment limitation code "A", post-delivery deferment). The military mother will be deferred from assignment to a dependent-restricted OS tour or an accompanied OS tour when concurrent travel is denied. The military mother may waive this deferment. Unless the military mother waives the deferment, she is not to depart on PCS to an OS short location where the unaccompanied tour length is less than 18 months unless permission has been granted to serve the accompanied by dependents tour (when an accompanied tour is authorized). Regardless of the tour length of the OS location, concurrent travel must have been granted so the mother and child could travel OS together. (T-1) The 12-month post-delivery deferment is not authorized if approval has been granted for the mother and child to travel OS concurrently. The 12-month deferment applies to any TDY.

Coast Guard

COMDTINST M1000.8A, 2.A.2.i (Change 8 dated 6 June 2019)

Post-partum active duty members will be authorized to defer TDY assignments up to 12 months following birth event. In order to align active duty and reserve policies, reserve members will be authorized up to 12 months deferment from involuntary mobilization.

Marines

MCO 5000.12F MPO (13 APR 2020)

Assignments: Marine birthparents or one parent in a dual military couple may defer overseas assignment or any TAD away from home station for up to 12 months after a child is born or formally placed in the home (in the case of adoption or foster care). The Marine may waive the deferment period; however, this deferment is executed at the Marine's option. Marine birthparents may defer overseas assignment or any TAD away from home station for up to 12 months following the date the Marine is discharged or released from the hospital (or similar facility) where the birth event took place. The Marine may waive the deferment period; however, this deferment is executed at the Marine's option. COs/OICs may extend this deferment if, in consultation with the HCP, it is deemed necessary for the health of the mother or child(ren).

Support of Marines with Nursing Infants: Duty and watch-standing modifications during nursing are expected and should be managed locally. Consultation with the HCP will ensure individual Marines' medical requirements are met.

Navy

OPNAVINST 6000.1DN1D (12 Mar 2018)

Operational Deferment. A Service member who gives birth will be deferred from all transfers (e.g., permanent change of station, temporary additional duty (TAD), temporary duty) to operational assignments for a period of 12 months following delivery...Service members under operational deferment are exempt from participating in short underway and TAD periods if it inhibits the Service member's ability to breastfeed their child(ren) or prevents them from caring for their child(ren) for more than a normal work day or shift.

Issues:

AR 614-30

- Summary of regulation: prescribes policies pertinent to overseas permanent change of station moves, over-seas tour lengths, overseas tour curtailments, time-on-station, eligibility for over-seas service criteria, voluntary and involuntary overseas tour extension, the Overseas Tour Extension Incentive Program: **since this regulation pertains to overseas duty, many only consider the 6-month Postpartum Operational Deferment referenced here for overseas duty, not CONUS missions.**

ALARACT 16/2020

- States that it applies to "Regular Army (RA), United States Army Reserve (Active Guard Reserve) Soldiers, and Soldiers on Active Duty": **there is no deferment for Reserve or National Guard Soldiers according to this ALARACT.**

- Any member of the Army who gives birth to be exempt from deployment For 12 months after such birth unless they request deployment: **“any member” conflicts with who the ALARACT says it applies to.**
- Definition of “deployment” is not specified in the ALARACT: **there is guidance within the DOD and the Army that refers to training exercises as deployment but many leaders define “deployment” only as overseas activities.**
- The ALARACT expires 19 February 2021: **what happens after 19 February 2021?**

AR 600-20

- Not everyone interprets the sentence referenced above in the same manner. Some leaders interpret it to mean that “after completing their postpartum deployment deferment period” only pertains to “deployment” while others interpret it to mean all activities listed in the sentence: field training, mobility exercises, and deployment. **The guidance is unclear and left up to interpretation by individual leaders.**

Proposal:

We propose the following changes to the current Postpartum Operational Deferment (PD code) from Duty Away from Primary Duty Station:

Birthparents or one parent in a dual military couple of newborns are deferred from duty or training that prevents them from caring for their child(ren) for more than a routine duty shift for the assigned occupation until the infant reaches one year of age. This includes, but is not limited to: twenty-four hour/after-hours charge of quarters (CQ)/staff duty, field training (including training at home station), mobility exercises, institutional training, temporary duty, mobilization, and deployment. Soldiers may waive the 12 month deferral period but need to be medically cleared for the specific mission involved by their healthcare provider. Commanders may extend this deferment if, in consultation with the HCP, it is deemed necessary for the health of the mother or child(ren). Soldiers may only be involuntarily deployed or mobilized in the 12 months after giving birth by the Secretary of Defense in the interest of National Security and with the approval of their healthcare provider or the child’s pediatrician. The postpartum deferment period also includes birthparents or one parent in a dual military who adopt until the adopted infant reaches one year of age or, if the child is over one of age, for 4 months after the date a child is placed in the home as part of a formal adoption process but they do not need medical clearance to waive the deferment. Involuntary deployment or mobilization would need clearance from the child’s pediatrician.

NOTES:

1. This deferment does not preclude medical interns and residents from completing their required training.
2. The postpartum/parental operational deferment period is inclusive of any convalescent and/or caregiver leave taken by the parent.
3. Only one parent in a dual military couple can defer missions at a time.

4. If a parent other than the birth parent defers mission, the code PA will be used in lieu of PD. This is also the case for adoptive parents.
5. If the infant passes away before its first birthday, then the parents are no longer eligible for the postpartum/parental operational deferment after completing convalescent and, in the case of the birthparent, being cleared by her healthcare provider.

