

BACKGROUND PAPER  
ON  
PREGNANCY IN THE MILITARY

PURPOSE

In accordance with DACOWITS' Terms of Reference, the Well-Being and Treatment (WB&T) Subcommittee will determine if there are gaps in institutional policies and procedures that obstruct pregnant servicewomen from progressing in their military career and recommend policy changes.

**QUESTION #12**

The Committee is concerned about the medical and mental health needs of pregnant servicewomen who experience an abortion, miscarriage (i.e., spontaneous abortion), still birth, or death of newborn after birth. The Committee requests a written response from the Army, Navy, Marine Corps, Air Force, Space Force, Coast Guard, National Guard, as well as the Health Affairs and the Defense Health Agency identifying:

a. What medical, mental health, and other support and leave opportunities are provided to servicewomen who experience an abortion, miscarriage (i.e., spontaneous abortion), still birth, or death of newborn after birth?

- Medical care will be provided by DHA and include full scope of medical or surgical management (as indicated) for miscarriage or fetal demise. Mental health care will also be available to Service members by DHA through direct or purchased care as available. Additionally, Service members have access to mental health services outside of their TRICARE benefit through programs such as Military OneSource. Please see DHA response for further details. Defer any further replies regarding mental health to AF Mental Health Team.
- Convalescent leave recommendations following perinatal loss are provided for all Airmen and Guardians who experience pregnancy interruption including miscarriage, stillbirth, abortion or giving the newly born child up for adoption. The amount of convalescent leave recommended is based upon gestational age and meant to provide adequate time to support physical recovery from pregnancy and/or childbirth as well as acknowledge the need for grieving. Airmen and Guardians are similarly provided with standardized profile limitations, based on gestational age at time of loss, to provide appropriate deferment for fitness testing.
- Once an Airman or Guardian has experienced an abortion, miscarriage, still birth, or death of a newborn the member should follow up as soon as possible with a military provider (primary care provider, obstetrician-gynecologist (OB/GYN), or Women's Health nurse practitioner) to ensure the member is fit for duty, address any necessary convalescent leave and/or physical profile, and ensure the service member has resources on topics such as mental health support, as needed.

b. What directives, regulations, and policies address/provide for such care and leave?

- Both convalescent leave and profile recommendations following perinatal loss are contained in DAFMAN 41-210, *Tricare Operations and Patient Administration*, and outlined in Table 4.1, Recommendations: Convalescent Leave after Perinatal Loss.