



SECRETARY OF THE ARMY
WASHINGTON

19 APR 2022

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2022-06 (Parenthood, Pregnancy, and Postpartum)

1. References. For references, see enclosure 1.
2. Purpose. This directive updates Army policy and executes Secretary of Defense priorities pursuant to reference 1f. It incorporates evidence-based health and wellness guidance to improve quality of life, promote flexibility, and enable all Soldiers to safely continue their duties, return to readiness, perform critical assignments, and advance in their careers while growing their Families. This directive is grounded in the Army People Strategy; Diversity, Equity, and Inclusion Annex; Holistic Health and Fitness practices; Department of Defense Equal Opportunity Policy; and medical guidance. It also serves as part of the broader Action Plan To Prioritize People and Teams.
3. Applicability. This directive applies to the Regular Army (RA), Army National Guard (ARNG)/Army National Guard of the United States (ARNGUS), and U.S. Army Reserve (USAR).
4. Policy. For the definitions of terms used in this directive, see enclosure 2.
 - a. Postpartum Body Composition Exemption. This paragraph applies to all Soldiers after the conclusion of pregnancy, including Soldiers who experience perinatal loss.
 - (1) The body composition exemption in reference 1t, paragraph 3–15, for pregnant and postpartum Soldiers is increased from 180 days to 365 days (12 months) after the conclusion of pregnancy.
 - (2) Army Body Composition Program (ABCP). Pursuant to references 1d and 1t, all postpartum Soldiers who do not meet the Army body composition standard after 365 days following the conclusion of pregnancy will be entered into the ABCP.
 - (3) Soldiers who become pregnant while enrolled in the ABCP and (a) have been enrolled in the ABCP for fewer than 30 days before the start of pregnancy (the estimated date of conception as noted by a medical provider) or (b) have been enrolled in the ABCP for fewer than 90 days before the start of pregnancy, and have been demonstrating satisfactory progress every month, will have their flag removed as erroneous.

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b. Physical Fitness Testing. The following provisions apply to Soldiers while pregnant and after the conclusion of pregnancy, including Soldiers who experience perinatal loss.

(1) Soldiers are exempt from taking a record physical fitness test while pregnant and for 365 days after the conclusion of pregnancy.

(2) Soldiers are also exempt from other regular unit physical readiness training requirements (such as diagnostic physical fitness tests, timed distance runs, timed distance ruck marches, and order of merit list (OML)-generating physical requirements) outside the Pregnancy Postpartum Physical Training (P3T) program for 180 days after the conclusion of pregnancy. After 180 days, Soldiers will return to regular unit fitness training. Modified activities within a Soldier's limits, and as noted on the Soldier's profile, are encouraged within the 180 days.

(3) Soldiers may elect an early release from the P3T program and return to their regular unit physical readiness training. Soldiers can volunteer to take any record physical fitness requirement within their exemption period, as prescribed in paragraphs 4b(1) and 4b(2) of this directive, without ending the exemption early.

c. Uniforms.

(1) Headwear. Under senior mission commander authority, Child Development Program facilities may be designated as "No-Hat, No-Salute" areas. In areas not designated, pursuant to Army Regulation (AR) 600-25, paragraph 2-1i, salutes are not required to be rendered or returned when either person is carrying children or articles with both hands, making saluting impractical.

(2) Exemptions for Pregnancy and Postpartum.

(a) Commanders and supervisors will not require Soldiers to wear the Army Service Uniform (ASU) or Army Green Service Uniform (AGSU) while pregnant and for 365 days after the conclusion of pregnancy. These Soldiers are authorized the wear of the maternity and non-maternity permethrin-free Army Combat Uniform (ACU) and Improved Hot Weather Combat Uniform (IHWCU) during and after pregnancy while safely returning to optimal fitness and body composition during the postpartum period.

(b) Pregnant and Postpartum Soldiers may wear the maternity ACU trousers with the non-maternity ACU or IHWCU coat.

(c) Soldiers may voluntarily choose to end this exemption early and wear non-maternity uniforms prior to 365 days postpartum; however, no favorable or

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unfavorable action will be taken based on Soldiers' choice of uniform during the full exemption period. Leaders will not pressure Soldiers to end their exemption early.

(d) Soldiers exempt from wearing the ASU/AGSU while pregnant or postpartum will not be prohibited from participating in any personnel action, such as attending a semi-centralized (E-5/E-6) promotion board, due to this exemption.

(e) Soldiers who have profiles authorizing the wear of a "soft shoe" will wear an athletic (running/walking) shoe with the ACU or IHWCU.

d. Operational and Training Deferment.

(1) To ensure that at least one parent is home with their child, all birthparents (Soldiers who physically give birth) are deferred or excused for 365 days after the birth of their child from all continuous duty events that are in excess of 1 normal duty day/shift. These include, but are not limited to:

- (a) deployment
- (b) mobilization
- (c) field training
- (d) Combat Training Center (CTC) Program rotations
- (e) Collective Training Events away from home station (unit of assignment)
- (f) pre-mobilization training
- (g) unit training assembly (UTA) away from home station (unit of assignment)
- (h) temporary duty (TDY)

(2) This 365-day deferment also applies to single Soldiers and one Army member of a dual-military couple in cases of adoption and long-term child placements (such as long-term foster care placement) when the child is a minor at the time of adoption or placement. This deferment does not apply in cases of stepparent or sibling adoption. In cases where a Soldier uses a surrogate, and the Soldier becomes the legal parent or guardian of the child, the event will be treated as an adoption, and the operational and training deferment applies.

