DACOWITS

CDR Christine Caston

Director, Office of Diversity and Inclusion

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PREGNANCY POLICIES

Wellness #1

The Committee is interested in reviewing the Services' PREGNANCY policies, which potentially impact the retention of servicewomen.

- The Committee requests a briefing from the Services on the following:

- What instruction(s) delineates the workplace assignment and general limitations for pregnant servicewomen? When was the last time this policy was updated?
- What was the methodology used to design the current pregnancy policy (e.g., supporting medical research)?
- What programs exist to prevent pregnancy discrimination and ensure commands adhere with DoD and Service's policies?
- What resources exist for pregnant servicewomen as they prepare to balance a career in the military with parenthood?
- How does pregnancy affect servicewomen's advancement, assignments, and retention?
- Is pregnancy documented or coded in servicewomen's performance evaluations/fitness reports? If so, why?
- What policies and/or programs exist to ensure servicewomen are not exposed to reproductive hazards?

PREGNANCY POLICIES

Wellness #1

What instruction(s) delineates the workplace assignment and general limitations for pregnant servicewomen? When was the last time this policy was updated?

- DoDI 1342.19: FAMILY CARE PLANS: (Last Updated: 07 May 10)

  Establishes policy, assigns responsibilities, and prescribes procedures for the care of dependent family members of Service members, including Reserve Component (RC) members, and of members of the DoD Civilian Expeditionary Workforce (CEW)

- SECNAVINST 1300.12D: ASSIGNMENT OF WOMEN IN THE DEPARTMENT OF THE NAVY: (Last Updated: 25 Aug 11)

  The purpose of this instruction is to prescribe the guidelines under which women, both officer and enlisted, in the Navy and Marine Corps may be assigned to duty in ships, aircraft, and units of the Navy and Marine Corps.

- OPNAVINST 6000.1C: NAVY GUIDELINES CONCERNING PREGNANCY AND PARENTHOOD: (Last Updated: 14 Jun 07)
  - Section 103. General limitations fall into the following categories:
    - Medical
    - Ergonomic
  - Section 104. Assignments
    - Outlines CONUS and OCONUS transfers
    - Shipboard and aviation squadron assignments

PREGNANCY POLICIES

Wellness #1

What was the methodology used to design the current pregnancy policy (e.g., supporting medical research)?

- Current Policy Guidelines:
  - Pregnant servicewomen may remain onboard up to the 20th week of pregnancy.
  - A pregnant servicewoman shall remain onboard if the time for medical evacuation to a treatment facility capable of evaluating and stabilizing OB emergencies is less than 6 hours.
  - Pregnancy is considered disqualifying for designated flight status personnel. However, waivers may be requested up to the beginning of the third trimester (28th week).

- The methodology used to establish current policy was based on civilian health care community practices. Consideration was also given to balancing three central areas: a Sailor's health, career development, and operational needs of the ship during deployment.

PREGNANCY POLICIES

Wellness #1

What programs exist to prevent pregnancy discrimination and ensure commands adhere with DoD and Service's policies?

- OPNAVINST 6000.1C, the Commanding Officer is responsible for ensuring that every effort is made to ensure that pregnant servicewomen are not subjected to harassment, imposition of personal opinions, or infringement of legal rights.

- OPNAVINST 5354.1F: NAVY EQUAL OPPORTUNITY (EO) POLICY
  - Command leaders must create, shape and maintain a positive EO environment through policy, communication, training, education, enforcement and assessment.
  - The Command Managed Equal Opportunity (CMEO) program objective is to promote positive command morale and Quality of Life (QOL) by providing an environment in which all personnel can perform to their maximum ability.

PREGNANCY POLICIES

Wellness #1

What resources exist for pregnant servicewomen as they prepare to balance a career in the military with parenthood?

