DEPARTMENT OF THE AIR FORCE
WASHINGTON, DC

OFFICE OF THE SECRETARY

22 November 2022

MEMORANDUM FOR DACOWITS

FROM: HQ USAF
1720 Air Force Pentagon
Washington DC 20330-1720

SUBJECT: DAF DACOWITS RFI 6

QUESTION #6

For over 45 years, the Committee has studied and provided recommendations to the Secretary of Defense regarding women in aviation. The Committee remains concerned that overall percentage of women in aviation remains low, despite the opening of many aviation career fields to women in the 1970s and combat aircraft in the 1990s.

The Committee requests a written response from the Army, Air Force, Navy, Marine Corps, and Coast Guard on the following:

a. In September 2020, DACOWITS RFI 3, asked the Military Services for the total number of Service members selected for pilot training annually from FY09-19, separated by gender and accession source. The Committee requests an update to this 2020 RFI, which includes FY20-22 data.

- Reference RFI 6 – Attachment 1 for a report on FY20-FY22 RegAF pilot accessions (by gender and commissioning source).

RFI 6 - Attachment 1 - AD Officers Selected for Pilot Training by Year

b. In September 2020, DACOWITS RFI 3, asked the Military Services to provide data on student attrition during undergraduate pilot training separated by gender, along with reasons for attrition. The Committee requests an update to this 2020 RFI, which includes FY20-22 data. In addition, has your Service identified any attrition trends? If so, what are they and how are they being addressed?

- RFI 6 - Attachment 2 - Pilot Training Attrition Rates By Cause

- Air Education and Training Command reported no identified attrition trends warranting action.

c. Does your Service have a mentoring program to help retain female aviators? If so, please describe.

- The Air Force considers mentorship an inherent responsibility of leadership designed for the benefit of all airmen, including female aviators. A key aim of the program is to provide greater engagement and retention of Airmen

- Mentors are advisors and guides who share knowledge, experiences, and advice in helping mentees achieve their career goals

- Air Force Handbook 36-2643, *Air Force Mentoring Program*, further describes intent, goals, and procedures

MYVECTOR MENTORSHIP PLATFORM

- MyVector is a free web-based, flexible, and easily accessible resource containing a mentoring section that allows an Airman to request a mentor or be matched with a mentor. On MyVector, mentors and mentees can assess capabilities, build a mentoring plan, and guide mentees toward reaching their goals and objectives

- Below is program participation data current as of 17 Oct 2022:

Officer and Enlisted Participation by Gender Pairs (Active, Guard, Reserve)			
Number of Mentoring Pairs	Female to Female Pairs	Female/Male or Male/Female Pairs	Male to Male Pairs
24,367	3,054 (12.5%)	6,282 (25.8%)	15,031 (61.7%)

Officer and Enlisted Participation by Non-Rated/Rated Pairs (Active, Guard, Reserve)			
Number of Mentoring Pairs	Non-Rated Pairs	Rated Pairs	R/N or N/R Pairs
24,367	21,874 (89.8%)	1,436 (5.9%)	1,057 (4.3%)

- The Air Force Mentorship program aims to help Airmen achieve professional development goals and realize their full potential. A key benefit of this program is increased retention of Airmen. The MyVector web-based platform creates a modern and on demand solution available to all Airmen. While not specifically designed for female aviators, the platform widens the aperture and accessibility of mentorship for service members of diverse backgrounds, and mentorship from leaders of diverse backgrounds.

- Additionally, the Air Force has multiple level working groups from Department of the Air Force Barrier Analysis Working Group (BAWG) to Major Commands (named 'Athena' Working Groups) and on down to individual installations (iBAWGS). See Tab 3 DAFBAWG paper below for definitions/breakout. Each iBAWG aligns to its own Major Command 'Athena' working group with focus and direction commensurate with their mission sets and force structure (Air Reserve Component, Dagger (AFSOC), Reach (AMC), Torch (AETC), etc.). The BAWGs provide a means to identify and seek out barriers to females in aviation and help to identify, remove and/or modify barriers within policies and procedures. The identification of barriers notably derives from installation inputs through member interactions.

The iBAWGs provide a community of mentorship and act as a hub for information to the demographics they represent. They also present a forum to harness direct support for these groups and have a sizeable social media presence (Facebook, LinkedIn, etc.). Problems, advice, or requests are brought to these groups daily and members are connected to "mentors" to guide them through the challenges on an as-needed basis.

Reference RFI 6 - Attachment 3 - DAFGAWG One pager

d. Does your Service provide exit interviews to aviators separating from Active Duty? If yes, the Committee is interested in the top five reasons aviators leave the military, over the last five years (FY18-22), separated by gender. In addition, please provide separation trends and courses of action the Service has or will be implementing to help retain female aviators.

- Beyond local and direct supervisor commander interviews, there is no formal collection of anecdotal information (interviews) that is archived. Official exit surveys are conducted annually on all separating and retiring members both enlisted and commissioned officers. The exit survey data is released in aggregate to protect anonymity by the Air Force Survey Office. The last survey for which data is complete and released is FY2021. 11X (pilot) females represented ~4.5% of respondents. While not broken into gendered specific replies, the data for pilots as an example of aviators in FY2021 displayed the following top "leave" influencers: difficulty in maintaining work and life balance, assignment agency, availability of civilian jobs and additional duties.

- AFPC recently conducted targeted exit interviews with 1,352 rated members (314 were in underrepresented groups, such as women).

- The top five responses that drive female aviators out of the Air Force:
    1. Additional Duties, Losing Flight Qualifications, Non-Flying Jobs (Duty)
    2. Separation from family (Family)
    3. Join-Spouse not maintained (Family)
    4. Not enough say in assignment process/location (Assignments)
    5. Work/life balance (Culture)

- The Air Force is currently developing an Aviation Bonus Demonstration Program that explores assignment of preference opportunities for our most critically manned or "at risk" rated communities. Providing an assignment of preference option or remain in place assignment option would address survey items 2-4 above regarding family stability and assignment choices. Additionally, the Department of the Air Force BAWG Women's Initiative Team (WIT) is aggressively leading recommendations to remove barriers that affect female aviators by expanding the waiver options to allow female aircrew members to fly while pregnant, regardless of airframe, crew position, and/or trimester, and considering masking pregnancy notifications at the unit level to ensure women remain in maximum control of deciding their health information privacy surrounding pregnancy. Current WIT lines of effort address survey items 1 and 5 above.

- The following are some highlighted lines of effort that the WIT are exploring to increase the propensity of women to continue to serve: harness data analysis and digital outreach on childcare, increase better access to care for Guard and Reserve, validation of Family Care Plans, use of simulators and ground currency for female aviators during pregnancy, removal of pregnancy disqualifications for OTS applicants, infertility and reproductive healthcare access, mental health and wellness initiative, protection of parental and family leave in Professional Military Education.

- Additional retention assessments have been accomplished, but they are not female aviator specific. As reported previously (DAWCOWITS RFI Aug 22), a 2018 RAND published "*Understanding Differences in Undergraduate Pilot Training Attrition*" and a 2016 RAND released "*Addressing Barrier to Female Officer Retention in the Air Force*". The study conducted a total of 54 focus groups with 295 female Air Force officers in the spring of 2016 from across 12 different Air Force installations. Furthermore, the Athena programs (referenced in item c. above) are exploring female focused aviator surveys for future implementation.

AVAR INITIATIVE

- As of October 22, the DAF has announced a new Aircrew Voluntary Acceptance of Risk, or AVAR initiative. It is designed to ensure aircrew have access to the information that will allow them to make the most informed decisions about whether to continue flying during their pregnancy. Additionally, a set of frequently asked questions and answers were developed for additional assistance. Both the AVAR and FAQs may be found on the Air Force Medical Service's Reproductive Health webpage and have been attached.

- Aircrew who want to be considered for crewed flight duty must personally request to continue flying during their pregnancy. The AVAR will help guide discussions with healthcare providers and inform members of both known and potential, but unmeasured, risks to make an informed decision.

- To return to flying duties after becoming pregnant, the service member must submit a waiver for review by their flight surgeon, obstetrical care provider, and commander, who must collaborate to determine whether to approve the waiver. All flights must meet approved flight profiles based on the commander's discretion and safety considerations.

- DAF leadership's intent is that aircrew are confident that the decision of whether to request to fly during pregnancy – or not – will have no impact on their military career. Aircrew who elect not to fly have other options to continue their career progression, such as maintaining currencies in the simulator, instructing academics, supervisor of flying, top-3, and many other training opportunities and duties.

- As with any medical condition, the DAF will continue to review aircrew pregnancy policy and practices, including an ongoing collection of health and safety data. The service remains focused on identifying, analyzing, and appropriately mitigating flight safety hazards and exposures to facilitate the safe and successful accomplishment of the military mission. A

continual review will also drive appropriate modifications to the AVAR to allow aircrew to make the most informed decision on whether to request the continuation of flight duties.

RFI 6 - Attachment 4 - Aircrew Voluntary Acceptance of Risk Tabs 1-3_CAO 25 Oct 22_FINAL

RFI 6 - Attachment 5 - Aircrew Pregnancy FAQs_CAO 28 Oct 22_FINAL
PREGNANCY NOTIFICATIONS

- The DAF is now working to implement the Secretary of Defense guidance to establish additional privacy protections for reproductive health care information, including standardizing and extending the time Service members have to fulfill their obligation to notify commanders of a pregnancy to no later than 20 weeks unless specific requirements to report sooner, such as those necessitated by occupational health hazards, are set forth in policy.

- Disseminate guidance that directs Department of Defense health care providers that they may not notify or disclose reproductive health information to commanders unless this presumption is overcome by specific exceptions set forth in policy, such as risk of harm to mission, occupational safety requirements, or acute medical conditions interfering with duty.

- Disseminate guidance that directs commanders to display objectivity and discretion when addressing reproductive health care matters and underscores their duty to enforce existing policies against discrimination and retaliation in the context of reproductive health care choices.

e. What number and percentage of pilots depart Active Duty and transition to the Reserves or Guard? Provide data for the last five years (FY18-22), separated by gender, depicting these transition rates. Additionally, provide retention data for pilots, separated by gender, serving in the Reserves or Guard over the last five years (FY18-22).

- The below table depicts the total number of pilots that both separated and affiliated from Regular Air Force from FY18 through FY22. Additionally, it displays the gender breakout by number and percentage of those that separated from the Regular Air Force and affiliated to the Air Reserve Component (ANG and AFRC).

Year	Total Departed	% of RegAF Force	Total Seperated	Total Affiliated	Female Affiliations (#/% leaving that affiliate)	Male Affiliations (#/% leaving that affiliate)
2018	1122	9%	813	309	22 / 34%	287 / 27%
2019	1098	9%	749	349	14 / 31%	335 / 32%
2020	1018	8%	717	301	12 / 29%	289 / 30%
2021	777	6%	543	234	12 / 33%	222 / 30%
2022	1379	11%	974	405	17 / 30%	388 / 29%

Source: MilPDS DAFSC data a/o

- Retention data for the Air Force Reserve Command (AFRC) is only available in aggregate with gender breakout unavailable at time of report submittal. AFRC pilot retention for FY18-22 is depicted below with an average retention rate of 90%. Currently, there is limited Air National Guard retention data at time of submittal but gender 11X manning is supplied for FY21 and FY22 that displays only a small variance in annual turnover.