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(3) This 365-day deferment will also apply to other non-birthparents, as necessary, to ensure that at least one parent is home with their child throughout the 365-day deferment period. The approval authority for these (non-birthparent) deferments is the non-birthparent's special court-martial convening authority.

(4) Dual-military parents. Birthparents may transfer their deferment to their Army spouse or co-parent during the 365-day period. If operationally feasible, dual-Army parents can alternate based on mission throughout the 365-day period.

(5) The 365-day deferment also applies to Soldiers undergoing fertility treatment from a healthcare provider with credentials in fertility treatment as described in paragraph 4g.

(6) Soldiers who qualify for this deferment will be reported as exempt from deployment using the requisite Movement Non Availability Reason (MVNAR) or non-deployable reason codes in the appropriate human resources personnel system.

(7) Soldiers who are currently in a deployment deferment status will be extended no longer than 365 days from the date of the qualifying birth, adoption, or child placement event, unless eligible for an extension under paragraph 4d(10).

(8) At any time, Soldiers may waive any portion of their 365-day deferment period without ending it early.

(9) Other than any rescheduled or excused absences due to approved parental leave, this deferment does not exempt reserve component (RC) Soldiers from attending UTAs at their normal duty station, medical readiness appointments, or annual training within commuting distance of their home of record.

(10) Extensions. In accordance with prevailing medical guidance, Soldiers still lactating after 365 days are authorized an extension of this deferment for the purposes of deployment, mobilization, CTC rotations, or any training events where lactation accommodations cannot be provided. Extensions will be granted in 3-month increments as long as the Soldier is lactating, for up to 730 days (24 months) after the pregnancy ends. Commanders may verify lactation through the Soldier's profiling provider. This deferment ends at 365 days for all other duty away from home station, but lactation accommodations will be provided in accordance with paragraph 4f of this directive.

e. Professional Military Education (PME).

(1) Temporary profiles for fertility/pregnancy/postpartum will not restrict the eligibility for officers and warrant officers to attend and/or graduate from PME (such

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as Basic Officer Leaders Course (BOLC)–B, Captain Career Course, Command and General Staff Officer College, Army War College, Warrant Officer Basic Course (WOBC), Warrant Officer Advanced Course, Warrant Officer Intermediate Level Education, and Warrant Officer Senior Service Education). Nor will such temporary profiles restrict the eligibility for noncommissioned officers (NCOs) to attend the Sergeants Major Course (or equivalent course). The following provisions apply to the pregnant and postpartum officers, warrant officers, and NCOs attending the courses identified in this paragraph:

(a) These Soldiers are exempt from record physical fitness testing in accordance with paragraph 4b of this directive. The most recent record physical fitness test will be used to satisfy PME eligibility and graduation requirements. Soldiers who do not have a passing physical fitness test of record dated within the last 730 days (24 months) must receive a waiver from the school's commandant.

(b) Medical Clearance. Pregnant Soldiers will be cleared, in writing, to attend PME by a healthcare provider. Postpartum Soldiers through the end of their postpartum profile (normally 42 days) will be cleared, in writing, to attend PME by a healthcare provider. Soldiers who are no longer on a postpartum profile do not require medical clearance.

(c) A pregnancy profile will not disqualify a Soldier from being selected as an honor graduate or commandant list selectee.

(d) The Commanding General, U.S. Army Training and Doctrine Command (CG, TRADOC); Commanding General, U.S. Army Combined Arms Center (CG, CAC); and Commanding General, U.S. Army Special Operations Command (CG, USASOC), as applicable, will identify PME course physical requirements that cannot safely be completed while pregnant and cannot reasonably be waived. This responsibility will not be further delegated. Justification for any identified PME courses will be communicated to the Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA (M&RA)) prior to implementation. All other physical requirements for graduation will be waived in accordance with a pregnant/postpartum Soldier's temporary profile and approved physical readiness training exemption period (paragraph 4b of this directive). Postpartum Soldiers who are no longer on profile will be required to complete all other physical requirements necessary for graduation.

(e) For any birth or perinatal loss event during a PME course, maternity or other convalescent leave will be granted but will not exempt any Soldier from completing any course requirements not explicitly waived by the pregnancy profile. Individual school absence policies must be flexible to accommodate birth events. Barring complications, birth events are predictable. The intent of this policy is to encourage pregnant Soldiers who are enrolled in a PME course to work with their Centers of Excellence and

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commandants to complete all course requirements in advance of or on return from leave to the extent possible to guarantee mastery of the course material.

(2) Enlisted Soldiers.

(a) Enlisted Soldiers will not be required to attend mandatory PME courses during the first 365 days postpartum. Soldiers who volunteer to attend PME within their 365-day postpartum window must meet all physical requirements mandatory for attendance and graduation, including any record physical fitness testing. To volunteer to attend PME once off their temporary profile, postpartum NCOs need only accept their PME slot.