- Support for pregnant servicewomen begins at pregnancy but continues long after birth to provide support for women reentering the workforce.
- Navy/Marine Corps Relief Society
  - Budget for Baby
- Fleet and Family Support Programs: OPNAVINST 1740.4D
  - Health Care
  - New Parent Support Program
    - Parenting education
    - Pre and post natal care
    - Information and referrals to community resources
    - Developmental screening
    - Home visits
    - Parent support groups
  - Loan Closet
  - Financial Assistance
  - Special Needs: EFMP Family Support
  - Child Care
  - Child and Youth programs

PREGNANCY POLICIES

Wellness #1

How does pregnancy affect servicewomen's advancement, assignments, and retention?

- Advancement: BUPERSINST 1430.16F
  - Pregnant Servicewomen who meet the eligibility requirements for advancement/promotion can participate in the advancement cycle/promotion board.
  - Pregnant servicewomen selected will be promoted in accordance with the advancement plan/promotion plan.
- Assignments: OPNAVINST 6000.1C
  - Pregnant servicewomen are eligible to remain onboard a ship until their 20th week of pregnancy.
  - Pregnant Servicewomen may participate in short underway periods as long as emergency OB care is available within 6 hours.
  - Aviators may continue flying with a waiver until their 3rd trimester.
  - Pregnant servicewomen may be assigned in CONUS without restriction provided they do not have to fly after the 36th week of pregnancy.
  - No servicewoman may be assigned overseas or travel overseas after the completion of the 28th week of pregnancy.
- Retention:
  - FY14 Pregnancy and Parenthood Survey, sponsored by OPNAV N1, found that retention is negatively affected by a Sailor's inability to balance career and family.
  - Navy leadership strives to improve our career flexibility and family care options.

PREGNANCY POLICIES

Wellness #1

Is pregnancy documented or coded in servicewomen's performance evaluations/fitness reports? If so, why?

- BUPERSINST 1610.10D, NAVY PERFORMANCE EVALUATION SYSTEM.
  - Fitness reports do not quote from medical reports or summaries, and do not mention medical conditions (including pregnancy) unless necessary to explain other matters in the report, i.e., use of PFA code.
  - Members shall not be given a less favorable report solely because of medical issues

- SECNAVINST 1000.10A, Medical limitations and/or assignment restrictions, or periods of absence because of pregnancy or associated medical care, in and of themselves, shall not be the basis for downgrading marks or adverse comments. Evaluations and fitness reports shall be based on demonstrated performance.

- OPNAVINST 6000.1C Section 101, Commanders 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 of a fitness report.

PREGNANCY POLICIES

Wellness #1

What policies and/or programs exist to ensure servicewomen are not exposed to reproductive hazards?

- OPNAVINST 6000.1C, Health Care Professional (HCP) is required to:
  - Provides timely guidance on work restrictions and the most effective job utilization of a pregnant servicewoman in order not to cause undue stress on her or her unborn child.
  - Refers to occupational health professionals when there is a concern about exposure to chemical or toxic agents, environmental hazards, positive responses on the mandatory questionnaires, or when clinically indicated.
  - Pregnant servicewomen are eligible to remain onboard a ship until their 20th week of pregnancy.

- Medical Surveillance Procedures Manual- Reproductive/ Developmental Hazards (NEHC-6260-TM-01) provides a medical screening matrix, to include child-bearing/nursing concern questions.

- BUMEDINST 6470.22A Navy Radiological Systems Performance Evaluation Program (Last updated: 30 Oct 02)

POSTPARTUM POLICIES

Wellness #2

The Committee is interested in reviewing the Services POSTPARTUM policies, which potentially impact the retention of servicewomen.

- The Committee requests a briefing from the Services on the following:

- Describe the postpartum operational deferment policy. When was the last time this policy was updated?
- What was the methodology used to design the postpartum operational deferment policy (e.g., supporting medical research)?
- Describe the postpartum fitness testing policy. When was the last time this policy was updated?
- What was the methodology used to design the postpartum physical fitness testing policy (e.g., supporting medical research)?
- How does your Services' postpartum operational deferment policy compare with the DoD policy?
- How do the postpartum policies affect servicewomen's advancement, assignments, and retention?