11X AFRC Retention:
2018: 89.08%
2019: 98.50%
2020: 90.33%
2021: 90.70%
2022: 88.60%
Avg: 89.60%

11X ANG Retention
2021: 206 (F), 3,484 (M)
2022: 211 (F), 3,441 (M)
Delta: +5 (F), -43 (M)
Overall 11X manning ~98%

Attachments:
RFI 6 - Attachment 1 - AD Officers Selected for Pilot Training by Year
RFI 6 - Attachment 2 - Pilot Training Attrition Rates By Cause
RFI 6 - Attachment 3 - DAFGAWG One pager
RFI 6 - Attachment 4 - Aircrew Voluntary Acceptance of Risk Tabs 1-3_CAO 25 Oct 22_FINAL
RFI 6 - Attachment 5 - Aircrew Pregnancy FAQs_CAO 28 Oct 22_FINAL

AD officers, grouped by EAD, selected for pilot training

Officers were identifeid by combining accesion AFSC data with active duty MilPDS records looking for pilot training DAFSC, aviation service code and aviation serivce date

Note: Officers grouped by date entered active duty (EAD) and not the date they may have started pilot training

EAD FY	SOURCE OF COMMISSION GROUP	Gender	Count
2020	AFROTC	F	50
2020	AFROTC	M	457
2020	OTHER	F	1
2020	OTS	F	11
2020	OTS	M	50
2020	USAFA	F	98
2020	USAFA	M	389
2021	AFROTC	F	39
2021	AFROTC	M	502
2021	OTHER	M	1
2021	OTS	F	9
2021	OTS	M	43
2021	USAFA	F	62
2021	USAFA	M	329
2022	AFROTC	F	45
2022	AFROTC	M	330
2022	OTHER	M	2
2022	OTS	F	21
2022	OTS	M	55
2022	USAFA	F	74
2022	USAFA	M	338

T-6A **Attrition Case**

Gender	Class Year	Accession Source	Actual Attrits	FTD	DOR	Med	Acad	LOA	OTH
F	2009	AFROTC	2	1	1				
F	2009	USAFA	9	7	1	1			
F	2010	AFROTC	3	3					
F	2010	OTS	1	1					
F	2010	USAFA	8	6	2				
F	2011	AFROTC	3	2	1				
F	2011	USAFA	4	3	1				
F	2012	AFROTC	4	4					
F	2012	OTS	1	1					
F	2012	USAFA	1	1					
F	2013	AFROTC	2	2					
F	2013	USAFA	2	2					
F	2014	AFROTC	8	6	1	1			
F	2014	OTS	2	2					
F	2014	USAFA	2	1		1			
F	2015	AFROTC	3		1			2	
F	2015	USAFA	3	3					
F	2016	AFROTC	2	1	1				
F	2016	USAFA	5	4		1			
F	2017	AFROTC	4	1	1	1			1
F	2017	USAFA	3	1	1			1	
F	2018	AFROTC	1				1		
F	2018	USAFA	3	2	1				
F	2019	AFROTC	2	1	1				
F	2019	NPS	1						1
F	2019	OTS	1	1					
F	2019	USAFA	9	3	2	4			
F	2020	AFROTC	3	2	1				
F	2020	OTS	4		3			1	
F	2020	USAFA	2	1					1
F	2021	AFROTC	3	2					1
F	2021	OTS	2	1	1				
F	2021	USAFA	6		3		3		
F	2022	AFROTC	7	2	4			1	
F	2022	OTS	1					1	
F	2022	USAFA	7	1	5		1		
M	2009	AFROTC	33	5	21	1	2	3	1
M	2009	OTS	12	1	7	1	1	2	
M	2009	UNK	1			1			
M	2009	USAFA	56	22	26		1	7	
M	2010	AFROTC	23	9	9	2	1	2	
M	2010	OTS	5	4				1	
M	2010	USAFA	46	23	17	1	4	1	
M	2011	AFROTC	27	11	10	2	1	2	1
M	2011	OTS	8	3	1	3	1		
M	2011	USAFA	23	15	5			3	
M	2012	AFROTC	46	20	9	6	3	8	
M	2012	OTS	3	1	1	1			
M	2012	USAFA	28	16	6	2	1	2	1
M	2013	AFROTC	31	11	8	5	3	4	
M	2013	OTS	3	2				1	
M	2013	USAFA	19	15		2	1		1
M	2014	AFROTC	36	23	1	6	2	3	1
M	2014	OTS	9	5	2		1	1	
M	2014	USAFA	37	25	5		5	1	1
M	2015	AFROTC	31	17	8	3		1	2
M	2015	OTS	2	2					
M	2015	USAFA	34	24	3	4	2	1	
M	2016	AFROTC	11	3	4		2		2

FTD- Flying Training Deficiency
DOR- Drop on Request
Med- Medical
Acad- Academics
LOA- Lack of Adaptability
OTH- Other

M	2016	OTS	6	2	2			2	
M	2016	USAFA	28	17	7	2		1	1
M	2017	AFROTC	19	7	4	5			3
M	2017	OTS	10	3	3	2		2	
M	2017	USAFA	11	8	1	1			1
M	2018	AFROTC	19	6	5	2	3	1	2
M	2018	NPS	5	5					
M	2018	OTS	8	3	1	3			1
M	2018	USAFA	15	4	3	3		1	4
M	2019	AFROTC	21	6	9	2	2		2
M	2019	NPS	1						1
M	2019	OTS	7	3	2	1			1
M	2019	UNK	3						3
M	2019	USAFA	12	4	3	5			
M	2020	AFROTC	28	6	13	6	2		1
M	2020	OTS	12	4	3	3		1	1
M	2020	USAFA	22	7	8	3	1	1	2
M	2021	AFROTC	49	27	14	3	3		2
M	2021	OTS	7	2	4		1		
M	2021	USAFA	41	21	12	2	1	1	4
M	2022	AFROTC	46	19	14	2	6	1	4
M	2022	OTS	5		2	1	1	1	
M	2022	USAFA	40	16	17	4	3		

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Gender	Class Year	Accession Source	Actual Attrits	FTD	DOR	Med	Acad	LOA	OTH
F	2009	USAFA	1		1				
F	2010	AFROTC	1		1				
F	2014	OTS	1	1					
F	2019	AFROTC	1	1					
F	2021	AFROTC	1	1					
M	2009	AFROTC	2		1				1
M	2009	OTS	1		1				
M	2009	USAFA	2		2				
M	2010	USAFA	2			1			1
M	2011	AFROTC	2	2					
M	2011	USAFA	1	1					
M	2012	AFROTC	6	5		1			
M	2012	USAFA	3		1	1			1
M	2013	USAFA	3	2	1				
M	2014	OTS	1						1
M	2015	AFROTC	1					1	
M	2016	AFROTC	1		1				
M	2016	USAFA	1					1	
M	2017	AFROTC	2						2
M	2018	AFROTC	1		1				
M	2018	USAFA	1		1				
M	2019	AFROTC	1			1			
M	2019	USAFA	2	1		1			
M	2020	AFROTC	7	4	1	1		1	
M	2020	OTS	1		1				
M	2020	USAFA	4	1		2	1		
M	2021	AD OTHER	1			1			
M	2021	AFROTC	2	2					
M	2021	USAFA	1		1				
M	2022	AFROTC	3	2	1				
M	2022	OTS	1		1				

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Gender	Class Year	Accession Source	Actual Attrits	FTD	DOR	Med	Acad	LOA	OTH
F	2009	USAFA	1	1					

F	2013	OTS	1	1					
F	2014	AFROTC	1	1					
F	2014	USAFA	1	1					
F	2015	AFROTC	1	1					
F	2015	USAFA	2		1	1			
F	2016	AFROTC	1	1					
F	2017	OTS	1	1					
F	2018	AFROTC	1	1					
F	2019	USAFA	1	1					
F	2020	USAFA	2	2					
F	2021	USAFA	3	2	1				
F	2022	USAFA	2	1		1			
M	2009	AFROTC	2	2					
M	2009	OTS	1		1				
M	2009	USAFA	1		1				
M	2010	AFROTC	4	2	1	1			
M	2010	OTS	1		1				
M	2010	USAFA	3	2	1				
M	2011	AFROTC	3		1	1			1
M	2011	OTS	1						1
M	2012	AFROTC	5	3	1				1
M	2012	OTS	1			1			
M	2012	USAFA	1			1			
M	2013	AFROTC	4	3		1			
M	2013	USAFA	5	4		1			
M	2014	AFROTC	3	3					
M	2014	OTS	2	1					1
M	2014	USAFA	9	9					
M	2015	AFROTC	3	3					
M	2015	OTS	1			1			
M	2015	USAFA	3	1	1				1
M	2016	AFROTC	6	3	2				1
M	2016	OTS	1						1
M	2016	USAFA	2	1	1				
M	2017	OTS	1						1
M	2017	USAFA	1						1
M	2018	AFROTC	2		1				1
M	2018	USAFA	1	1					
M	2019	AFROTC	1			1			
M	2019	OTS	1					1	
M	2019	USAFA	7	6			1		
M	2020	AFROTC	2	1		1			
M	2020	OTS	2	1		1			
M	2020	USAFA	2	2					
M	2021	AFROTC	3	1	1		1		
M	2021	OTS	2						2
M	2021	USAFA	3	2	1				
M	2022	AFROTC	5	4	1				
M	2022	OTS	3	3					
M	2022	USAFA	6	4	1	1			

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Gender	Class Year	Accession Source	Actual Attrits	FTD	DOR	Med	Acad	LOA	OTH
F	2015	USAFA	1	1					
M	2012	USAFA	1			1			
M	2015	AFROTC	3	2	1				
M	2016	AFROTC	1	1					
M	2016	USAFA	1	1					
M	2022	AD OTHER	3		3				

DAF Barrier Analysis Work Groups Informational One-Pager

CAO: 4 Nov 22

The Department of the Air Force Barrier Analysis Working Groups (DAFBAWG) are teams comprised of volunteer employees and service members who bring a grassroots perspective, that analyzes anomalies found in civilian and military workplace policies, procedures, and practices with an eye toward identifying their root causes, including determining if those root causes are potential barriers to equal opportunity, diversity and inclusion, and devising plans to eliminate them.

