

SUBJ: DACOWITS RFI 12- September 2022 QBM

FROM: Office of Health, Safety, and Work-Life Directorate (CG-11)

TO: DACOWITS Committee

THRU: Office of Diversity & Inclusion (CG-127)

PREGNANCY IN THE MILITARY

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.

DACOWITS: 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, Coast Guard, National Guard, as well as the Health Affairs and 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?**

CG Response:

- 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?**

A: CG servicewomen who experience a spontaneous abortion, miscarriage, stillbirth, or death of a newborn have access to medical care, including mental and behavioral health care, through the CG Health System, the Department of Defense/Defense Health Agency (DoD/DHA) at Military Treatment Facilities (MTFs), and the TRICARE network.

Following a spontaneous abortion (i.e., miscarriage), the service member's health care provider may recommend a period of convalescent leave when clinically indicated. Should a pregnancy end in early termination or a stillbirth, convalescent leave will be granted based on the attending physician's recommendation. A commanding officer or officer in charge will ensure that a service member whose pregnancy terminates prematurely or results in a stillbirth is treated with a command climate of concerned leadership. This will be essential in helping service members impacted by this kind of

traumatic event. The unique circumstances of each situation dictate that the decision concerning when a particular service member is physically and emotionally ready to return to a duty status will be made on a case-by-case basis.

Access to care is based on services being covered by TRICARE per 10 U.S.C. Sections 1071-1079. Based on the setting of care, assignment location, and the severity of the concern, CG servicewomen in these situations may be seen in a CG clinic or DoD/DHA clinic, may receive care via CG/DoD/DHA telemedicine, may receive outpatient care through the TRICARE network, or may be admitted to a DoD/DHA or civilian hospital. CG servicewomen in these situations are eligible for all aftercare and follow-up that may be judged medically necessary by their treating provider; this aftercare may include mental and behavioral health counseling and treatment. Such mental and behavioral health counseling and treatment are treated as equal to any other type of health care. CG servicewomen are excused from duty and encouraged to attend all appointments and receive prescribed treatment, as per their treating provider's recommendations. In addition, the CG Employee Assistance Program, CG SUPRT, provides services via a contractor and offering a wide range of services to include assessments, non-medical counseling, information and referrals, and more. CG SUPRT is not designed to provide treatment for mental health, substance use, or any other medical conditions or disorders however can provide support in coping with loss and bereavement in these types of situations.

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

A: The access to care is based upon the 10 U.S.C. Sections 1071 – 1079. The Coast Guard policies that address leave are covered in Military Assignments and Authorized Absences, COMDTINST M1000.8 (SERIES) as authorized by 10 U.S.C. Chapter 40, as amended, and reflected in Pregnancy in the Coast Guard, COMDTINST M1000.9 (SERIES).