POSTPARTUM POLICIES

Wellness #2

Describe the postpartum operational deferment policy. When was the last time this policy was updated?

What was the methodology used to design the postpartum operational deferment policy (e.g., supporting medical research)?

- DoDI1342.19: (Last Updated: 07 May 10)
  - Military mothers of newborns shall receive a 4-month deferment from duty away from the home station for the period immediately following the birth of a child. Single Service members who adopt, or one member of a dual-military couple who adopts, shall receive a 4-month deferment from duty away from the home station from the date the child is placed in the home as a part of the formal adoption process.
  - RC members who are mothers of newborns, single RC members who adopt, and one RC member of a dual-military couple who adopts shall receive a 4-month deferment from involuntary call to active duty immediately following the child's birth or placement in the home.
- OPNAVINST 6000.1C: (Last Updated: 14 Jun 07)
  - The Navy postpartum operational deferment is for a period of up to 12 months post-delivery. A waiver is required to return to operational duty prior to the conclusion of 12 months.
  - The methodology for the expansion of the Navy policy is based on expert opinion from the World Health Organization and The Surgeon General's Call to Action to Support Breastfeeding. The Navy Policy was designed to enhance successful breastfeeding for our nursing servicewomen.

POSTPARTUM POLICIES

Wellness #2

Describe the postpartum fitness testing policy. When was the last time this policy was updated?

What was the methodology used to design the postpartum physical fitness testing policy (e.g., supporting medical research)?

- OPNAVINST 6110.1J: (Last Updated: 11 Jul 11) Physical Readiness Program, pregnant servicewomen shall not be required to meet BCA/PRT standards from pregnancy confirmation through 6 months following convalescent leave.

- The policy was established using American Congress of Obstetricians and Gynecologists guidelines.
  - Reasonable time for weight loss
  - Provides time to obtain a satisfactory level of fitness

POSTPARTUM POLICIES

Wellness #2

How does your Services' postpartum operational deferment policy compare with the DoD policy?

- The Navy postpartum operational deferment is for a period of up to 12 months post-delivery per OPNAVINST 6000.1C, which is greater than the DoDI 1342.19 that requires 4-months deferment from duty away from the home station for the period immediately following the birth of a child.

- The Navy's expansion of the postpartum period enables mothers to breastfeed for a longer duration, resulting in increased mother-infant bonding and reduced risk of postpartum depression and pediatric concerns.

POSTPARTUM POLICIES

Wellness #2

How do the postpartum policies affect servicewomen's advancement, assignments, and retention?

- Advancement: BUPERSINST 1430.16F
  - Pregnant Servicewomen who meet the eligibility requirement for advancement can participate in the advancement cycle.
  - Pregnant servicewomen selected will be promoted in accordance with the advancement plan.
  - Late exams are authorized to accommodate convalescent leave absences

- Assignments: OPNAVINST 6000.1C
  - Postpartum 12-month operational deferment
  - Per NAVADMIN 256/08, Servicewomen who give birth to a stillborn child are entitled to 6 months operational deferment.

- Retention: OPNAVINST 6000.1C
  - Operational deferment allows women to continue their career progression while also allowing for needed time for recovery, bonding, and establishing a family plan.

BREASTFEEDING POLICIES

Wellness #3

The Committee is interested in reviewing the Services BREASTFEEDING policies, which potentially impact the retention of servicewomen.

- The Committee requests a briefing from the Services on the following:

- Describe the breastfeeding policy. When was the last time this policy was updated?
- Methodology used to design this policy (e.g., supporting medical research)?
- What programs exist to support breastfeeding and ensure that commands adhere to DoD and/or Service policies? (e.g., provide time and a clean lactation space)
- How does the postpartum physical fitness testing policy and the postpartum operational deferment policy impact servicewomen's ability to breastfeed?
- What policies and/or programs exist to ensure servicewomen are not exposed to lactation hazards?

BREASTFEEDING POLICIES

Wellness #3

Describe the breastfeeding policy. When was the last time this policy was updated?