SAF/DI
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DAFBAWG Program Mgr
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DAFBAWG	**BEST** - Black and African American Employment Strategy Team	**DAT** - Disability Action Team	**HEAT** - Hispanic Empowerment & Advancemen+D4:D13t Team	**INET** - Indigenous Nations Equality Team	**LIT** - LGBTQ Initiatives Team	**PACT** - Pacific Islander/Asian American Community Team	**WIT** - Women's Initiatives Team
VISION	To eliminate artificial barriers with employing, advancing, and retaining Black/AA Airmen and Guardians.	To retain and develop current employees and military members, recruit new talent, and remove barriers to opportunity and inclusivity by providing support to Airmen and Guardians with disabilities through policy changes, career development, and professional networking.	A preeminent Air & Space Force that values, celebrates, and incorporates the rich and varied cultures, traditions, and contributions of Hispanic Airmen & Guardians at every level of the Department of the Air Force.	A community of Indigenous Peoples perpetuating a legacy of honor through their humble advancement in service to their nation and the preservation of traditions and respect for all.	To be the light that illuminates the path towards change, acceptance, and equality for all of those that came before us and those that will come after us.	A Total Force where culture is celebrated and recognized to create an organization where all can advance to their maximum potential regardless of race or ethnicity, and all removable barriers to opportunity have been eliminated in order to leverage the full value in diversity of thought, ingenuity, and initiative of our Air and Space personnel.	____
MISSION	To review and analyze guidelines, programs, data and other information for barriers to employment, advancement, and retention of Black/AA military members and civilian employees; and provide recommendations to DAF leadership	To make positive change by promoting greater awareness and understanding of people with disabilities through advocacy and mentorship throughout the Department of the Air Force.	To value, leverage, and incorporate the rich and varied cultures, traditions, and contributions of Hispanic Airmen and Guardians by providing the full range of professional development experiences and eliminating barriers to service in roles of progressively greater responsibility, thereby bolstering the world's preeminent Air and Space Force.	Provide pivotal advocacy for American Indian and Alaskan Natives within the DAF through the changing of polices, recruitment and outreach in all areas, and the creation of a community of encouragement, belonging and support, to preserve culture and honor traditions.	____	Be an influential and authoritative advocate on topics that influence Pacific Islander and Asian American's propensity to serve the Department of the Air Force mission.	Identify barriers to women's service in the Department of the Air Force and Department of Defense that influence and impact women's propensity to serve and advocate to eliminate those barriers through policy change
MEETINGS	Second Tuesday of every month at 1300 CST/1400 EST (ZOOMgov) Meeting ID: 161 753 6077 Passcode: 080522	Fourth Thursday of every month at 1400 EST (TEAMS) https://dod.teams.microsoft.us/l/meetup-join/19%3adod%3a0f14ac01404f4928aae0ad3614b464d6%40thread.tacv2/1656076438059?context=%7b%22Tid%22%3a%228331b18d-2d87-48ef-a35f-ac8818ebf9b4%22%2c%22Oid%22%3a%229ea032cb-00df-45de-a102-c16ceaa35670%22%7d	Third Tuesday of every month at 1400 EST (ZOOMGov) Meeting ID: 161 243 4293 Passcode: 291635	Second Thursday of every month at 1400 EST (ZOOM) Meeting ID: 864 0581 4865 Passcode: C72re9	Second Thursday of every other month at 1200 EST (ZOOM) https://dod.teams.microsoft.us/l/meetup-join/19%3adod%3ameeting_cfd32f3bf16643d08fe0b9d4cee3bac1%40thread.v2/0?context=%7b%22Tid%22%3a%228331b18d-2d87-48ef-a35f-ac8818ebf9b4%22%2c%22Oid%22%3a%22880f9aa6-ce14-4a67-a5ab-ecc8fca1f02a%22%7d	Second Tuesday of every month at 1400 CST/1500 EST (ZOOM) Meeting ID: 161 281 8015 Passcode: 369139	DAF-wide WIT, First Tuesday of every month at 1000 EST/0800 MST (ZOOM) (https://www.zoomgov.com/j/1605253400?pwd=enkvcVluU2laOXc4dGRQbEloNkk3UT09) LOE Sync, First Thursday of every month at 1500EST / 1300MST (Telecon)
ORG BOX	SAF.DIDAFBAWG.BESTworkflow@us.af.mil	NA	SAF.DIDAFBAWG.HEATWf@us.af.mil	NA	SAF.DI_DAFBAWG.LIT_Workflow@us.af.mil	NA	NA
LEADS	Lt Col Dear Beloved dear.beloved@us.af.mil CMSgt Eumiko Egins eumiko.egins@us.af.mil	Mr. David Frank david.frank.8@us.af.mil Ms. Natalie Jack natalie.jack.1@us.af.mil	Ms. Hope Barber hope.barber@us.af.mil Maj Tahina Montoya Tahina.Montoya2@dodiis.mil Lt Col Daniel Mendoza daniel.mendoza@us.af.mil	Ms. Jacqueline Melcher jacqueline.melcher@us.af.mil Lt Col Maureen Trujillo maureen.trujillo@us.af.mil MSgt Frances Dupris frances.durpis@us.af.mil	Mark Wernersbach mark.wernersbach@us.af.mil Col John Oconnell john.oconnell.7@us.af.mil Maj Jonathan Roman jonathan.roman.2@us.af.mil	Lt Col Rebecca Ban rebecca.ban@us.af.mil Mr. Kit Lui kit.lui.2@us.af.mil Capt Suzanna Palmer suzanna.palmer.1@us.af.mil Capt Monique DuPont monique.dupont@us.af.mil Mgt Sarah Rayco sarah_marie_daryl.rayco_rosado.1@us.af.mil	**AIR FORCE Reps:** Maj Megan Biles megan.biles.1@us.af.mil Maj Sam Sliney samantha.sliney@us.af.mil samantha.a.sliney.mil@socom.mil **SPACE FORCE Reps**: SMSgt Brianna Fields brianna.fields@usspacecom.mil Col Laurel Walsh laurel.walsh@us.af.mil
CHAMPIONS	Dr. Gerald Curry gerald.curry@us.af.mil Maj Gen Troy Dunn troy.dunn@us.af.mil Brig Gen Devin Pepper devin.pepper@usspacecom.mil	Mr. John Carbone john.carbone.1@us.af.mil Brig Gen Ed Vaughan edward.l.vaughan4.mil@mail.mil	Brig Gen Frank Verdugo frank.verdugo@us.af.mil Mr. Derek Santos derek.santos@us.af.mil	Brig Gen Terrence Adams terrence.adams@us.af.mil	Lt Gen Leah Lauderback leah.lauderback@us.af.mil Ms. Lauren Knausenberger lauren.knausenber@us.af.mil Mr. Troy McIntosh troy.mcintosh.1@us.af.mil	Mr. Edwin Oshiba edwin.oshiba.1@us.af.mil Brig Gen John Edwards john.r.edwards62.mil@mail.mil	**AIR FORCE:** Lt Gen Mary O'Brien mary.f.obrien.2.mil@mail.mil Ms. Nancy Dolan nancy.dolan@us.af.mil Ms. Jennifer Miller jennifer.miller.25@us.af.mil **SPACE FORCE:** Maj Gen Deanna Burt deanna.burt@spaceforce.mil CMSgt Tina Timmerman tina.timmerman@spaceforce.mil
SAF/DI REP	Lt Col Shari Perkins shari.perkins@us.af.mil CMSgt Donald Pedro donald.pedro@us.af.mil	Ms. Daphne Brooks daphne.brooks@us.af.mil Col Jenise Carroll jenise.carroll@us.af.mil	Col Xaviera Slocum xaviera.slocum@us.af.mil Lt Col Kenyatta Ruffin kenyatta.ruffin@us.af.mil	Maj Fatima Rosa fatima@rosa@us.af.mil Lt Col Kimberly Champagne kimberly.champagne@us.af.mil	Ms. Cheri Atkins cheri.atkins.1@us.af.mil	CMSgt Donald Pedro donald.pedro@us.af.mil	Ms. Christine Millette christine.millette.2@us.af.mil CMSgt Donald Pedro donald.pedro@us.af.mil
LINES OF EFFORT	LOE 1: Independent Racial Disparity Review LOE 2: HBCU Intentional Mentorship LOE 3: Black/African American Women Promotion and Career Development LOE 4: Civilian Advancement LOE 5: Inclusive Male Grooming Standards (Shaving Waivers) LOE 6: Recruitment (Under Development)	LOE 1: Ensure accessibility of physical and virtual workplaces LOE 2: Improve value of MD-715 Report data to DAT LOE 3: Improve the rate of self-identification of disability LOE 4: Ensure IwD equal access to developmental opportunities LOE 5: Support neurodiversity LOE 6: Implement centralized funding for all reasonable accommodations LOE 7: Develop guidance on airmen (military and civilian) with PTS	LOE 1: Overcome Language Barriers LOE 2: Education, Awareness and Recruitment LOE 3: Mentorship, Professional Development and Retention	LOE 1: Remove Barriers (Policy) Initiatives LOE 2: Outreach & Recruitment LOE 3: Retention LOE 4: Indegenous Language Promotion	LOE 1: Education/Awareness LOE 2: Transgender Policies LOE 3: Medical Policies LOE 4: Data and Research	LOE 1: Selection and Promotion Board Policies and Procedures LOE 2: Recruitment LOE 3: Retention LOE 4: Human Performance LOE 5: Deliberate Development of Language and Culture Enabled Airmen	LOE 1: Childcare Programs, Policies, and Entitlements LOE 2: Pregnancy Discrimination LOE 3: Female-Specialized Healthcare Programs LOE 4: Space Force Development – Inclusivity for Women Guardians LOE 5: Vacant LOE 6: DAF Development LOE 7: Parental & Family Leave Programs LOE 8: One Size Does Not Fit All (Anthropometrics) LOE 9: Countering Sexual Assault and Harassment LOE 10: Awards & Decorations LOE 11: Gender Neutral Language LOE 12: External Engagement
SOCIAL MEDIA	**AF Portal:** https://www.my.af.mil/gcss-af/USAF/ep/globalTab.do?channelPageId=s2981A0357EDE839B017EDED19955008F&command=org	**Facebook:** www.facebook.com/groups/dafbawgdat	AF Portal: https://www.my.af.mil/gcss-af/USAF/ep/globalTab.do?channelPageId=s2832F1697B59CB21017B59FE825B003D Facebook: www.facebook.com/groups/dafbawgHEAT	**Facebook:** https://www.facebook.com/groups/1775788495938127	**Facebook:** facebook.com/groups/lit.daf **MilSuite:** https://www.milsuite.mil/book/groups/daflit	**AF Portal:** https://www.my.af.mil/gcss-af/USAF/ep/globalTab.do?channelPageId=s69C25CE179242B3901792452ABD7003B **Facebook:** https://www.facebook.com/groups/dafpact	**AF Portal:** https://www.my.af.mil/gcss-af/USAF/ep/globalTab.do?channelPageId=sC9710F91735E613101735E85027F0040 **Facebook:** https://www.facebook.com/groups/AFWIT/ **LinkedIn**: https://www.linkedin.com/company/department-of-the-air-force-women-s-initiatives-team

AIRCREW VOLUNTARY ACCEPTANCE OF RISK (AVAR)
TAB 1 – RISK ACKNOWLEDGMENT FOR FLYING WHILE PREGNANT

CAO: 25 October 2022

During pregnancy, your body changes in significant wide-ranging ways. Many of the normal physical changes of pregnancy create potential risks in the flight environment. The overall impact of these changes is unpredictable and varies between individuals and even between your own pregnancies. Additionally, there are certain pregnancy-related conditions that can cause sudden incapacitation or life-threatening emergencies. The Aircrew Voluntary Acceptance of Risk (AVAR) document is meant to educate you on these risks, in order for you to make an informed decision when you request to fly during your pregnancy. By signing below, you acknowledge the following:

I have read, and I understand the AVAR discussing risks associated with flying while pregnant.

I have discussed this information, to include specific risks and hazards associated with my airframe, with my obstetrician and my flight surgeon. I have also reviewed the Aviation Platform Specific Occupational Hazard Exposure Guide for the platform I will be flying. My questions have been answered to my satisfaction.

I request permission to continue flying during pregnancy. I understand that flying while pregnant may present known and unknown risks to me and my pregnancy and voluntarily accept all such known and unknown risks.

I understand I am not required to continue to fly while pregnant and I may voluntarily suspend my participation in aerial flights at any time. I understand that I can take myself off the schedule at any time for any reason, including temporary conditions like fatigue, without requiring medical re-examination, the same as any other crew member. I understand that if at any time during the pregnancy, a complication or situation arises making the pregnancy potentially higher risk, I must notify my obstetrician and flight surgeon for determination if continued flight status is appropriate.

I will comply with all requirements, including keeping follow-up appointments as scheduled with my obstetrician and flight surgeon at least every four weeks while I am on flying status. I understand that my flight surgeon is required to review any new diagnosis or change in treatment made by my obstetrician. I understand that inability to review medical treatment provided by other providers, or changes in symptoms can be sufficient reason for my flight surgeon to issue a "DOWN" DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*.

_____ _____

Aircrew/Operator Signature / Date Printed Name

I have reviewed the above document with this member. I have answered all questions from the above aircrew member to their satisfaction.

_____ _____

Flight Surgeon Signature / Date Printed Name

AIRCREW VOLUNTARY ACCEPTANCE OF RISK (AVAR):
TAB 2 – MEDICAL RISKS FOR FLYING WHILE PREGNANT
CAO: 25 October 2022

During pregnancy, your body changes in significant wide-ranging ways. Many of the normal physical changes of pregnancy create potential risks in the flight environment. The overall impact of these changes is unpredictable and varies between individuals and even between your own pregnancies. Additionally, there are certain pregnancy-related conditions that can cause sudden incapacitation or life-threatening emergencies. The intent of this document is to educate you on these risks, in order for you to make an informed decision on whether or not to request to fly while pregnant.[1]

To be considered for approval of crewed flight duty, you must personally request to continue flying. This document is to help inform you of both known and potential but unmeasured risks associated with flying while pregnant in order to make that informed decision. In order to return to flying duties, you, your flight surgeon, your obstetrical care provider, and your commander must all collaborate to determine whether your specific flight risk condition is acceptable. If you decide to request flight duty, approval of flight duty during pregnancy is permitted only when flight safety risk is deemed to be acceptable.

Air Force policy requires medical certification of all aircrew to ensure fitness for flight duties. As with any medical condition, flying during pregnancy is permitted only after certification by a flight surgeon that the medical condition is associated with an acceptable level of flight safety risk. Appropriate evaluation and acceptance of this risk may require waiver processing. A signed "UP" DD Form-2992, *Medical Recommendation for Flying or Special Operational Duty,* from your flight surgeon informs your commander about your medical fitness to perform flying or special operational duty. It is possible you will not be granted permission to continue to fly during pregnancy if doing so would present a risk to flight safety.

Some of the common physical changes in pregnancy and potential hazards to you and your pregnancy are described below; to include possible health outcomes to your baby. The degree to which you experience symptoms associated with these changes may differ from other pregnant women and may change from week to week or even day to day. In accordance with AFMAN 11-202 Vol 3, *Flight Operations*, if you experience changes in these symptoms, you should not initiate flight duty until cleared by your local flight surgeon. This caution applies equally to aircrew flying during pregnancy after local clearance or after an approved waiver.

Flying while pregnant may expose the aircrew member and their pregnancy to risks that are not fully known. Some risks identified below are risks to the member and pregnancy expected as possible by aerospace medicine experts, but the frequency of occurrence is not known. The decision to request to continue to fly while pregnant is personal. You have the option to request

[1] The aeromedical risks described in this document are the result of a consensus statement reviewed by a panel of senior physicians. Medical fields represented include aerospace medicine, emergency medicine, obstetrics, pediatrics, occupational medicine and family practice. Each contributing author has more than 10 years of clinical experience in their respective fields. Medical references cited in this document are presented as representative of relevant clinical studies considered but do not represent the totality of known clinical research relevant to this topic.

either approval to fly, or not to fly, based on your individual understanding of these known and unknown health risks. You also have the right to change your decision at any time over the course of your pregnancy by talking with your flight surgeon.

<u>Changes of pregnancy:</u> These factors may cause symptoms that impact flight safety and potentially maternal and fetal health.

Vision:[2] Thickening of the front surface of the eye due to swelling can occur as early as 10 weeks into pregnancy, and can last for several weeks after delivery.[3] This condition may change over time during your pregnancy.[4] Your vision must be checked every four weeks during your flight medicine follow up to ensure vision standards for flying duties are met. Additionally, if you notice any changes in your vision, you should be checked by your flight surgeon to ensure you meet vision standards.