(b) If PME is scheduled during the 365-day postpartum window, and the Soldier does not wish to volunteer to attend, the Soldier will defer attendance and will not incur any adverse administrative actions solely as a result of this action (such as a drop in OML, a flag, or removal from leadership positions).

(c) Using existing authorities, the Deputy Chief of Staff (DCS), G-1 will establish a permanent policy for the temporary promotion (sergeant through master sergeant) of pregnant and postpartum enlisted Soldiers who are delayed from completing mandatory PME courses while on a temporary pregnancy profile and through at least 365 days postpartum.

(d) In cases of back-to-back pregnancies, before the requisite PME is completed for the grade of promotion, the required time to complete PME after a temporary promotion will reset from the expected date of birth as indicated on the Soldier's pregnancy-based profile. These Soldiers must still complete PME for the grade to which they are promoted before the temporary promotion policy can be used for the subsequent grade.

(3) All Soldiers who attend PME while postpartum will be provided lactation accommodations in accordance with paragraph 4f of this directive and reference 1t. Participating in lactation breaks does not excuse the completion of training/work requirements with the exception of applicable operational and training deferments.

(4) Body Composition. All Soldiers who attend PME are exempt from body composition requirements (reference 1s) up to 365 days after a pregnancy ends. The last record height/weight screening will be used to satisfy PME eligibility and graduation requirements, provided it is not more than 730 days (24 months) old at the time of PME course enrollment. Soldiers who do not have a record screening dated within the last 730 days (24 months) must receive a waiver from the school's commandant.

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(5) The DCS, G-1 will revise the temporary NCO promotion policy and guidance as necessary to reflect these changes.

(6) The U.S. Army Human Resources Command will ensure there are no adverse administrative actions taken against enlisted Soldiers who defer attendance at PME within their 365-day postpartum window.

(7) TRADOC, or other PME proponents, will update the Army Training Requirements and Resources System (ATRRS) to reflect these changes.

f. Lactation Accommodations.

(1) Commanders will provide lactation breaks and a designated lactation area for lactating Soldiers, regardless of time after the child's birth. Soldiers who are no longer lactating do not require lactation breaks.

(2) Commanders will ensure Soldiers have adequate time to express milk but must be aware that each Soldier's situation is unique. Lactation breaks must be accommodated at least every 2–3 hours and for not less than 30 minutes each break. A child beginning to eat solid foods does not negate a Soldier's individual need for lactation breaks.

(3) Commanders will designate a private space, other than a restroom, with locking capabilities for a Soldier to breastfeed or express milk. This space must include a place to sit, a flat surface (other than the floor) to place the pump on, an electrical outlet, a refrigerator to store expressed milk, and access to a safe water source within reasonable distance from the lactation space.

(4) While breastfeeding or expressing milk, Soldiers remain eligible for field training and mobility exercises after completing their postpartum deployment deferment period, but will remain exempt from CTC rotations, deployments, or any training events where lactation accommodations cannot be provided for up to 730 days (24 months). Commanders may verify lactation through the Soldier's profiling provider.

g. Fertility Treatment.

(1) Stabilization. Soldiers who have received a justification memo for treatment or a referral to a fertility specialist by a gynecologic surgeon/obstetrician will be stabilized from permanent change of station (PCS) and deployments for up to 365 days from the date of the first appointment while undergoing fertility treatment. Both members of a dual-Army couple will be stabilized when undergoing treatment. A 365-day stabilization will also be provided for Soldiers whose spouses are undergoing fertility

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treatment (including when the spouse is a civilian or a member of another military service). The intent is to create the best environment for treatment success without hindering the Soldier's career.

(a) Stabilization Extension. Soldiers who are granted a fertility profile for assisted reproductive technology (ART) procedures are eligible for a stabilization extension of up to 365 additional days (4 ART cycles) from the date granted on the fertility profile.

(b) Soldiers stationed outside the continental United States requesting fertility stabilization must also submit a request for voluntary foreign service tour extension if the stabilization period will exceed their tour end date.

(c) Soldiers who have already received a request for orders, assignment instructions, or PCS orders are not eligible for this stabilization except when a Soldier qualifies for a stabilization extension after receiving a fertility profile for ART.

(d) Soldiers may choose to end their stabilization early.

(2) Weight Management. Soldiers undergoing one of the following covered fertility treatments will also receive an exemption from the ABCP. Intrauterine insemination (IUI) patients will receive a 30-day exemption (from date of medication initiation). Soldiers undergoing any fertility procedure utilizing ART (oocyte retrieval with or without embryo transfer) will receive a 90-day exemption per cycle (from date indicated on the medical profile). The medical profile will include a statement indicating the ABCP exemption period. A Soldier who is already enrolled in the ABCP, and who begins fertility treatments, will remain flagged, but is not required to make satisfactory progress during the exemption period.

(3) Profile. Soldiers undergoing any fertility procedure utilizing ART will receive a fertility profile for the duration of each treatment cycle (average 90 days). This includes ART procedures for oocyte cryopreservation. Covered Soldiers will receive a fertility profile for the duration of each ART treatment (average 90 days). The intent is to cover the Soldier during a typical fertility treatment cycle of 30 days (from start of medication to pregnancy test) plus 60 days to retrain to meet ABCP and physical fitness standards.