- OPNAVINST 6000.1C:(Last Updated: 14 Jun 07)
  - Servicewomen who desire to continue breastfeeding upon return to duty will notify their chain of command at the earliest possible time to allow the command to determine how best to support them as well as to facilitate the prompt evaluation of the workplace for potential hazards.
  - Questions regarding potential workplace hazard issues related to lactating servicewomen should be referred to Navy Occupational Health Program personnel to determine whether intervention is necessary.
- OPNAVINST 6000.1C Section 209. Workplace Support of Breastfeeding Servicewomen
  - Commanding Officers are responsible for developing written policies to delineate support of servicewomen with breastfeeding infants that includes information such as facilities provided and time allotted for breaks.
    - The policy will ensure that the work environment supports and respects servicemembers who engage in healthy behaviors such as breast milk expression.
    - The policy will prohibit harassment and discrimination of breastfeeding servicewomen.
- BUMEDINST 6000.14A: Support of Servicewomen in Lactation and Breastfeeding
  - The BUMED instruction is only applicable to Navy Medical Department personnel and Medical Treatment Facilities.
  - Used as an example for Commanding Officers in the development of their own command level written policies.

BREASTFEEDING POLICIES

Wellness #3

Methodology used to design this policy (e.g., supporting medical research)?

- The Navy's breastfeeding policy was developed using expert medical guidance from the American Congress of Obstetricians and Gynecologists, American Academy of Pediatricians, and World Health Organization (WHO). The most recent guidelines have been put out by the WHO in the Ten Steps to Successful Breastfeeding described by Protecting, Promoting and Supporting Breastfeeding: a Joint WHO/UNICEF Statement.

BREASTFEEDING POLICIES

Wellness #3

What programs exist to support breastfeeding and ensure that commands adhere to DoD and/or Service policies? (e.g., provide time and a clean lactation space)

- Per OPNAVINST 6100.1C:

  The Navy continues to encourage and support accommodations to best meet the needs of our nursing service members and their infants. Servicewomen who continue to provide breast milk upon return to duty will be, at the minimum, afforded the availability of a clean, secluded space (not a toilet space) with ready access to a water source for the purpose of pumping breast milk. Commands must ensure breastfeeding servicewomen are afforded access to cool storage for expressed breast milk.

- Navy MTFs are directed to implement breast feeding policies and lactation support IAW with BUMEDINST 6000.14A

- The Unified Facilities Criteria (UFC) system provides planning, design, construction, sustainment, restoration, and modernization criteria, and applies to the Military Departments, the Defense Agencies, and the DoD Field Activities.

BREASTFEEDING POLICIES

Wellness #3

How does the postpartum physical fitness testing policy and the postpartum operational deferment policy impact servicewomen's ability to breastfeed?

- Postpartum physical fitness testing is deferred to 6 months postpartum. This timeframe allows for healthy weight loss as well as adequate time for Sailors to meet physical standards. Community practice was used to ensure continued breastfeeding success.

- Navy supports a 12-month postpartum operational deferment to maximize outcomes for mothers and newborns prior to the mother's transition back to operational duties. The extension of the postpartum period enables mothers to breastfeed for a longer duration, resulting in increased mother-infant bonding and reduced risk of postpartum depression and pediatric concerns.

BREASTFEEDING POLICIES

Wellness #3

What policies and/or programs exist to ensure servicewomen are not exposed to lactation hazards?

- OPNAVINST 6100.1C:
  - Medical Treatment Facility (MTF)/Fleet Industrial Hygienists are responsible for evaluating the presence of possible reproductive and lactation hazards at the time of a baseline industrial hygiene site survey, and during any survey updates.
  - Any positive findings will be brought to the attention of the CO or Safety Officer and Senior Medical Department Representative (SMDR) .

- Medical Surveillance Procedures Manual- Reproductive/ Developmental Hazards (NEHC-6260-TM-01) provides a medical screening matrix, to include child-bearing/nursing concern questions.