Blood Clotting: Pregnancy increases your risk of developing blood clots.[5] Blood clots can develop in the veins and move to the lungs. This is the leading cause of maternal deaths in developed countries. The risk of forming blood clots when pregnant is at least five times higher than the non-pregnant state. Some elements of flight duty, including periods of inactivity or remaining in a cramped cockpit during flying duties, can also contribute to the risk of blood clots.[6] Due to the low likelihood of forming blood clots, this risk is usually determined to be acceptable for flight safety.[7] Screening for clotting disorders is not recommended routinely in pregnancy. However, if you or a family member have a history of prior blood clots, you should be sure to discuss this with your obstetrician and flight surgeon. Additionally, if you experience symptoms of a blood clot (leg or arm swelling or pain, chest pain, or difficulty breathing), you should immediately seek medical care and should not initiate flight duties until cleared by your flight surgeon.

Distribution of Blood Flow: Blood volume increases during pregnancy in order to meet the need for increased blood flow to the placenta that delivers oxygen and nutrients to the fetus.[8] Your heart and lungs will be supplying sufficient oxygen and blood flow for both you and your fetus while you are pregnant.[9] Additionally, the developing fetus' blood cells bind oxygen more easily than your cells as the mother. These factors may combine to increase your risk of hypoxia, reduce your ability to withstand G-forces, and cause you to fatigue faster than before you were

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[2] Naderan M. Ocular changes during pregnancy. J Curr Ophthalmol. 2018 Jan 3;30(3):202-210.
[3] Pizzarello, Louis D. "Refractive changes in pregnancy." *Graefe's archive for clinical and experimental ophthalmology* 241.6 (2003): 484-488.
[4] Pitta Paramjyothi, Anr Lakshmi, and D. Surekha. "Physiological changes of intraocular pressure (IOP) in the second and third trimesters of normal pregnancy." *Journal of Clinical and Diagnostic Research* 5.5 (2011): 000-000.
[5] Pomp, E. R., et al. "Pregnancy, the postpartum period and prothrombotic defects: risk of venous thrombosis in the MEGA study." *Journal of Thrombosis and Haemostasis* 6.4 (2008): 632-637.
[6] Jacobson, Barry F., et al. "Risk factors for deep vein thrombosis in short-haul cockpit crews: a prospective study." *Aviation, space, and environmental medicine* 73.5 (2002): 481-484.
[7] Kane, Eleanor V., et al. "A population-based study of venous thrombosis in pregnancy in Scotland 1980–2005." *European Journal of Obstetrics & Gynecology and Reproductive Biology* 169.2 (2013): 223-229.
[8] Mabie, William C., et al. "A longitudinal study of cardiac output in normal human pregnancy." *American journal of obstetrics and gynecology* 170.3 (1994): 849-856.
[9] Branch, D. Ware. "Physiologic adaptations of pregnancy." *American Journal of Reproductive Immunology* 28.3-4 (1992): 120-122.

pregnant. Changes to your endurance or perception of fatigue should be discussed with your flight surgeon at the next opportunity. You must immediately report any symptoms of hypoxia or other physiologic event to the nearest flight surgeon before returning to flight duties.

Anemia: Anemia is defined as a condition where you do not have sufficient red blood cells in the blood to deliver adequate oxygen to your body's tissues. A variety of factors in pregnancy contribute to the normal concentration of red blood cells in the blood being lower.[10] Your obstetrical care provider may tolerate lower levels of oxygen in the blood considered "normal" for pregnancy, but these levels may not be adequate for aircrew during pregnancy. Altitude lowers the level of available oxygen. Monitoring for anemia is common in routine prenatal care but requires additional monitoring for symptoms if flying is considered. The standard replacement of iron and folate in prenatal vitamins is generally adequate, but higher doses may be required for aircrew during pregnancy. Any diagnosis of anemia, including "normal physiologic anemia of pregnancy," must be discussed with your flight surgeon to ensure you remain cleared to fly.

Vaginal Bleeding: Vaginal bleeding can occur in all stages of pregnancy. Up to 25% of females will experience vaginal bleeding during the first trimester of pregnancy. Bleeding can range from minimal to excessive to life-threatening.[11] It can be gradual and painless, or sudden and associated with incapacitating pain. In most cases, small amounts of vaginal bleeding are not associated with dangerous conditions. However, vaginal bleeding can indicate more serious conditions and must always be immediately evaluated.[12] Miscarriages are common events, occurring in 10 to 20% of all recognized pregnancies.[13] Nearly 80% of miscarriages occur in the first trimester. Many miscarriages occur unpredictably without an identifiable cause. If a miscarriage occurs, vaginal bleeding is frequently the first sign. Even small amounts of vaginal bleeding may be an early sign of medical conditions that can be distracting or disabling during flight duties. If you experience any vaginal bleeding, you should not initiate flight duties until after you have been cleared by your obstetrician and flight surgeon.

Heart and Blood Pressure: Heart rate gradually increases throughout a normal pregnancy. Some pregnant women experience a decrease in blood pressure when lying down, leading to possible fainting. During a normal pregnancy, the average blood pressure begins to decrease by 7 weeks of gestation, reaching a low point by 24 to 32 weeks, gradually increasing in the third trimester, and returning to pre-pregnancy levels following delivery. These changes can have significant or subtle effects on heart function, and in turn, can affect G-tolerance, vision, endurance, fatigue, and hypoxia tolerance.[14] If you experience unexpected changes in heart rate or dizziness you should discuss these with your flight surgeon before returning to flight duties.

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[10] Lee, Alfred Ian, and Maureen M. Okam. "Anemia in pregnancy." *Hematology/Oncology Clinics* 25.2 (2011): 241-259.

[11] Buckingham, Karen, Alison Fawdry, and Diana Fothergill. "Management of vaginal bleeding presenting to the accident and emergency department." *Journal of accident & emergency medicine* 16.2 (1999): 130.

[12] Young, Janet S., and Lindsey M. White. "Vaginal bleeding in late pregnancy." *Emergency Medicine Clinics* 37.2 (2019): 251-264.

[13] Wang, Jim X., Robert J. Norman, and Allen J. Wilcox. "Incidence of spontaneous abortion among pregnancies produced by assisted reproductive technology." *Human reproduction* 19.2 (2004): 272-277.

[14] Arena, Bruno, and Nicola Maffulli. "Exercise in pregnancy: how safe is it?." *Sports Medicine and Arthroscopy Review* 10.1 (2002): 15-22.

You must immediately report any symptoms of hypoxia or other physiologic event to the nearest flight surgeon before returning to flight duties.

Lungs: Changes in the lungs can be significant in the flight environment. Aircrew who have passed a standard flight physical usually have lung function that is well above average in this country. However, pregnancy will significantly alter normal lung function.[15] Pregnancy will increase your need for oxygen, causing an increase in breathing rate and other changes in your ability to absorb and use oxygen.[16] The volume of air that the lungs can hold is decreased during pregnancy, and the normal breathing rate is increased due to physical changes with the enlarging abdomen. In the flight environment, these changes can impact hypoxia tolerance. In a situation of rapid decompression during flight, the time of useful consciousness may be dramatically shortened during pregnancy. You must immediately report any symptoms of hypoxia or other physiologic event to the nearest flight surgeon before returning to flight duties. Restricting flight profiles, i.e. flying missions at altitudes where cabin pressure altitude remains below 10,000' can help mitigate these risks.

Renal (kidney function): In pregnancy, blood flow to the kidneys and filtering of blood increases by 50%.[17] This increase in kidney function, along with pressure on the bladder from the uterus, results in more urine production during a normal pregnancy.[18] This results in more frequent urination, a higher risk of dehydration, and increased potential for kidney stones. The dry flight environment can further contribute to dehydration. These factors may cause very few symptoms, or they may significantly impact your G-tolerance, endurance, and hypoxia tolerance. Urinary tract infections are more prevalent in pregnancy and must be treated with more vigilance in pregnancy due to a higher risk of complications. If you have any symptoms of urinary tract infection, such as burning with urination, you should seek care with your obstetrician. You should not fly if you have any urinary tract symptoms until after being cleared by your flight surgeon.

Gastrointestinal (GI): During normal pregnancies, hormone changes that support the pregnancy may cause decreased activity of the GI tract and increased vomiting.[19,20] Pregnancy-associated vomiting ("morning sickness") occurs most commonly during the first trimester but can occur throughout the pregnancy. Vomiting may become frequent enough to require medications to reduce nausea and vomiting.[21] Additionally, acid reflux into the esophagus ("heartburn") is also more common during pregnancy, particularly when lying down. Even levels

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[15] Grindheim, G., et al. "Changes in pulmonary function during pregnancy: a longitudinal cohort study." *BJOG: An International Journal of Obstetrics & Gynaecology* 119.1 (2012): 94-101.
[16] Bobrowski, Renee A. "Pulmonary physiology in pregnancy." *Clinical obstetrics and gynecology* 53.2 (2010): 285-300.
[17] Hussein, Wael, and Richard A. Lafayette. "Renal function in normal and disordered pregnancy." *Current opinion in nephrology and hypertension* 23.1 (2014): 46.
[18] Dafnis, Eugene, and Sandra Sabatini. "The effect of pregnancy on renal function: physiology and pathophysiology." *The American journal of the medical sciences* 303.3 (1992): 184-205.
[19] Niebyl, Jennifer R. "Nausea and vomiting in pregnancy." *New England Journal of Medicine* 363.16 (2010): 1544-1550.
[20] Lee, Noel M., and Sumona Saha. "Nausea and vomiting of pregnancy." *Gastroenterology Clinics* 40.2 (2011): 309-334.
[21] Matthews, Anne, et al. "Interventions for nausea and vomiting in early pregnancy." *Cochrane Database of Systematic Reviews* 9 (2015).

of nausea and vomiting that are considered normal to an obstetrician may result in significant distraction or dehydration that contributes to fatigue. Any symptoms of nausea and vomiting of pregnancy should be discussed with your flight surgeon to ensure that you are safe to fly.

Gestational Diabetes (Control of Sugar Levels): Pregnancy can reduce the function of insulin in some females. This may result in a relative increase in circulating blood sugar or frank (gestational) diabetes.[22,23] Maternal screening for diabetes generally happens at 26-28 weeks of gestation, but it may be performed earlier for risk factors or clinical findings. Abnormally high or low blood sugar (glucose) levels can contribute to a variety of changes that are concerning for flight safety. Any abnormal glucose screening during your pregnancy should be discussed with your flight surgeon before return to flight duties.

Aircrew Flight Equipment (AFE) Considerations: Uterine growth during pregnancy will lead to abdominal changes which will probably be visible around 12 weeks of gestation or soon after. Other effects of pregnancy may also impact the fit and function of flight equipment. In particular, changes in size and weight distribution (center of gravity) may occur due to swelling, weight gain, or decreased joint stability. You will need to work with your AFE shop during your pregnancy to adjust equipment accordingly.

Sleep: Sleep disturbances during pregnancy are common[24] and can contribute to excess fatigue during pregnancy. A wide range of pregnancy symptoms frequently disrupt sleep quality. These disturbances tend to increase as the pregnancy progresses, resulting in increasing flight safety risk. You should discuss any significant changes in sleep patterns with your flight surgeon.

General: Distraction/loss of mental alertness.[25,26] morning sickness, sleep disturbance, contractions, lower abdominal discomfort, increased urinary frequency and gastroesophageal reflux: Alone or in combination, these conditions might lead to distraction and a loss of situational awareness.

If you have any concerns or questions about whether your symptoms may pose an increased risk to flight safety, you should self-ground and ask for evaluation with your flight surgeon.

During pregnancy you are expected to have frequent follow-up with your obstetrician and your flight surgeon to monitor the changes associated with pregnancy. If your obstetrician discusses any new concerns or prescribes any new medicines, you should discuss these changes with your flight surgeon before flying. Every effort should be made by the flight surgeon and the command to cultivate an environment that would facilitate this process.

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[22] Kjos, Siri L., and Thomas A. Buchanan. "Gestational diabetes mellitus." *New England journal of medicine* 341.23 (1999): 1749-1756.
[23] Jovanovic, Lois, and David J. Pettitt. "Gestational diabetes mellitus." *Jama* 286.20 (2001): 2516-2518.
[24] Facco FL, Kramer J, Ho KH, Zee PC, Grobman WA. Sleep disturbances in pregnancy. Obstet Gynecol. 2010 Jan;115(1):77-83.
[25] Davies, Sasha J., et al. "Cognitive impairment during pregnancy: a meta-analysis." *Medical Journal of Australia* 208.1 (2018): 35-40.
[26] Henry, Jessica F., and Barbara B. Sherwin. "Hormones and cognitive functioning during late pregnancy and postpartum: a longitudinal study." *Behavioral neuroscience* 126.1 (2012): 73.