(4) Reassignments. Soldiers who have received a justification memo for treatment or a referral to a fertility specialist by a gynecologic surgeon/obstetrician, and who choose to begin fertility treatment, may be eligible for compassionate reassignment actions to installations where treatment is available. The intent is to balance Soldiers' needs for appropriate services with their own career advancement and the appropriate utilization of medical resources.

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(5) Leave Management. Commanders should grant a non-chargeable absence or convalescent leave for Soldiers on a fertility profile and/or the Army spouse of an individual undergoing fertility treatment so that they can attend their fertility treatment appointments and/or recover as needed. There is no travel distance limitation for Soldiers who need to continue treatment away from their home duty station. Requests for absences must be made at least 14 days in advance and may be denied only by the Soldier's general court-martial convening authority or higher commander.

h. Conclusion of Pregnancy.

(1) Convalescent Leave. Soldiers will be provided with convalescent leave for physical and emotional recovery after a birth event or in cases of miscarriage or stillbirth. Soldiers (including when the spouse is a Soldier, civilian, or a member of another military service) whose spouse experiences miscarriage or stillbirth will also be provided convalescent leave for emotional recovery. Convalescent leave is in addition to any authorized parental leave and will be granted as follows:

(a) After a birth event, or in cases of miscarriage or stillbirth, convalescent leave will be authorized by the Soldier's unit commander. At a minimum, unit commanders must grant convalescent leave as prescribed in enclosure 3.

(b) Commanders may grant additional convalescent leave in accordance reference 1q when a Soldier's medical provider recommends, in writing, additional maternity convalescent leave. Recommendations for additional maternity convalescent leave must address a diagnosed medical condition and be entered as an e-Profile. The e-Profile will be processed by the Soldier's commander and the applicable profile manager for each component. Convalescent leave under this paragraph may be denied only by the Soldier's general court-martial convening authority or higher commander.

(c) Convalescent leave is non-chargeable and will begin after the confirmed conclusion of pregnancy (as defined in enclosure 2). In cases of miscarriage or stillbirth, to qualify for convalescent leave, the Soldier must provide documentation from a medical provider annotating the day of the perinatal loss or pregnancy termination for purposes of the command calculating and granting the convalescent leave.

(d) Soldiers electing to return to full duty or physical fitness testing earlier than prescribed in their profile may do so on their own accord, contingent on evaluation and approval, in writing, by their healthcare provider.

(e) ARNG/ARNGUS and USAR Soldiers will be authorized up to six excused and unpaid UTAs immediately after the conclusion of pregnancy, as listed in enclosure 3.

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These UTA absences can be rescheduled in accordance with AR 140–1 or NGR 350–1, as appropriate.

(f) Soldiers who have a spouse who experiences a miscarriage or stillbirth will also be granted convalescent leave. This convalescent leave will be authorized by the Soldier's unit commander as prescribed in enclosure 3. This convalescent leave is non-chargeable and will begin on the first full day after the date the Soldier's spouse is discharged or released from the hospital (or similar facility). This convalescent leave must be used in one increment or it will be forfeited. Soldiers may elect to return to full duty earlier than required but will forfeit the remainder of their convalescent leave should they do so. This convalescent leave is for emotional recovery and Family wellness. While on convalescent leave, Soldiers will not be required to physically report to their units.

(2) Pregnancy Loss.

(a) Profile. Soldiers who physically experience perinatal loss will receive an interim profile for the duration of their convalescent leave. Commanders will request that the discharging healthcare provider provide documentation of the profile to the Soldier at the time of discharge from the hospital or otherwise before the Soldier begins convalescent leave. The profile will delineate the amount of time a Soldier has to recover at home and the gradual progression of physical training at the Soldier's individual pace. The temporary profile will remain in effect, in its entirety, even if a Soldier elects to return to duty earlier than prescribed. It is the Soldier's responsibility to keep the command informed about the profile, leave, and any changes.

(b) Pregnancy Termination. Given the time-sensitive nature of the procedure, pregnancy termination will not require unit commander pre-approval. However, Soldiers will keep their commander notified of any expected absences and provide the commander any new physical profiles as soon as possible. The Soldier may do this without providing the specifics of the underlying procedure. Following the procedure, the Soldier will follow up as soon as possible with a credentialed healthcare provider with privileges in the OB/GYN specialty (such as an obstetrician-gynecologic physician, obstetrician-gynecologic advanced practice registered nurse, obstetrician-gynecologic physician assistant, family medicine physician, certified nurse-midwife, or women's health specialist provider). The purpose of the visit is to ensure the Soldier is fit for duty, to address any necessary convalescent leave and/or physical profile, and to ensure the Soldier has resources on topics such as contraception and/or mental health support, as needed.

i. Family Care Plans (FCPs). FCPs support the commander's ability to oversee mission, readiness, and deployability. These plans consider the unique challenges

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faced by RA and RC Soldiers who are single parents or in dual-military servicemember relationships. FCPs ensure Family members are adequately cared for when Soldiers are deployed, on TDY, or are otherwise not available due to military requirements. This paragraph applies to all Soldiers who have executed, or are required to execute, an FCP.

