

RFI Category and Number: PREGNANCY IN THE MILITARY RFI 12

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.

RFI Question:

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

RFI Response 12a:

Abortion:

- **Covered abortion care:** For covered abortions (abortions for a pregnancy that is the result of rape or incest, or a pregnancy that endangers the life of the pregnant person), Tricare covers comprehensive care, which includes an initial diagnosis of pregnancy, counseling regarding pregnancy options, any necessary pre-procedural evaluation, peri-operative care, contraception counseling and provision, screening for sexually transmitted infections (as desired/indicated), referral for mental health services (as desired/indicated) and follow up/post-operative care as required.
- **Covered abortion leave:** Per BUMED 6300.16A, Service Members accessing covered abortion care may use convalescent leave and Temporary Additional Duty for travel (as needed), which will be recommended by the physician providing the abortion care.
- **Non-covered abortion care:** Non-covered abortion care (abortion not due to rape, incest, life endangerment) is not provided/covered by Tricare. Service Members are encouraged to be seen by their Primary Care Manager or Women's Health Provider following a pregnancy termination for necessary follow-up care, to include convalescent leave (as indicated) or provision of contraception. If a patient presents with acute complications following a pregnancy termination (e.g., post-procedural infection, bleeding, retained products of conception), it is the duty of the receiving physician/provider to care for these acute issues.
- **Non-covered abortion leave:** Convalescent leave may also be authorized for a Service Member who obtains non-covered medical treatment, if after the procedure, the member is seen by a DoD health care provider who recommends a period of convalescent leave. If the member is not seen by a DoD health care provider, they may request regular (chargeable) leave.
- **Physical Fitness Assessment Exemption:** Per [Guide 8 - Managing PFA Records for Pregnant Sailors \(JAN 2022\)](#), Sailors who have an abortion must seek evaluation by their healthcare provider to determine an appropriate convalescent leave period and PFA exemption. A member

who has an abortion may receive a “pregnant” status based on the recommendation from their HCP.

Miscarriage:

- Clinicians can support their patients in accessing convalescent leave and Physical Fitness Assessment (PFA) waivers following an early pregnancy loss to recover physically and emotionally. There is no specific minimum amount of time specified in Navy policy.
 - NAVADMIN 151/18 provides guidance for parental leave and identifies a qualifying birth event as a live birth without discussion of stillbirth or termination. Military Personnel Manual (USN) article 1050-415 specifies that “no leave in this article is authorized in cases of stillborn, miscarriage, or where live children are given for adoption, or there is intent for adoption following the birth. These cases fall under regular convalescent leave as prescribed by the primary care physician or medical provider per DOD Instruction 1327.06.”
 - Marine Corps Order 5000.12F Concerning Parenthood and Pregnancy, requires Marine Commanding Officers and Officers in Charge to support Marines whose pregnancies terminate prematurely or result in stillbirth or neonatal death. The policy states that “In cases of miscarriage or stillbirth, convalescent leave other than maternity convalescent leave may be granted. The Marine’s commander and healthcare provider will coordinate to determine the best course of action.”
- Subject Matter Experts from the Defense Health Agency (DHA) Women and Infant Clinical Community (WICC) developed specific recommendations on convalescent leave and PFA waiver timelines following miscarriage to allow for physical and emotional recovery (detailed in the table below). Note: The DHA WICC recommendations are NOT official Navy policy and ultimately, decisions regarding convalescent leave are based on clinician assessment and can differ from these recommendations based on best clinical judgment. A service member’s CO must approve the convalescent leave recommended by the healthcare provider.
- Resources developed by the BUMED Office of Women’s Health and Female Force Readiness Clinical Community discussing pregnancy loss include a [resource for primary care providers](#) with guidance on supporting patients during a primary care follow-up after an early pregnancy loss has been diagnosed and treated as well as a [patient handout](#) to offer during an appointment of this kind.

DHA WICC CLINICAL PRACTICE RECOMMENDATIONS (NOT OFFICIAL NAVY POLICY)

GESTATION (WEEKS + DAYS)	CONVALESCENT LEAVE RECOMMENDATION	PROFILE RECOMMENDATION	COMMENTS
First Trimester ≤ 12+0	7 days	60 days no Physical Fitness Testing (PFT)	*With or without surgical intervention
Second Trimester 12+1 – 16+0	14 days	180 days no PFT testing	*With or without surgical intervention

Late Second Trimester 16+1 – 19+6	21 days	180 days no PFT testing	If neonate has a fetal weight of 350 grams or more, mother should receive 42 days of convalescent leave. (In cases of multiples pregnancies (i.e. twins, triplets, etc.), if one fetus meets the fetal weight of 350 grams or more, mother should receive 42 days convalescent leave).
Second Trimester 20+0 – 27+6	42 days	365 days no PFT testing	
Third Trimester 28+0 – term	42 days	365 days no PFT testing	
Baby born alive at any gestation	42 days		*Qualifying birth event – mother would receive Maternity Convalescent Leave

Stillbirth and death of newborn:

- Per [Navy Guidelines Concerning Pregnancy and Parenthood](#), Service Members who experience a stillborn birth or a neonatal demise (infant death 0 to 28 days following birth) are entitled to 6 months operational deferment.

All mentioned pregnancy outcomes:

- Mental health care consultation is provided/available to all eligible beneficiaries in MTFs or through a TRICARE-authorized provider in the private sector. DoD’s Office of Military Community and Family Policy establishes policy for the provision of a range of support services to help military families with major life events, such as a pregnancy loss, elective termination, stillbirth or infant death.
 - Military OneSource is available 24/7 (www.militaryonesource.mil or 800-342-9647) to support the holistic needs of military families. Services include confidential non-medical counseling, financial counseling, peer-to-peer support, and specialty consultation sessions for expectant parents. Depending on the specific need or request, Military OneSource can also facilitate connections to installation- and community-based services.
 - Installation-based Military and Family Support Centers provide programs and services to increase resilience and enhance protective factors. These programs and services include non-medical counseling, personal and family life education, financial readiness, and information and referral services.

- Military and Family Life Counseling services support military members and families with licensed mental health providers who provide non-medical counseling and psychoeducational presentations on various topics to include parenting, communication, stress, and relationship issues.

RFI Response 12b:

Abortion directives and policies referenced in response a):

- Navy Abortion Policy: [BUMED 6300.16A](#)
- [Guide 8 - Managing PFA Records for Pregnant Sailors \(JAN 2022\)](#)

Miscarriage directives and policies referenced in response a):

- Postpartum Policy Update in [NAVADMIN 129/21](#)
- Definition of a Qualified Birth Event: [MILPERSMAN 1050-415](#)
- Parental Leave Program: [NAVADMIN 151/18](#)
- [Military Personnel Manual \(USN\) article 1050-415](#) on Parental Leave
- [Marine Corps Order 5000.12F](#) on Pregnancy and Parenthood

Still birth and death of a newborn directives and policies referenced in response a):

- [Navy Guidelines Concerning Pregnancy and Parenthood](#)
- [NDAA2022](#), (S. 1605—231, page 231)