Exposures to Aircrew Member and Pregnancy:

Sound and Vibration: Sound and vibration exposure during the second trimester has been associated with hearing changes identified in the newborn.[27,28,29] The hearing organs are developed around 20 weeks gestation and may be susceptible to vibration and noise damage.[30] Significant noise and vibration exposures have been associated with permanent damage to these organs, fetal growth restriction and preterm labor. The location of the fetus within your body provides a small amount of noise protection, but less noise protection than is typically worn by aircrew wearing double hearing protection. While commercial aircraft are configured to dampen noise and vibration to improve the safety of passenger travel, military aircraft generally do not have the same level of protection due to the constraints of operational technology. It is not currently known if there are specific noise exposure levels that are safe during pregnancy.

Some aircraft in the USAF have noise levels that are comparable to commercial airline aircraft during normal operation. Some aircraft in the USAF have noise levels that may be many times louder than commercial airline aircraft. The noise level in some aircraft is far higher than levels known to cause injury with prolonged exposure in factory workplace settings. Some aircraft and aircrew positions currently have incomplete noise exposure data. You should talk with your flight surgeon about levels of noise exposure in your aircraft and crew position.

Most studies of workplace noise exposure during pregnancy are based on exposure time of 40 hours per week. Flight duty presents shorter exposure times, but may have exposure to much louder noise levels than current studies. The degree to which this changes risk to your baby is not currently known. Study of the frequency of hearing loss in the children of USAF aircrew exposed to noise in flight during pregnancy is ongoing. In a small study of the effects of flying on pregnancy outcomes, the Air Force Medical Service has identified a trend toward increased rates of hearing loss in the children of female flyers.[31] However, because of the low number of patients in this initial study, the number of children with hearing loss has been small enough that this may not actually represent harm caused by a specific exposure to noise. Further research is ongoing, and the larger number of patients evaluated will help to determine whether the effects are related to flying or not. The only known way to reduce the risk of injury to your baby from these exposures is to reduce the amount of time exposed to loud noise and vibration.

Altitude: Civilian research comparing populations living at high altitudes suggests that living at high altitudes during pregnancy may lead to lower birth weight due to a possible association with

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[27] Vincens, Natalia and Persson Waye, Kerstin. Occupational and environmental noise exposure during pregnancy and rare health outcomes of offspring: a scoping review focusing on congenital anomalies and perinatal mortality. Rev on Env Health, 2022. Accessed online at https://doi.org/10.1515/reveh-2021-0166

[28] Selander J, Albin M, Rosenhall U, Rylander L, et al. Maternal Occupational Exposure to Noise during Pregnancy and Hearing Dysfunction in Children: A Nationwide Prospective Cohort Study in Sweden. Environ Health Perspect. 2016 Jun; 124(6): 855–860

[29] Gerhardt KJ, Abrams RM. Fetal exposures to sound and vibroacoustic stimulation. J Perinatol. 2000 Dec;20:S21-30

[30] Etzel, Ruth A., and S. J. Balk. "Noise: a hazard for the fetus and newborn." *Pediatrics* 100.4 (1997): 724-727.

[31] Unpublished Data, USAFSAM Epidemiology Consult Service, correspondence to AFMRA December 2018.

decreased fetal growth due to hypoxia.[32] Aircraft altitude restrictions designed to guide whether flight duty risk is acceptable for waiver or local clearance may not protect against these possible harms.[33] The extent to which shorter periods of altitude exposure actually impacts the growth of the fetus and what exposure time might be acceptable is not currently known.[34] Using supplemental oxygen to avoid hypoxia may reduce this risk. However, routine use of oxygen in all phases of flight is not recommended as abnormally high levels of oxygen in the blood may also cause injury.

Heat: Pregnancy alone increases heat production and decreases your body's ability to control its temperature in hot settings. The flight environment, pre-flight ground environment, and safety equipment may further increase heat exposure to the flyer. The combination of increasing body mass, the flight environment including operational gear, and fetal heat production increases the amount of heat that the aircrew member has to cope with through sweating (called heat load).[35] The increased heat load increases the short-term risk of heat injuries to the aircrew member that could impact flight safety. Even if heat injury to the aviator does not occur, there may still be injury to the fetus that may not become apparent until after birth. [36] While studies of intentional heat exposure are not conducted on pregnant people for ethical reasons, case reports and population-level database comparisons regarding women who experienced elevated core body temperatures during pregnancy have shown double the risk of neural tube defects (birth defects of the brain and spinal cord). Additionally, animal studies suggest elevated ambient temperatures are associated with an increase in risk of preterm labor and growth restriction. You should have additional conversation with your flight surgeon about these risks if your normal duties include flight in hot environments.

Radiation: Radiation exposure is a potential risk factor to the fetus, particularly during organ development in the first trimester. Evidence suggests solar radiation exposure from flight duties would normally require thousands of hours of flight time to produce unsafe levels of solar radiation to the fetus. Studies of pregnant commercial airline workers and the associated radiation exposure are reassuring, showing no adverse fetal outcomes. However, some military flight duties may include radiation exposures that are different than those experienced by commercial airline crews. Some additional sources of exposure in the flying environment may be known for your specific aircraft and missions. Additional research is underway regarding the considerations for airframe, flight profile, and position-specific exposure risk; you should discuss the risks with your flight surgeon. There is not currently data to establish safe limits for all of these exposures during pregnancy.

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[32] Thompson, Loren P., et al. "Intrauterine hypoxia: clinical consequences and therapeutic perspectives." *Res Rep Neonatol* 5 (2015): 79-89.

[33] Hutter, Damian, and Edgar Jaeggi. "Causes and mechanisms of intrauterine hypoxia and its impact on the fetal cardiovascular system: a review." *International journal of pediatrics* 2010 (2010).

[34] Huch, Renate. "Physical activity at altitude in pregnancy." *Seminars in Perinatology*. Vol. 20. No. 4. WB Saunders, 1996.

[35] Samuels, Louisa, et al. "Physiological mechanisms of the impact of heat during pregnancy and the clinical implications: review of the evidence from an expert group meeting." *International Journal of Biometeorology* (2022): 1-9.

[36] Ravanelli N, Casasola W, English T, Edwards KM, Jay O. Heat stress and fetal risk. Environmental limits for exercise and passive heat stress during pregnancy: a systematic review with best evidence synthesis. Br J Sports Med. 2019 Jul;53(13):799-805.

Chemical: A growing pregnancy may be susceptible to the harmful effects of chemical exposures. This risk is often the greatest in the first trimester. Animal studies suggest a number of chemicals can cause birth defects and miscarriage, but definitive studies in humans do not exist. A number of potentially toxic chemicals are present in the flight environment, and the type and amount of these exposures can vary by aircraft and aircrew position. Some chemicals in the flight environment currently believed to be safe may later be shown to have harmful effects. Some chemical exposures may be present only in the case of mishap or other significant flight event such as the presence of smoke or fumes in the aircraft. You should discuss any aircraft-specific exposures with your flight surgeon.

The environmental exposures described above are those common across military airframes and the military flight environment. This is not a complete list. Please consult with your flight surgeon regarding aircraft-specific exposures and have your flight surgeon note any additional exposures on page 9 of this document.

Other Cautions and Concerns:

Pregnancy-Specific Medical Conditions: Pregnancy-specific conditions that would introduce a flight safety risk could be identified at any point during a pregnancy. As with any other new medical condition when you are not pregnant, these changes should be discussed with your flight surgeon before returning to flight duty. Prompt communication with your flight surgeon is necessary to ensure the most rapid return to flight duties whenever it is safe to do so. Some conditions that may be considered routine to obstetric providers may cause life-threatening situations for aircrew and risk to the pregnancy. In addition, they can result in subtle or profound distraction or incapacitation in the flight environment.

Preexisting Medical Conditions or Medication Use Affected by Pregnancy. There are a variety of medical conditions where the disease, the treatment, or both are affected by pregnancy. Such conditions include high blood pressure, elevated blood sugar, diabetes, thyroid disease, inherited blood clotting disorders, migraines, and others. In many cases, a chronic medication or its dose must be changed. Therefore, if you have a preexisting medical condition and/or stable use of a medication previously waived, these must be re-considered prior to a return to flying duties.

Additional Base-Specific / Aircraft-Specific Concerns:

AIRCREW VOLUNTARY ACCEPTANCE OF RISK (AVAR)
TAB 3 - FLIGHT PROFILES FOR FLYING WHILE PREGNANT
CAO: 25 October 2022

1. PURPOSE: Identify and discuss four broad mission profiles on crewed platforms in the USAF inventory for pregnant aircrew members as part of an ongoing policy review on aviation duties during pregnancy.

2. BACKGROUND: As directed by the USecAF and CSAF, AF/SG and AF/A3 are to reduce and remove unnecessary barriers for pregnant aircrew members to continue to fly during pregnancy.

3. DISCUSSION: Acceptable flight profiles, within the below categories, will ensure the following criteria are met: cabin altitude will not exceed 10,000ft, G forces will not exceed 3Gz. Flight profiles meeting these criteria are acceptable to fly at the discretion of the unit commander based on mission risk. If the pregnant aircrew member does not maintain positive control of the aircraft (e.g. Weapons Systems Officers/Combat Systems Officers), the pilot must ensure the flight profiles are followed.

Specific flight profiles are ultimately tactical level decisions best made by consultation between local commanders, based on mission risk, and pregnant aircrew member's personal risk following medical determination and medical qualification "UP" restrictions (as indicated by DD Form-2992, *Medical Recommendation for Flying or Special Operational Duty*). In determining acceptable missions, consideration will be given to medical care and support facilities away from home station prior to approval to ensure any mission/divert away from home station does not put pregnant aircrew members at increased risk.

4. FLIGHT PROFILES: Profiles are binned into four broad categories and offered as high-level descriptions of live-fly activities to generically categorize the types of activities pregnant aircrew members should be able to perform on approved missions. They are examples, based on the flight limitations listed above, of what would be acceptable to fly; however, the list is not all-inclusive. Actual profiles will depend on the unit commander's discretion and medical provider restrictions with the understanding any mission may require abrupt, high-G evasive maneuvers for safety of flight (e.g. bird-strike/terrain avoidance, aircraft de-confliction). For all profiles, pregnant aircrew members can perform practice emergency procedure patterns, instrument approaches, visual straight-in approaches, and landings.

4A. CATEGORY 1 – AIRCRAFT WITHOUT EJECTION SEATS

Mission Examples: Standard Air Mobility, Air Refueling, Special Operations Profile, Intelligence, Surveillance, Reconnaissance (ISR), Rotary Wing, and Trainer. The pregnant aircrew member can operate and provide instruction on the aircraft in accordance with the appropriate flight manual and operating procedures.

4B. CATEGORY 2 – TRAINER AIRCRAFT WITH EJECTION SEATS

Mission Examples: The pregnant aircrew member can conduct basic stalls, lower G phases of flight and pattern work, and nearly all instrument / navigation phases of flight. The pregnant aircrew member could also fly a direct support aircraft for a student formation mission if the

profile allows (e.g. basic formation rejoins, low G maneuvers). The pregnant aircrew member will not be the Instructor Pilot of record in the student aircraft where the student is controlling the aircraft with an increased risk of accidentally exceeding 3Gz.

4C. CATEGORY 3 –BOMBER AIRCRAFT

Mission Example: Surface Attack. The pregnant aircrew member can conduct air refueling operations, formation join-up, enroute procedures, medium altitude level weapons deliveries, and stand-off weapons employment. The pregnant aircrew member can operate and provide instruction on the aircraft in accordance with the appropriate flight manual and operating procedures.

4D. CATEGORY 4 – SINGLE/DUAL-SEAT FIGHTER/ATTACK AIRCRAFT

Mission Examples: Part-task training profiles for surface attack, air interdiction, Suppression of Enemy Air Defenses, and limited-maneuvering training aid. The pregnant aircrew member can operate and provide instruction on the aircraft and within the flight in accordance with the appropriate flight manual and operating procedures.

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AIRCREW PREGNANCY FREQUENTLY ASKED QUESTIONS
as of 28 October 2022

Thinking Ahead

1. I am aircrew and thinking about getting pregnant and am not sure if I want to fly during my pregnancy. What are my options?

Flying during pregnancy is completely voluntary for flight duties. If you choose to request to continue to fly and are cleared to do so, you have the option to stop flying at any point during your pregnancy. See Question 4, "I am a Ground-Based-Operator (GBO – how does the DNIF/DOWN process work for me?" and Question 19, "Can I return to flight status?"

