

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 #15

The Committee understands the Defense Department will continue to ensure that servicewomen have access to reproductive health care in the wake of the Supreme Court decision to overturn *Roe v. Wade* (known as *Dobbs v. Jackson*), which ended constitutional protections for abortion. As the Defense Department continues to examine this Supreme Court decision and evaluate policies to ensure Service members, dependents, beneficiaries, and Defense Department civilian employees are provided seamless access to essential women's health care services, as permitted by federal law, the Committee is concerned about potential impacts to servicewomen. The Committee requests a written response from the Department of Defense (via the organizations annotated below) on the following:

a. Military Services: With the repeal, many of the restrictive states with trigger laws also have large military populations. Subsequently, servicewomen stationed in these restrictive states who seek a medical or surgical abortion will need to take leave and travel to states where it remains legal. How are the Military Services' assuring servicewomen's privacy and confidentiality are maintained, while leave requests are routed through various levels within the servicewomen's chain of command? Additionally, are the Military Services' preserving records (e.g., leave requests, electronic messages, etc.) that could potentially be used against servicewomen in states that criminalize abortion?

- Current DAF policy allows individuals seeking non-covered abortion to request ordinary leave with no need for Commanders to provide pre-approval for this medical procedure (as would typically be the case for any elective, non-covered procedure). This allowance is outlined in AFI 44-102, *Medical Care Management* (excerpted below).

“5.1.1 Reproductive Health Procedures. Reproductive health procedures are time sensitive, therefore EXEMPT from unit commander pre-approval and coordination. Once an Airman or Guardian has undergone a procedure, the member should follow up as soon as possible with a military provider (primary care provider, obstetrician-gynecologist (OB/GYN) physician, Certified Nurse-midwife 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 contraception and/or mental health support, as needed. Although commanders do not need to approve these procedures before they occur, they will be informed of any aftercare plans post procedure based upon necessary physical profiles, while respecting the patient's privacy to the greatest extent practicable.”