(1) Soldiers will not be required to utilize the long-term guardianship provisions of the FCP to meet short-term, unforeseen childcare requirements or for routine military duties occurring outside of normal duty hours, such as charge of quarters and staff duty. To ensure Soldiers have adequate time to arrange childcare, commanders should provide 3 weeks notice for duty requirements outside of normal duty hours or for significant changes to a Soldier's normal duty hours. Commanders will take no adverse action against Soldiers who cannot arrange childcare for these duties without 3 weeks advance notification.

(2) Pursuant to training management policies, commanders must provide at least 6 weeks notification, in writing, before requiring Soldiers to activate the long-term guardianship provisions of their FCP for routine TDY, school attendance, multi-day exercises, or similar duty that involves travel or extended periods of absence from the home outside of normal duty hours. The 6-week notification requirement does not apply to military operations or missions assigned because of a national emergency or activation of forces on prepare to deploy orders or similar orders. This includes Soldiers assigned to an immediate response force or crisis response force. Soldiers in rapid deploying units must always be prepared to utilize their FCPs for deployments, even on short notice.

(3) Commanders are encouraged to give Soldiers maximum flexibility to personally attend to short-term, unforeseen parenting requirements, even when doing so would interfere with military duties. This includes, but is not limited to, unscheduled childcare responsibilities due to child development center/school closures or child illness. In cases where training and operational requirements allow a Soldier's absence, the Soldier will not be charged ordinary leave if remaining in the local area to care for their children.

(4) Commanders will initiate involuntary separation due to parenthood only when a Soldier has been adequately counseled concerning deficiencies in their FCP and afforded the opportunity to overcome them. Commanders should consider all available counseling and rehabilitative options, including intra-post transfers, before initiating separation.

j. Active Duty Operational Support (ADOS).

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(1) Pregnant Soldiers will be eligible to apply and compete for ADOS tours despite their medical readiness classification 3 status.

(2) Soldiers will not be immediately released from active duty (REFRAD) on becoming pregnant. The restrictions of the profile for Soldiers who become pregnant while on an ADOS tour will be taken into consideration before any decision to REFRAD.

(3) Within 3 months of the date of this directive, the ASA (M&RA) will publish additional guidance for pregnant Soldiers serving on ADOS tours.

k. Parental Leave in the Reserve Components.

(1) In an effort to provide comparable parental leave across all components, ARNG/ARNGUS and USAR birthparents will be granted 12 paid UTAs within the 12 months following a birth. In addition to the 12 paid UTAs, birthparents are authorized an additional 4 unpaid UTA absences that can be rescheduled in accordance with AR 140-1 or NGR 350-1, as appropriate.

(2) Should the Army Military Parental Leave Program be updated, the Army's policy for the RC will be reviewed and updated in conjunction.

(3) Commanders will place eligible Soldiers in a parental leave status, excusing them from attending UTAs in accordance with this directive. Soldiers will receive compensation and retirement points only for regularly scheduled unit training assemblies that fall within the authorized parental leave period.

(4) For each paid UTA of parental leave used, the Soldier will accumulate one retirement point. A maximum of 12 points can be accumulated for the entire paid parental leave period.

(5) Any unused parental leave will be forfeited at separation from the Army.

(6) If a Soldier transfers from one component (COMPO) to another, all remaining parental leave for which the Soldier is eligible will transfer to the gaining COMPO. If a Soldier transfers from COMPO 1 to either COMPOs 2 or 3, the remaining leave will be calculated as a proportion of 12 inactive duty drill periods.

(7) This parental leave benefit terminates on the death of the child. Applicable convalescent leave for perinatal loss or bereavement will then apply. See paragraph 4h and enclosure 3 of this directive for information on applicable leave for perinatal loss.

l. Education of Leaders.

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(1) Pregnancy, postpartum, and parenting training will be incorporated throughout all pre-command courses. Education on menstrual suppression and contraception will also be provided. Other centers of excellence for the Advanced Leaders Course (ALC), Senior Leaders Course (SLC), Master Leader Course (MLC), Captain Career Course (CCC), Sergeants Major-A (SGM-A) course, Warrant Officer Senior Staff Course (WOSSC), Warrant Officer Intermediate Level Education (WOILE), and Intermediate Level Education (ILE) are encouraged to incorporate similar training tailored to their students' rank and leadership responsibility.

(2) Brigade-level commanders will publish a policy letter on pregnancy and postpartum Family wellness that will establish, at a minimum, brigade procedures for lactation, FCPs, duty away from home, and convalescent leave pursuant to this directive.

(3) The ASA (M&RA) will designate a lead to create an online, easily accessible, and consolidated toolkit for Family wellness and readiness. This will be a one-stop shop for Soldiers to access resources for Family expansion and parenting to help promote quality of life, retention, and a healthy return to readiness. This toolkit must not be CAC-enabled and, at a minimum, must contain the following resources:

(a) policy excerpts—a resource bank of all policies and procedures that govern and inform pregnancy, postpartum, parenthood, and Family readiness

(b) leader templates—a bank of templates, specific to each component, for commanders to use in their units to enhance quality of life and the command climate. (These templates, including counseling statements, command letters, and unit policies, will be based on policy and will incorporate best practices from across the Army. They should be tailored for officers and enlisted personnel.)