2. Can I take a checkride early (planning on getting pregnant/pregnant and plan to come off of a waiver)?

On a case-by-case basis, periodic aircrew evaluations may be scheduled before or after the eligibility period. For more information, reference AFMAN 11-202v2 para 5.8. Timing of Aircrew Qualification Evaluations. Also see AFMAN 11-202v2 para 5.5.4 Requisite Completion. You should also reference your 11-2MDSv2 for details specific to your airframe. See your local Standardization/Evaluation shop for additional local guidance and restrictions.

3. Can I complete my hypoxia training requirements early to keep currency?

Aerospace Physiology regulations do not prohibit completing chamber/reduced oxygen breathing device (ROBD) requirements early as long as the aircrew member is not pregnant. However, requirements are extended during pregnancy so an expiring qualification will not prohibit you from flying. A discussion with your flying unit and/or the Aerospace Physiology unit can help you decide if completing training early is the right course of action for your specific situation. See Question "*20. What if my physiology training expires during my pregnancy?*" Ref: AFMAN 11-403, Aerospace Physiological Training Program, para. 3.6.3

First Steps

4. I am a Ground-Based-Operator (GBO) - how does the DNIF/DOWN process work for me?

Pregnancy in GBO is not DNIFing. However, as with all changes in your medical condition you should discuss your condition with your flight surgeon.

5. What are the first steps in the process for pregnant aircrew?

You should notify your flight surgeon about any condition, including pregnancy, that may impact safety of flying and non-flying operations. If you take an at-home test and believe you are pregnant, prior to your next flight contact either Flight Medicine or Women's Health, if available. The medical provider will order a pregnancy test for you with the laboratory section of your medical facility through a blood or urine test. Once a positive result is confirmed, Women's

Health or your pregnancy care provider will start the process of setting up follow up appointments. Flight Medicine will officially place you in a DNIF/DOWN status within 1-duty day from positive confirmation via DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty* (exception: Ground Base Operations (GBO) aircrew) and start the USAF Aviator/Operator Pregnancy Flowchart. Public Health in coordination with your primary care provider or Women's Health provider will issue an initial AF Form 469, *Duty Limiting Condition Report*, within 5 duty days from positive pregnancy test. After that, your commander will be notified of your updated profile status which will outline duty restrictions but not a diagnosis of pregnancy. ASIMS will be updated with your pregnancy profile. Please note: those with access to ASIMS on the commander's designated notification list will have access to your new profile. These individuals are required to protect the privacy of your health information and should not share the information with anyone who does not have the need for the information in the course of their official duties. In accordance with AFI 41-200, *Health Insurance Portability and Accountability Act*, paragraph 5.1.1, disclosures of medical information of members of the Armed Forces are permitted when necessary for the Commander to make certain mission determinations, including notification of a military member's duty restrictions through a medical profile. For the protection of individual privacy, it is of extreme importance commanders minimize access to the AF Form 469, *Duty Limiting Condition Report*; AF Form 422, *Notification of Air Force Member's Qualification Status*; and DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty* to only those with an operational need to know. Commanders, civilian directors, and designees will not disclose reasons for restrictions or timelines associated with profiles unless the individual has a valid need for the information in the course of their official duties. Unauthorized disclosure of medical information may be considered a personal identifiable information (PII) breach IAW AFI 33-332, *Air Force Privacy and Civil Liberties Program*; violators will be held accountable.

6. I think I am pregnant and am aircrew - who do I notify first?

As aircrew, there are two options. First, since aircrew should notify their Flight Medicine provider for any medical condition, you can notify Flight Medicine and they will order a pregnancy test for you. Another option is to contact Women's Health (if available) and let them know you need a pregnancy test. Though a military OB provider is likely to notify the flight medicine clinic of a positive pregnancy test, the aircrew member still has a duty to ensure that flight medicine is aware of any change in their health. This includes notification of pregnancy diagnosis and pregnancy care. After confirmation and notification, Flight Medicine and Women's Health (or your designated provider) will work together to form a care plan.

Since the symptoms of pregnancy can be highly varied, it is important to speak with both your Flight Medicine and your pregnancy health providers so that your decisions are medically informed. In the event your pregnancy is terminated by personal choice or due to medical complications, the aircrew must notify their Flight Medicine provider to inform them of the situation. A profile will be manually modified and adjusted to reflect updates in mobility, duty and fitness restrictions for pregnancies ending earlier than 37 weeks gestation. Additionally, your Flight Surgeon may adjust your DNIF/DOWN status if deemed applicable based on clinical judgement and safety to flight and ground operations.

7. Should I bring anything with me to my initial appointment?

You should bring a list of any questions you have. You should also know the date of the first day of your last menstrual cycle. If you intend to pursue a waiver to fly in the first trimester, this would also be a good time to request information about the waiver process as it may take several weeks and multiple appointments to complete. You may find waiver process instructions here: https://www.airforcemedicine.af.mil/Reproductive-Health/.

8. Who in my chain of command or in my unit will be notified that I am pregnant?

The medical team is required to put you on a duty limiting profile (the profile communicates mobility, duty, and fitness restrictions recommended by your provider), and they are required to notify commanders when a member's profile changes. Your profile will not state you are pregnant. Your commander along with those members he/she has designated access to ASIMS (normally deputy commander, first sergeant, other trusted unit personnel) will also have access to the profile. These individuals are required to protect the privacy of your health information and should not share the information with anyone who does not have the need for the information in the course of their official duties. Your profile will only outline duty restrictions to protect you and the health of the fetus. See question 5, *What are the first steps in the process for pregnant aircrew?,* for more information.

9. What flight status do I immediately go into upon notification to a medical provider that I am pregnant?

DNIF/DOWN. You are DNIF/DOWN as soon as you confirm you are pregnant. You should alert your medical provider prior to your next flight if you take an at-home test. Once the medical facility confirms the pregnancy by blood or urine test, the process will begin to formally place you in a DNIF/DOWN status. Your flight medicine provider will make an appropriate aeromedical safety assessment. In some cases, such as Ground Base Operations (GBOs), continued flight status may be appropriate. See Question 4, *"I am a Ground-Based-Operator (GBO) – how does the DNIF/DOWN process work for me?"*

Remaining DNIF/DOWN

10. What if I choose not to fly?

The decision to request to continue to fly while pregnant is voluntary and you are protected against unlawful discrimination on the basis of pregnancy. See Question 79, *"If I am concerned about pregnancy discrimination, what are my rights and which rules and regulations protect me?"*

Your unit can help you understand how long-term DNIF/DOWN can affect your flying and help you formulate a plan for when you are DNIF/DOWN and when you return to flying status (checkrides, maintaining currency in the simulator, non-flying professional broadening opportunities, etc.).

11. Are there any career ramifications to not flying?

You are protected against unlawful discrimination if you choose not to fly while pregnant. USAF Equal Opportunity policies provide for equal opportunity and treatment for all members based on their race, color, sex (including pregnancy), national origin, religion, gender identity, or sexual orientation (ref: DAFI 36-2710).

The decision to request to continue to fly while pregnant is voluntary and is an important personal decision. While choosing not to fly while pregnant may change your career milestone timeline (ex: gate months, hours/experience for upgrade training), other ground-based opportunities may become more available and allow for advancement in other areas of your career.

12. I'm concerned about perception in the unit while pregnant--any advice?

Pregnancy is a protected class and it is your decision to pursue a waiver to fly depending on your pregnancy, individual circumstances, and the mission of your airframe. Your commander and medical provider can both assist you with coming up with a plan that fits your needs within the unit you serve. Speak with your leadership about your family and career goals, to include if you want to seek non-standard opportunities to progress in non-flying related ways. If you experience any discrimination as a result of your pregnancy, document your experiences and speak with your chain of command and/or your local Equal Opportunity Office.

13. I'm concerned about my performance report during this rating period. Can I have a non-rated period?

Non-rated periods are authorized IAW DAFI 36-2406, *Officer and Enlisted Evaluations System*s, para. 1.4.11.

14. Who will know that I am pregnant and choosing not to fly?

See Question 8. "*Who in my chain of command or in my unit will be notified that I am pregnant?*" Only those personnel designated, in writing, by your unit commander will be notified of your duty restrictions. Commanders have a need-to-know to make mission-related decisions.

15. What if I change my mind and later want to fly?

You should start by speaking with your aeromedical provider. See Question 19. "*Can I return to flight status?*"

16. Will I be allowed to complete simulator profiles while DNIF/DOWN due to pregnancy?

Ground duties (SIM/SOF) are generally appropriate during pregnancy (ref: Aerospace Medicine Waiver Guide). Therefore, discussion with your Flight Medicine provider should allow simulator work. It is important to note that if you are NOT medically cleared for flying with a current UP DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty.* (i.e., you are

DNIF/DOWN), Flight Medicine will need to annotate your restricted DD Form 2992 with "cleared for simulator duties" in order for you to participate in simulator duties.

17. I don't feel comfortable training in simulators at this time. Do I have to complete simulator profiles if cleared to do so?

You should have a discussion with your medical team as well as your leadership team if you don't feel comfortable training in the simulator. If there is no medical contraindication to performing simulator work, your commander has the option to require your participation.

18. Can I still earn gate months if I choose not to fly?

Potentially. IAW the Guidance Memorandum to AFMAN 11-402, para 3.9.3.4 (Sep 2021), flight time logged in accordance with DAFMAN 11-401 and MAJCOM supplement in a certified flight simulator counts for operational flying duty accumulator requirements, aviation incentive pay entitlement, and aeronautical ratings for rated officers (including Flight Surgeons). (T-1) In order to participate, you must be cleared for simulator duties annotated on your DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*. Additionally, the Vice Chief of Staff of the Air Force (VCSAF) may waive operational flying duty accumulator requirements for rated officers who are unable to meet their flying requirements due to reasons beyond their control. Pregnancy is considered an eligible reason. For more information, or to see if your simulator is certified for operational flying duty accumulator (OFDA) credit, see AFMAN 11-402, the information below, or ask your HARM/SARM office.

Return to Fly / Flight Requirements

19. Can I return to flight status?

Returning to fly starts with a discussion with your Flight Medicine provider. Ground Base Operator (GBO) aircrew who are comfortable continuing their flying duties can fly for the duration of the pregnancy, but are still required to discuss care received from their obstetrics provider with their flight surgeon. GBO aircrew with any concerns about performing flying duties should discuss their concerns with the flight surgeon. For crewed aircraft, aircrew with uncomplicated pregnancies during weeks 12 - 28, local clearance at the base level is possible with certain occupational restrictions. If you are not eligible for local clearance or wish to perform flight duties outside the occupational restrictions, you may request a waiver.

The request to perform flying during pregnancy is voluntary. Crewed flight duties during pregnancy involve exposure to known and suspected hazards to fetal development and maternal health that require individual aircrew member education and risk acceptance. Those members who request to continue to perform flying duties during pregnancy may change their decision at any time. Given that pregnancy is inherently dynamic, regular follow-up throughout the duration of the waiver is important. Both the flight surgeon and the member must be aware of the need to reassess waiver eligibility if new symptoms arise or if any complications develop (ref: Aerospace Medicine Waiver Guide).

Further, decisions are made on a case-by-case basis by local authorities considering:
A. General flight profile restrictions unless the waiver profile specifically allows for deviation or further mandates the following: cabin altitude will not exceed 10,000 ft, G forces will not exceed 3 Gz, and instructor pilots should not fly with Undergraduate Pilot Training (UPT) students if there is a chance that the sortie could exceed the parameters.
B. Recommendations of the Flight Medicine provider.
C. Commander's responsibility to execute the mission.

20. What are my physiology requirements? What if my physiology training expires during my pregnancy?

Pregnancy is a medical contraindication for the hypobaric and hyperbaric chamber (ref: DAFMAN 48-123) and for any hypoxic environment. For aircrew who are medically cleared to fly during pregnancy, altitude chamber and/or Reduced Oxygen Breathing Devices (ROBD) training is waived for the duration of the pregnancy. Once medically cleared following pregnancy, aircrew will complete hypoxia exposure prior to first flight. This will reset expired aerospace physiology currency (ref: AFMAN 11-403).

21. I'm a qualified flyer in a Major Weapon System (MWS), can I still fly?

Local clearance or a waiver can be requested. Please see Question 19. *"Can I return to flight status?"*

22. I'm a student at a training base, can I still fly?

Student waiver requests may have more considerations than those of qualified flyers (ex: altitude chamber training, G force training requirements, etc.) Local clearance or a waiver may be considered. Please see Question 19. *"Can I return to flight status?"*

23. I'm in upgrade training, can I continue upgrade?

Local clearance or a waiver may be considered to return you to fly status. The waiver limitations will have to be compared against your upgrade syllabus to determine your ability to continue training. Please see Question 19. *"Can I return to flight status?"*

24. I'm not currently qualified in my Major Weapon System (MWS), can I still fly?

Local clearance or a waiver may be considered to return you to fly status. The waiver limitations will have to be compared against your training syllabus to determine your ability to continue training. Please see Question 19. *"Can I return to flight status?"*

25. What is the process to return to flight status?

Ground Based Operator (GBO) aircrew can return to flight status for the duration of their pregnancy as long as the pregnancy is not considered high-risk. For high-risk/complicated pregnancies, please see the *Flight Waiver* section starting with Question 27, *"Can I be cleared to fly at my base without a waiver?".*

For aircrew in a crewed aircraft, return to flight status starts with a conversation with your Flight Medicine provider. If you're in the second trimester and within parameters outlined in the Medical Standards Directory, your Flight Medicine provider can return you to flight status without a waiver. Outside of those parameters, your Flight Medicine provider submits a waiver package to the waiver authority for consideration.