Context and Justification:

- **Healthy People 2030** (2020) released their updated objectives which include MICH-2030-15 and MICH-2030-16: Increase the proportion of infants who are breastfed exclusively through 6 months (MICH-2030-15) and one year (MICH-2030-16). Breastfeeding is linked to a reduced risk for many illnesses in children and mothers. National guidelines recommend exclusive breastfeeding for the first 6 months of life and continued breastfeeding for at least the first year. Although breastfeeding initiation rates are high in the United States, most women don't breastfeed for the entire first year. Strategies like peer support, education, longer maternity leaves, and breastfeeding support in the hospital, workplace, and community may help more women breastfeed longer.
- **CDC Breastfeeding Report Card 2020:** Breastfeeding initiation rates have risen from 73% in 2004 to 84.7% in 2018 in the US, indicating the majority of parents have a desire to breastfeed. Lack of lactation support due to basic breastfeeding issues after hospital discharge leads to alarmingly low breastfeeding duration rates. In 2017, 25.6% of infants were exclusively (no supplementation with formula or introduction of other foods) breastfed at six months and only 35.5% of infants were still being breastfed at one year of age. This data suggests that mothers are not receiving adequate lactation care within their health care systems to meet the American Association of Pediatrics and World Health Organization recommendations of exclusive breastfeeding for 6 months and continued breastfeeding through at least one year.
- **World Health Organization Breastfeeding** (2020) states breastfeeding is one of the most effective ways to ensure child health and survival. However, nearly 2 out of 3 infants are not exclusively breastfed for the recommended 6 months—a rate that has not improved in 2 decades. Breastmilk is the ideal food for infants. It is safe, clean and contains antibodies which help protect against many common childhood illnesses. Breastmilk provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one third during the second year of life. Breastfed children perform better on intelligence tests, are less likely to be overweight or obese and less prone to diabetes later in life. Women who breastfeed also have a reduced risk of breast and ovarian cancers.
- **The National Institutes of Health** (2019) recommend room sharing as an evidenced-based way to decrease the risk of SIDS. Room sharing reduces the risk of Sudden Infant Death Syndrome (SIDS). Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else, including siblings or pets. Having a separate safe sleep

surface for the baby reduces the risk of SIDS and the chance of suffocation, strangulation, and entrapment.

- The **Lancet Global Breastfeeding Series** (2016) found that improving breastfeeding rates globally would prevent over 800,000 deaths under age 5 and over 20,000 deaths from breast cancer each year. The Lancet series also demonstrated that increased breastfeeding rates lead to lower incidences of maternal and pediatric health problems from ear infections to cancer. Additionally, it estimated that the U.S. could gain \$302 billion per year in increased productivity. Improving breastfeeding duration rates for Tricare beneficiaries will save money by reducing healthcare costs over the lifetime of the beneficiaries.
- **American Academy of Pediatrics** (2012, 2016) recognizes breastfeeding as “a public health issue, not only a lifestyle choice” based on widely documented short and long term medical and neurodevelopmental outcomes of breastfeeding. Breastfeeding has shown to protect the infant against infectious disease and significantly decrease the risk of SIDS. The American Academy of Pediatrics, National Institutes of Health, and the World Health Organization all concur that newborns should be exclusively breastfed for the first 6 months and should continue to be breastfed until at least one year of age. They also recommend that breastfeeding continue beyond one year if possible. The AAP also recommends that parents, particularly the mother, sleep in close proximity to the infant for the first year which also significantly reduces the risk of SIDS.

Respectfully submitted,

Kelly M. Bell, RN, MSN, CEN
USAR, LTC, AN

Amanda H. Marion, CLC, BS-MCH, SSG, MC
USA, SSG

Dominique L. Dove
USA, CPT, AG

Amy Barron Smolinski, MA, ALC, CLC
Executive Director, Mom2Mom Global/
Breastfeeding in Combat Boots

Catherine Kimball-Eayrs, MD, FAAP, IBCLC
USA, COL, MC

Brian L. Bell, Phd.
USAR, MAJ, AG

References

Breastfeeding. World Health Organization. <https://www.who.int/health-topics/breastfeeding>, accessed 21 August 2020.

Breastfeeding Report Card, 2020. Centers for Disease Control and Prevention, 14 August 2020, www.cdc.gov/breastfeeding/data/reportcard.htm.

American Academy of Pediatrics Section on Breastfeeding. "Breastfeeding and the Use of Human Milk." *Pediatrics*, Mar. 2012, pediatrics.aappublications.org/content/129/3/e827.full#content-block.

Hajeebhoy, Neemat. "The Lancet Breastfeeding Series." Baby Friendly Hospital Initiative Congress, 24 Oct. 2016, Presentation.

Health People 2030 Objectives, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/increase-proportion-infants-who-are-breastfed-exclusively-through-age-6-months-mich-15> accessed on 20 August 2020.

Moon, Rachel Y. and TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. "SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment." *Pediatrics* 2016; 138; DOI: 10.1542/peds.2016-2940 originally published online October 24, 2016

Safe Sleep for Your Baby: Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death. The National Institutes of Health. NIH Pub No 17-HD-7040, January 2019.

Victoria, Cesar G., et al. "Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect." *The Lancet*, vol. 387, no. 10017, Jan. 2016, pp. 475-490, [doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7).