(c) standard of care—6-week postpartum provider referral questionnaires and self-screening tools to help Soldiers know when to seek different types of care and to promote proactive healthcare screenings

(d) additional resources—additional tips, resources, and training tools (such as slides and vignettes on healthy eating, sleeping, exercise, mental health, and other wellness topics) to help leaders support pregnant Soldiers, Soldiers undergoing fertility care, and new parents under their command/in their organizations

m. Roles and Responsibilities.

(1) The ASA (M&RA) will—

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- (a) Publish additional guidance for pregnant Soldiers serving on ADOS tours.
 - (b) Develop and track metrics to assess this directive's impact, including on readiness and female retention.
 - (c) Designate a lead within 3 months of the date of this directive to build, host, and update a consolidated online parenting toolkit (described in paragraph 4I(3) of this directive) to be completed within 2 years of the date of this directive.
- (2) The CG, TRADOC will—
- (a) Ensure all PME schools adhere to the 365-day postpartum body composition exemption for all eligible PME attendees effective the date of this directive.
 - (b) In coordination with the Combined Arms Center and medical personnel, review all PME courses within 2 years of the date of this directive and assess whether current physical requirements, including the record physical fitness test for admission and graduation, meet curriculum learning objectives.
- (3) The Surgeon General will—
- (a) In coordination with the DCS, G-1 and DCS, G-3/5/7, develop a fertility profile for use within 1 year of the date of this directive.
 - (b) Update postpartum profiles in accordance with enclosure 3 of this directive.
- (4) The DCS, G-1 will extend the PA ("Adoption") code to 365 days and will amend to include long-term child placement.
- (5) The CG, Army Installation Management Command will ensure the New Parent Support Program free resources are provided via access to Army Community Services.
- (6) Reserve Components. Each Component Surgeon will work to establish an integrated support system outside the military treatment facilities, or improve access to military treatment facilities, to provide postpartum and lactating Soldiers with guidance and support for a healthy body composition.
5. Proponent. The ASA (M&RA) has oversight responsibility for this policy and will ensure that proponents incorporate the applicable provisions of this directive into the following ARs within 2 years of the date of this directive:

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- a. The DCS, G-1 will update AR 135-91, AR 135-178, AR 600-8-2, AR 600-8-10, AR 600-8-11, AR 600-8-19, AR 600-9, AR 600-20, AR 614-100, AR 614-200, AR 614-30, AR 635-200, and AR 670-1.
 - b. The DCS, G-3/5/7 will update AR 350-1 and AR 525-93.
 - c. The DCS, G-4 will update AR 700-84.
 - d. The DCS, G-9 will update AR 608-10.
 - e. The Surgeon General will update AR 40-501 and AR 40-502.
 - f. The CG, TRADOC will update TR 350-70.
6. Duration. This directive is rescinded on publication of the revised regulations.



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Encls

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Commander, Eighth Army

REFERENCES

- a. Title 37, U.S. Code, section 206 (Reserves; members of National Guard: inactive-duty training)
- b. National Defense Authorization Act for Fiscal Year 2022, Public Law 117-81, 27 December 2021
- c. William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, Public Law 116-283, 1 January 2021
- d. National Defense Authorization Act for Fiscal Year 2020, Public Law 116-92, 20 December 2019
- e. Department of Defense (DoD) Directive 1308.3 (DoD Physical Fitness/Body Fat Program), 10 March 2022
- f. DoD Instruction 1315.18 (Procedures for Military Personnel Assignments), 28 October 2015, incorporating Change 3, effective 24 June 2019
- g. Secretary of Defense memorandum (Career Enhancement of Pregnant U.S. Service Members), 3 November 2020
- h. Military Personnel Message 21–131 (Temporary Promotion Sergeant through Sergeant Major), 4 May 2021
- i. Army Regulation (AR) 40–501 (Standards of Medical Fitness), 27 June 2019
- j. AR 40–502 (Medical Readiness), 27 June 2019
- k. AR 135–91 (Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Provisions), 14 March 2016
- l. AR 135–178 (Enlisted Administrative Separations), 7 November 2017
- m. AR 135–200 (Active Duty for Missions, Projects, and Training for Reserve Component Soldiers), 20 October 2020
- n. AR 350–1 (Army Training and Leader Development), 10 December 2017
- o. AR 525–93 (Army Deployment and Redeployment), 23 October 2019
- p. AR 600–8–2 (Suspension of Favorable Personnel Actions (Flag)), 5 April 2021

- q. AR 600–8–10 (Leaves and Passes), 3 June 2020
- r. AR 600–8–11 (Reassignment), 1 May 2007
- s. AR 600–8–24 (Officer Transfers and Discharges), 8 February 2020
- t. AR 600–9 (The Army Body Composition Program), 16 July 2019
- u. AR 600–20 (Army Command Policy), 24 July 2020
- v. AR 608–10 (Child Development Services), 11 May 2017
- w. AR 614–30 (Overseas Service), 22 December 2016
- x. AR 614–100 (Officer Assignment Policies, Details, and Transfers), 3 December 2019
- y. AR 614–200 (Enlisted Assignments and Utilization Management), 25 January 2019
- z. AR 635–200 (Active Duty Enlisted Administrative Separations), 28 June 2021
- aa. AR 670–1 (Wear and Appearance of Army Uniforms and Insignia), 26 January 2021
- ab. AR 700–84 (Issue and Sale of Personal Clothing), 22 July 2014
- ac. Deputy Chief of Staff (DCS), G-1 memorandum (DAPE-ZA) (Noncommissioned Officer Temporary Promotions – Additional Guidance), 13 December 2021
- ad. DCS, G-1 memorandum (DAPE-ZA) (Temporary Promotion (Sergeant through Sergeant Major)), 1 November 2021