26. What is my commander's role in determining if I am eligible to fly?

Your commander has responsibility for the aircraft, accomplishing unit training, and mission requirements. Refer to the Aircrew Voluntary Acceptance of Risk (AVAR) Tab 3 Flight Profiles for more information.

Flight Waivers

27. Can I be cleared to fly at my base without a waiver?

Ground Based Operator (GBO) aircrew do not typically have any restriction to continued flight duty because of pregnancy. Local clearance requirements do not apply. See Question 4, *"I am a Ground-Based-Operator (GBO) – how does the DNIF/DOWN process work for me?*"

Clearance to fly without a waiver is called a local clearance. There are situations where local clearances apply (Reference: Aerospace Medicine Waiver Guide). Flight Medicine can provide information if the local clearance process applies to you. Whether requesting a local clearance or seeking a waiver, you must sign and submit an "Aircrew Voluntary Acceptance of Risk" (AVAR). The AVAR applies to local clearances and waivers.

28. Do I need a waiver and who is the waiver authority to return to flight status?

Ground Based Operator (GBO) aircrew do not typically have any restriction to continued flight duty because of pregnancy. Others: The process of determining if you need a waiver begins with a discussion with Flight Medicine. Local clearance can be granted for those who meet the requirements (see Question "*27. Can I be cleared to fly at my base without a waiver?*") Outside of those requirements waiver is needed. The waiver authority is at the MAJCOM/SG level. In the event the waiver is denied, the member may pursue an appeal to the Air Force Medical Readiness Agency (AFMRA).

29. What is considered a high-risk pregnancy?

High-risk pregnancies include: multiple gestation; age > 35 years old at time of delivery; in-vitro fertilization (IVF); pre-existing medical conditions such as hypertension, thyroid disease, and autoimmune disease; pregnancy related conditions such as gestational hypertension, gestational diabetes, pre-eclampsia, previous or current preterm labor or history of preterm birth, or as defined by the treating obstetrician. Aircrew with high-risk pregnancies are eligible for waiver consideration.

30. Can I fly if my pregnancy is considered high-risk?

Aircrew with high-risk pregnancies are eligible for waiver consideration.

31. What forms are involved with a waiver and approval to return to flight status and where can I find them?

Talk to Flight Medicine about the waiver process. They will provide you the forms you need to submit. After being counseled by a flight surgeon, you must sign and submit an "Aircrew Voluntary Acceptance of Risk" (AVAR). You must also submit an "Obstetrician Pregnancy Verification" form signed by you and your obstetrician. Once signed, Flight Medicine will submit the forms along with any medical documents. You may find these forms here: https://www.airforcemedicine.af.mil/Reproductive-Health/

Your Flight Medicine provider electronically generates the DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*, which is available via myIMR.

Completed waivers are found in your Electronic Health Record.

32. Who submits my waiver request?

Your Flight Medicine provider.

33. How long will my waiver take?

Time for waiver processing will vary. Similar to other aeromedical waivers, each case requires thoughtful consideration to generate an appropriate aeromedical summary that identifies the risks and mitigations. Other factors to consider are: amount of waivers awaiting processing at the base and waiver authority level, provider availability, and complexity of the case. You can check the status of your waiver by asking your Flight Surgeon or Flight Medicine team at least weekly. Your Flight and Operational Medicine team review all aircrew waivers on a weekly basis, so you can obtain a status update weekly at minimum.

34. Who approves my waiver request?

The MAJCOM/SG level is the initial waiver approval authority. Escalation of the waiver to the Air Force Medical Readiness Agency (AFMRA) may be requested by the member through their base level flight surgeon. You may obtain the status of your waiver through your Medical Treatment Facility Chief of Aerospace Medicine.

35. I have not heard anything in a few days, who should I contact?

Flight Medicine should be able to give you a status on your waiver. If you don't hear anything within the estimated time frame, follow-up with your Flight Surgeon or Flight Medicine team at least weekly, as all waivers are discussed weekly to determine status. See question 33, *How long will my waiver take?*, for more information.

36. If my waiver is approved, who returns me to flight status?

Your Flight Medicine provider will return you to flight/UP status. A DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty,* will be electronically generated and provided to you via myIMR or locally established procedures.

37. Where will my waiver be uploaded?

The electronic health record.

38. Who can deny my waiver?

The waiver authority rests with the MAJCOM/SG level. In order to submit the waiver, both Flight Medicine and your obstetrics provider must provide input on your waiver submission.

39. What are my options if my waiver is denied?

Acceptance of the decision or appeal request to the next higher waiver authority. DAFMAN 48-123, *Medical Examinations and Standards*, para 1.7.2.5 outlines the process for appeal as refenced below. Your local flight surgeon and Military Treatment Facility Chief of Aerospace Medicine can assist.

The service member may appeal a waiver disposition. Member should present their appeal in writing to the waiver authority. Appeals typically involve consideration of information not previously considered. Waiver authority should consult the next higher waiver authority in consideration of denial of appeals. Example: MAJCOM denials are elevated to AF level (AFMRA).

40. If my waiver is approved, do I have to fly or can I turn down flights if I don't feel well?

You should not fly if you feel unwell whether or not you have a flight waiver for pregnancy. If you feel unwell, you should self-DNIF/DOWN until you are further evaluated by Flight Medicine and/or your obstetrics provider.

41. If I turn down a flight, do I need to reroute a waiver?

You are not required to continue to fly while pregnant and may voluntarily suspend your participation in aerial flights at any time. You can take yourself off the schedule at any time for any reason, including temporary conditions like fatigue, without requiring medical re-examination, the same as any other crew member. If at any time during the pregnancy, a complication or situation arises, making the pregnancy potentially higher risk, you must notify your obstetrician and flight surgeon for determination if continued flight status is appropriate. If you are uncertain if you should reroute a waiver, speak with your flight surgeon.

42. If I PCS, do I need to reroute a waiver?

If the flight duties and aircraft assignment remain the same, then you do not need to reroute a waiver. If the aircraft or duty changes, and the waiver was a restricted waiver, then the aircraft or duty changes may require a new waiver. The pregnant members should discuss their waiver and desire to continue flying with their medical team prior to their PCS.

Approved Waiver Considerations

43. My request to return to flight status is approved. Are there any limitations to flight profiles?

Any flight profile limitations will be outlined in your DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty* and/or AF Form 469, *Duty Limiting Condition Report* General flight profile restrictions are as follows and will be maintained unless the waiver profile or your commander specifically allows for deviation or further restrictions: cabin altitude will not exceed 10,000 ft, G forces will not exceed 3 Gs, and instructor pilots should not fly with Undergraduate Pilot Training students if there is a chance that the sortie could exceed the parameters above. Refer to the Aircrew Voluntary Acceptance of Risk (AVAR) Tab 3 Flight Profiles for more information.

44. Do I need to get prescriptions approved to fly based on certain medication prescribed by the Obstetrician-Gynecologist (OB)?

Aircrew are only allowed to take medications which have been approved and are on the Official Air Force Aerospace Medicine Approved Medications or aeromedical waiver.

45. Am I allowed to deploy?

Generally, no. All pregnant service members are mobility restricted. Medical clearance for deployment of pregnant women shall only be granted after consultation with the appropriate Combatant Command surgeon. He/she can determine if adequate treatment facilities and specialist support is available at the duty station. The geographic CCDR is the final approval or disapproval authority. (Ref: DoDI 3020.41)

46. Are there any restrictions to missions the member can accept while pregnant?

Refer to the Aircrew Voluntary Acceptance of Risk (AVAR) Tab 3 Flight Profiles, consult your unit commander and local flight surgeon for any specific restrictions on your local flying missions. Additionally, flight profiles cannot contradict limitations in your profile (AF Form 469, *Duty Limiting Condition Report*). See Question 43. *"My request to return to flight status is approved. Are there any limitations to flight profiles?"*

47. Can I fly with unqualified or student pilots/members in my crew position?

You should consult your waiver criteria and ensure all crewmembers who have access to flight controls understand the limitations of your profile. See Question. 43. *"My request to return to flight status is approved. Are there any limitations to flight profiles?"*

48. Can I complete a checkride?

Yes, provided your checkride does not require any maneuvers contradictory to your profile. See Question 43. *"My request to return to flight status is approved. Are there any limitations to flight profiles?"* You may be able to complete a checkride with a restriction noted. For more information, contact your Standardization/Evaluation shop, Flight Medicine, and your commander.

49. Can I be no-noticed for a checkride?

Yes. For more information, contact your Standardization/Evaluation shop. Maneuvers outside of what is allowed in your medical profile are not allowed.

50. Are there any recurring exams, such as getting my eyes examined, which are required?

Yes, your Flight Medicine provider and obstetrician will develop a plan for you. Generally, this will include a visit to Flight Medicine every four weeks, ideally timed right after each OB visit. These appointments may check vision, vitals, and ability to wear safety equipment and emergency egress. They may confirm your desire to fly and ensure that you have not developed any pregnancy complications that may affect your ability to continue flying.

Location / Off-Station Considerations

51. Are there any limitations with going TDY to include Professional Military Education (PME)?

For information regarding pregnancy and PME, reference AFI 36-2670. For information regarding pregnancy and flight training TDYs, reference Education Training Course Announcements and your local training shops. For TDYs associated with an operational mission, reference your AF Form 469, *Duty Limiting Condition Report*, and waiver for any mobility restrictions.

52. Are there any OCONUS restrictions?

Any mobility restrictions will be outlined in an AF Form 469, *Duty Limiting Condition Report*.

Pregnancy waivers outside of second trimester will annotate dates where additional restrictions may apply if flying into or out of international airports operating under International Civil Aviation Organization (ICAO) agreements.

53. I'm stationed at a CONUS base; can I take a mission that will take me overseas?

See Question 52. *"Are there any OCONUS restrictions?"*

54. Are there any special considerations I should consider such as go-bags or medical paperwork I should bring with me on flights in case we divert, or I am off station when an issue occurs?

A copy of your flight waiver and a copy of your latest obstetrics medical note may be helpful in the event you have to see a medical provider. Your medical team can advise you of other documents that would be helpful to your specific case.

55. What if I go into labor while I'm off station?

You should go to the nearest hospital that provides labor and delivery care.

Flying Risks

56. What are the known risks and unknown risks?

There are very few studies of human pregnancy in the flight environment. This means there is very little direct measurement of possible adverse effects of many of the aviation-related occupational exposures such as noise, vibration, jet fuel exposure, exposure to fumes, shift work, long hours, heavy lifting, hypoxia, G-force, and altitude exposure. This lack of evidence is especially apparent in military flying, and it would be unethical to do research studies on pregnant individuals to assess harm to the pregnancy or fetus. Despite lack of evidence, risks must be individually assessed, addressed, and monitored to assure a risk-appropriate flying decision. The Aircrew Voluntary Acceptance of Risk (AVAR) document provided by your flight doctor goes more in-depth on these risks. Your Flight Medicine team can provide this to you. You should discuss these risks with your Flight Medicine team and your pregnancy care provider before deciding whether or not to request to continue to fly. Refer to the most current AVAR Tab 2 - Medical Risks for more information. You may source the AVAR here: https://www.airforcemedicine.af.mil/Reproductive-Health/

57. What physiological differences should I be aware of during this time?

Pregnancy is associated with physiological changes, pregnancy-specific conditions, effects on pre-existing medical conditions, and effects on medications, all of which individually and in combination may be aeromedically significant. The physiological changes vary within and across pregnancies. These novel physiological states can be quite different from the flyer's baseline physiological state experienced during initial flight training and during typical non-pregnancy flying experiences. As such, these often unperceived changes have the potential to result in unexpected, subtle, or profound physical responses to create aeromedical risks. Pregnancy related changes may cause aeromedically-significant changes to the state of pre-existing diseases, or its treatment, requiring reassessment. Pregnancy-specific diseases and conditions arising at various points in the pregnancy create their own aeromedical risks and conditions that are often incompatible with flying. Additionally, the physical changes of pregnancy can create

occupational limitations for the flyer. Finally, the flying environment may create environmental exposure risks to the fetus. Therefore, prior to returning to the flight environment, it is essential that flyers and their medical care team are aware of these circumstances and the potential effect on flying performance and safety. It is essential to establish awareness, an accurate assessment, and appropriate monitoring methods to mitigate these risks. You should discuss these physiological changes with your Flight Medicine team and your pregnancy care provider before deciding whether or not to request to continue to fly.