DEFINITIONS

Unless otherwise noted, the terms and definitions in this enclosure are used for the purposes of this Army directive.

annual training. The minimal period of training Reserve members must perform each year to satisfy the training requirements associated with their RC assignment.

birth event. Any live birth of a child to a Soldier (or spouse). Multiple births resulting from a single pregnancy (for example, twins or triplets) will be treated as a single birth event if the multiple births occur within the same 72-hour period. Multiple births that do not occur within the same 72-hour period will be treated as separate birth events.

birthparent. The parent who physically gives birth.

conclusion of pregnancy. A pregnancy is defined as concluded after one of the following 3 events: (1) completion of surgical management of pregnancy, (2) medical encounter confirming completed spontaneous abortion, or (3) medical encounter confirming successful medical management of non-viable or viable pregnancy.

convalescent leave. A non-chargeable absence from duty granted to expedite a Soldier's return to full duty after illness, injury, or childbirth.

deployment. The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental U.S., inter-theater, and intra-theater movement legs, staging, and holding areas.

dual-Army couple. Two Soldiers, whether serving on active or reserve duty, who are married to each other.

dual-military couple. Two military servicemembers, whether serving on active or reserve duty, who are married to each other.

dual-military parent. A Soldier who shares with their military spouse all parental responsibilities for Family members acquired through birth or legal decree and who are in physical custody of the Soldier and who are under the age of 18 years or who are beyond 18 years but are mentally or physically incapable of self-care. (AR 600–20)

Family care plan. A document that outlines, on service-specific forms, the person(s) who will provide care for a servicemember's dependent Family members in the absence of the servicemember due to military duty (such as training exercises, temporary duty, and deployments). The plan outlines the legal, medical, logistical, educational, monetary, and

religious arrangements for care of the servicemember's dependent Family members. The plan must include all reasonably foreseeable situations and be sufficiently detailed and systematic to provide for a smooth, rapid transfer of responsibilities to the caregiver in the absence of the servicemember. (DoD Instruction 1342.19)

Family care planning. The process of planning for the care of dependent Family members. The planning is the initiative taken by a servicemember, or a contractor serving in an officially designated contingency operation, to use all available military and private-sector resources to ensure that dependent Family members receive adequate care, support, and supervision during his or her absence. (DoD Instruction 1342.19)

Family readiness. The state of being prepared to effectively navigate the challenges of daily living experienced in the unique context of military service. Ready individuals and families are knowledgeable about the potential challenges they may face, equipped with the skills to competently function in the face of such challenges, aware of the supportive resources available to them, and able to make use of the skills and supports in managing such challenges. This includes mobility and financial readiness, mobilization and deployment readiness, and personal and Family life readiness. (DoD Instruction 1342.22)

immediate Family member. Includes these Family members of either the Soldier or the Soldier's spouse: (1) parents, including stepparents; (2) spouse; (3) children, including stepchildren; (4) sisters, including stepsisters; (5) brothers, including stepbrothers; (6) only living blood relative; or (7) a person in loco parentis. (AR 600–8–10)

infertility. The failure to achieve a clinical pregnancy after 12 months or more of regular sexual intercourse in women ≤ 35 years of age or after 6 months or more in women > 35 years of age. Known medical conditions, such as bilateral tubal occlusion, anovulation, azoospermia. Same-sex couples or single Soldiers may warrant evaluation for infertility without the specified wait time.

lactation. The expression of milk by the mammary glands (Oxford Dictionary). The term lactation includes "breastfeeding," "chestfeeding," "nursing," "pumping," and "hand expression." Whenever feasible, the term lactation will be used in all subsequent policy revisions.

long-term foster care. Also known as other planned permanent living arrangement (OPPLA) or another planned permanent living arrangement (APPLA). A foster care living situation in which the youth is expected to remain until adulthood, often arranged when reunification, adoption, legal guardianship, or relative placement have been ruled out. (DHHS, Childwelfare.gov)

maternity convalescent leave. A 6-week convalescent period for a military member immediately following pregnancy and childbirth. Maternity convalescent leave, as with any convalescent leave, is non-chargeable. It begins on the first full day after the date of

discharge or release from a hospital (or similar facility) following childbirth.

miscarriage. The spontaneous loss of a pregnancy before the 20th week. (Mayo Clinic)

mobilization. The process of bringing the Army to a state of readiness for war, contingency, or national emergency. This includes activating all or part of the Reserve Component (RC), as well as assembling and organizing personnel, supplies, and materiel.