58. Do different platforms have different known and unknown risk data?

Yes. Different platforms create different environments that affect risk in different ways. Some things to consider may be G-forces, noise, radar, and mission systems that may or may not have been studied during pregnancy. Your health care provider in conjunction with Flight Medicine may be able to answer questions related to your specific aircraft environment.

59. Are there any maneuvers I should not do while pregnant?

Your Flight Medicine provider and DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty* and/or AF Form 469, *Duty Limiting Condition Report* can provide more information for your specific case. Refer to the Aircrew Voluntary Acceptance of Risk (AVAR) Tab 3 Flight Profiles and Question 26, *"What is my commander's role in determining if I am eligible to fly?"* for more information.

60. What happens if someone else controlling the aircraft puts the aircraft into a maneuver I am not supposed to be in?

You should advise them to cease immediately, and if they refuse, report to the commander and unit safety officer. Prior to stepping to a mission, ensure all members who are at the controls of the aircraft understand your situation and any restrictions you have on your profile. Any deviation from appropriate mission profile should be evaluated to see if a safety investigation is warranted.

Maternity Flight-Suits

61. I'm cleared to fly (any trimester) but have nothing to wear that is flight approved or Fire Retardant, what are my options?

Flight approved uniforms are required in order to participate in flight duties. You can check with your unit to see if they have maternity uniforms available. If not, you can size up (be careful not to create hazards with an oversized uniform) or see *Question 62, "Are there maternity flight suits? How do I get one?"* for information regarding obtaining a maternity flight suit. Maternity flight suits should be provided and paid for by the unit.

62. Are there maternity flight suits? How do I get one?

Yes. To obtain a maternity flight suit, you should first reach out to your unit to check if they have a process in place. The shop responsible for flight suits and/or your unit Resource Advisor

may be able to assist. To order, you or your unit should contact your MAJCOM representative. For their contact information as well as sizing information, visit the AF Portal and search for Maternity FDU Ordering info. Maternity flight suits should be provided and paid for by the unit.

63. Is my squadron required to provide me a maternity flight suit?

If you intend to fly during your pregnancy, your squadron is required to provide you with a serviceable Flight Duty Uniform that allows you to perform all of your in-flight duties. Maternity flight suits should be provided and paid for by the unit.

Insurance / TRICARE

64. What are some services provided by TRICARE?

TRICARE covers medically-necessary pregnancy care which includes (limits apply):

- Prenatal care
- Labor and delivery
- Post-partum care
- Treatment of any complications

The Pregnancy Care page of the TRICARE webpage provides more information such as coverage limitations, care included in each stage of pregnancy, where to get coverage, and information regarding your specific TRICARE plan. You can also search in the search box for specific topics. The web address is: https://www.tricare.mil/LifeEvents/Baby/PregnancyCare

65. Does TRICARE cover breast-feeding supplies?

TRICARE covers breast pumps, breast pump supplies, and breastfeeding counseling at no cost for new mothers, including mothers who adopt an infant and plan to breastfeed. For a full list, please visit https://www.tricare.mil/CoveredServices/IsItCovered/BreastPumpsSupplies or use the search box on TRICARE's website. It is important to note that covered services sometimes have limitations or exceptions and that TRICARE will cover all medically necessary and considered proven care.

The New Parent Support Program (NPSP) helps military parents, including expectant parents, transition successfully into parenthood, to include obtaining breast feeding support. Contact the Family Advocacy Program or the Military and Family Readiness Center for more information. To learn more about the NPSP visit Military One Source.

Pregnancy Loss/Miscarriage

66. How does a pregnancy loss/miscarriage affect my flight status?

Each case is unique and should be discussed with your provider. If you were DNIF/DOWN at the time of miscarriage, your provider may leave you in a DNIF/DOWN status until you are physically and psychologically recovered and able to fly. Just like with any other family loss, a

discussion with your commander may be helpful in determining when to put you back on the fly schedule (regardless of when you are returned to fly status).

67. What resources are available to me?

Women's Health providers, behavioral health providers including Mental Health Clinic, Military One-source, Military Family Life Counselor (MFLC), Little Wings organization (littlewingsorganization@gmail.com), Airman's Angel Support Group, local groups for families experiencing perinatal loss and the chaplain (regardless of faith) are all available to help following a loss. Your medical providers (Flight Medicine, Women's Health, etc.) are all equipped with information on where to go if you need more assistance. Your leadership team, including your first sergeant, should also be ready to support you.

68. Who is notified following a pregnancy loss/miscarriage?

Following a pregnancy loss/miscarriage, your medical providers will work with you to provide a care plan. This will eventually result in a change in your duty profile (AF Form 469, *Duty Limiting Condition Report*). Changes in your duty profile are communicated in the same way following a loss as they are following a positive pregnancy test. A discussion with your commander may be helpful to ensure you are provided with the support you need (emotional, physical, time off work, etc.) while paperwork moves through official channels.

69. Am I entitled to any leave following a pregnancy loss/miscarriage?

AFMAN 41-210 provides a guide regarding convalescent leave. These recommendations shall also be guided by best clinical judgment and are recommended minimums.

Gestation	**Recommended minimum convalescent leave**
Less than or equal to 12 weeks and 0 days	7 days
12 weeks 1 day to 16 weeks 0 days	14 days
16 weeks 1 day to 19 weeks 6 days	21 days
20 weeks onwards	42 days

70. Am I entitled to any physical training test deferments following a pregnancy loss/miscarriage?

AFMAN 41-210 provides a guide regarding physical fitness testing. These recommendations shall also be guided by best clinical judgment and are recommended minimums.

Gestation	Recommended Profile
Less than or equal to 12 weeks and 0 days	60 days no Physical Fitness Testing
12 weeks 1 day to 19 weeks 6 days	180 days no Physical Fitness Testing
20 weeks onwards	365 days no Physical Fitness Testing

71. Am I entitled to any insurance coverage following a pregnancy loss/miscarriage?

Family SGLI (FSGLI) dependent child coverage is the set amount of $10,000 for each dependent child. A dependent child includes a stillborn child whose death occurs before expulsion, extraction, or delivery, and not for the purposes of abortion, and whose fetal weight is 350 grams or more or if the fetal weight is unknown, whose duration in utero was 20 or more completed weeks of gestation, calculated from the date the last normal menstrual period began to the date of expulsion, extraction, or delivery.

TRICARE covers a wide range of support options such as counseling and lactation consultants.

Postpartum

72. I gave birth. How long until I can return to flight status?

This will depend on your individual situation. Generally, six weeks after an uncomplicated vaginal delivery, your body should be expected to return to normal physiology.

73. How long until I'm allowed to go TDY?

This will be outlined in your profile. You are eligible to defer TDYs during the 12-month period after the birth of a child (ref DAFI 36-2110, *Total Force Assignments*). The Airman or Guardian may request to waive the 12-month deferment period by each TDY occurrence.

74. I went on one TDY, do I have to now go on others?

No. You may waive their TDY deferment on an individual basis during the 12-month period after the birth.

75. What maternity and parental leave am I entitled to?

Refer to the most current DAFI 36-3003, *Military Leave Program*.

76. What if I expire for a checkride or physiology training while I'm postpartum?

Your unit training will create a re-qual training plan to bring you back to a qualified status. More information for your specific Major Weapon System (MWS) can be found in your 11-2MWS vol 1.

Once medically cleared following pregnancy, aircrew will complete hypoxia exposure prior to first flight which will reset expired Aerospace Physiology currency (ref AFMAN 11-403)

77. Can I use a Bluetooth breast pump in a secure area/SAP-F?

Several MAJCOMS have signed memos approving wearable breast pumps as personal medical devices and allowing them into those secure areas with minimal coordination with your Special Security Officer (SSO). Check with your local SSO if your MAJCOM has approved blanket approval. The Bluetooth option must be disabled inside the secure area. Speak with your SSO to fill out the required paperwork for approval and guidance. If your MAJCOM does not have blanket approval, you may route a request through your local SSO.

78. I'm TDY, will the Air Force pay to ship my breastmilk back?

Yes. the Joint Travel Regulation addresses this in Table 2-24 item 18.

Other

79. If I am concerned about pregnancy discrimination, what are my rights and which rules and regulations protect me?

You are protected against unlawful discrimination, including discrimination on the basis of pregnancy. DAF Equal Opportunity policies provide for equal opportunity and treatment for all members based on sex (including pregnancy). Concerns about discrimination should be directed to the Equal Opportunity Office in accordance with DAFI 36-2710, Equal Opportunity Program.

80. Can I request that information regarding my pregnancy (or any medical condition) be removed from my medical record if I am no longer pregnant (or the condition has resolved)?

Your medical records are protected health information. If documentation of the encounter with your medical provider(s) was factual and accurate, it cannot be removed from your medical record. This holds true for any diagnosis, to include a pregnancy even if the pregnancy was lost due to medical complications or terminated. Your medical information will remain in your chart for a historical account and is viewable by medical professionals. However, if medical information was placed in your medical chart in error, as discovered by the Service member or medical providers, the Service member can request for information to be corrected or redacted from medical documentation accordingly. Your patient advocate or provider can assist in this process.

81. Do the recommendations of civilian doctors and military doctors carry the same weight? What if they disagree about my ability to fly?

Military doctors have responsibility to make military medical readiness decisions. The military provider understands operational or occupational environment impacts to the health of pregnancy which may not be fully understood by a civilian doctor. The military doctor will review and consider the civilian doctors' recommendations. Flight surgeons have responsibility to make

aeromedical dispositions after every encounter (to include off base visits). Should the opinion of the civilian or military OB provider and your flight surgeon differ, your flight surgeon's opinion is determinative.

82. How does the new pregnancy masking in readiness reporting and profiles apply to my records? Who exactly will know that I'm pregnant and who will just see my limitations?

The words "pregnancy," "due date," and the check box labeled "pregnancy restrictions" were removed and no longer display personnel codes that are linked to pregnancy on the profile. Commanders and their designees will not see identifying terms linked to pregnancy, but will see common mobility, duty and fitness restrictions as deemed necessary. Your health records at the MTF are protected by both the Health Insurance Portability and Accountability Act and the Privacy Act. Medical information held by your command must be protected in accordance with the Privacy Act.

Relevant DAFIs / Resources
Most found on: https://www.e-publishing.af.mil/

- Aircrew Voluntary Acceptance of Risk Tabs 1-3
- AFI 48-133, *Duty Limiting Conditions*, 07 Aug 2020
- DAFMAN 36-2905, *Department of the Air Force Physical Fitness Program*, 21 Apr 22
- AFMAN 11-402, *Aviation and Parachutist Service,* 13 Sep 2021
- +MAJCOM SUPS
    - Flying Operations (Ch3 Att 4)
    - Gate Months & OFDA, see 3.9.3.3.; S codes and if you're before your gate
    - see also, impact to qualified rated vs student status
- DAFI 36-2110, *Total Force Assignments*, 02 Aug 2021
- AFI10-403, *Deployment Planning and Execution*, 17 Apr 2020
- DAFMAN 48-123, *Medical Examinations and Standards*, 08 Dec 2020
- AFMAN 48-146, *Occupational and Environment Health Program Management* ,15 Oct 2018
- DAFI 36-3003, *Military Leave Program,* 20 Sep 22
- AFI 44-102, *Medical Care Management,* 21 Apr 2020, AFGM2022-01, 13 Jul 2022
- AFI 36-2654, *Combat Arms Program*, 16 Apr 2020
- AFI 48-127, *Occupational Noise and Hearing Conservation Program*, 15 Sep 2022
- DAFI 36-2406, *Officer and Enlisted Evaluations Systems*, 14 Nov 2019, DAFGM2022-01, 28 Jun 2022
- DAFI 36-3013, *Lactation Rooms and Breastmilk Storage for Nursing mothers*, 5 Aug 2021
- DAFI 36-2903, *Dress and Personal Appearance of United States Air Force and Unites Sates Space Force Personnel,* 12 Apr 2022
- Medical Standards Directory and Aircrew Flying Waiver Guide
- DAFI 36-3211, *Military Separations*, 24 Jun 22
- DODI1342.19_AFI 36-2908, *Family Care Plan,* 23 Jan 2019
- AFMAN 11-403, *Aerospace Physiological Training Program*, 13 Apr 2022
- DAFI 36-2710, Equal Opportunity Program 30 Sep 2022
- Joint Travel Regulations (JTR)