operational deployment. An operational deployment begins when the majority of a unit or detachment, or an individual not attached to a unit or detachment, departs home port, station, or base, or departs from an en route training location to meet a Secretary of Defense-approved operational requirement. An event is an operational deployment if it is recorded in the Joint Capabilities Requirement Manager or Fourth Estate Manpower Tracking System and is contained in the annual Global Force Management Data Initiative compliant tool under the Global Force Management Data Initiative reporting structure specified in DoD Instruction 8260.03 (The Global Force Management Data Initiative). Forces deployed in support of execute orders, operational plans, or concept plans approved by the Secretary of Defense are also considered operationally deployed. An operational deployment ends when the majority of the unit or detachment, or an individual not attached to a unit or detachment, arrives back at the home port, station, or base.

parental leave. Twelve weeks of non-chargeable leave for a member on active duty, a member of a Reserve Component performing active Guard and Reserve duty, a member of a Reserve Component subject to an active-duty recall or mobilization order in excess of 12 months that begins after the following events: birth, adoption of a child, or the placement of a minor child with the member for adoption or long-term foster care.

perinatal loss. The involuntary loss of pregnancy from conception to birth, including neonatal death up to 28 days of life.

postpartum. The phase following childbirth or a pregnancy.

proof of parentage. Birthparents are not required to establish proof of parentage. Other unmarried Soldiers desiring designation as a primary or secondary caregiver for a qualifying birth event must establish parentage in accordance with criteria prescribed by the Defense Enrollment Eligibility Reporting System (DEERS). Proof of parentage may include, but is not limited to, being listed (with consent) as a parent on the child's birth certificate or other government-issued document and written acknowledgment of an obligation to support the child, either by voluntary agreement or court order. Registration within DEERS must occur within 30 days of the birth.

qualifying adoption. An adoption that is arranged by a "qualified adoption agency" as that term is defined in Title 10, United States Code, section 1052.

single parent. A member or contractor who has no spouse or who is separated or otherwise apart from his or her spouse, but who has physical custody or joint custody of dependent Family members. (DoD Instruction 1342.19)

stillbirth. A stillbirth is the death of a baby at or after 20 weeks of pregnancy. An early stillbirth is a fetal death occurring between 20 and 27 completed weeks of pregnancy. A late stillbirth occurs between 28 and 36 completed pregnancy weeks. A term stillbirth occurs between 37 or more completed pregnancy weeks. (Centers for Disease Prevention and Control).

surrogacy. An agreement by a woman to undergo pregnancy so as to produce a child who will be surrendered to others. In accordance with AR 600–8–10 and DoD policy, Soldiers are not authorized to act as surrogates. In cases where a Soldier or dual-military servicemember couple uses a surrogate and then becomes the legal parent(s) or guardian(s) of the child, the event will be treated as an adoption.

temporary duty (TDY). Temporary duty at one or more locations, other than the permanent duty station, where a Soldier performs duty under orders either en route to a new permanent station or return to the current station after completing the TDY.

**PRACTICE ALGORITHM ON CONVALESCENT LEAVE AND PROFILE MODIFICATION
FOLLOWING CHILDBIRTH AND PERINATAL LOSS (RA AND RC)**

Pregnancy Duration (confirmed gestational weeks)	Convalescent Leave*	2nd Medical Clearance	Return to Regular Unit PT**	Diagnostic and Record Physical Fitness Testing	Comments
Up to 11 weeks, 6 days	7 days (3 for spouse) RC: Command Discretion	Not required unless medically indicated	30 days	Per FM 7-22	With or without surgical intervention
12 weeks, 0 days, to 15 weeks, 6 days	14 days (7 for spouse) RC: Command Discretion	Not required unless medically indicated	60 days	Per FM 7-22	With or without surgical intervention
16 weeks, 0 days, to 19 weeks, 6 days	21 days (10 for spouse) RC: 4 unpaid and excused UTAs RC: Command discretion for spouse	Required 60 days after conclusion of pregnancy	90 days	Per FM 7-22	If fetus weighs 350 grams or more, 42 days of convalescent leave will be granted. In cases of multiple pregnancies (twins, triplets, etc.), if one fetus meets the fetal weight of 350 grams or more, 42 days of convalescent leave will be granted.
20 weeks, 0 days, or greater	42 days (21 for spouse) RC: 6 unpaid and excused UTAs RC: 4 unpaid and excused UTAs for spouse	Required 150 days after conclusion of pregnancy	180 days	Per FM 7-22	This row includes neonatal death up to 28 days of life.
Baby born alive at any gestation	42 days RC: 6 unpaid and excused UTAs*	Required 150 days after conclusion of pregnancy	180 days	Per FM 7-22	Convalescent leave is in addition to any authorized parental leave.

*May be extended as recommended by the medical provider. Soldiers may elect to return to full duty earlier than prescribed in their profiles with the evaluation and approval of their healthcare provider.

**Soldiers may elect an early release from the P3T program and return to regular unit physical fitness training earlier than prescribed in their profiles. However, leaders should never pressure Soldiers to return to regular unit physical fitness training earlier than prescribed. Profile recommendations specify when fitness assessments should occur and do not correlate to when Soldiers can or should resume exercise or physical training. This timing should be determined in collaboration with an obstetrical provider; however, after an uncomplicated vaginal delivery, resumption of exercise may begin within days to weeks.

Source: Defense Health Agency, July 2021, updated by the Army Office of The Surgeon General, October 2021.