A Guide to Female Soldier Readiness

USACHPPM
Technical Guide 281

January
2007

A Guide to Female Soldier Readiness

Supersedes TG 281, September 2006

ACKNOWLEDGEMENTS

The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), Aberdeen Proving Ground, Maryland acknowledges the fine work done by the original authors of this guide while assigned to Madigan Army Medical Center: COL Robert E. Ricks, COL Roderick F. Hume, Jr., and CPT Tiffany Vara.

The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) acknowledges the fine work done by the original contributors of this guide while assigned to USACHPPM, Directorate of Health Promotion and Wellness: MAJ Beverly A. Crosby, Ms. Judith S. Harris, and Ms. Lisa J. Young.

Much appreciation goes to the USACHPPM subject matter experts and consultants while assigned to USACHPPM, Directorate of Health Promotion and Wellness who made this technical guide possible: LTC Sonya Corum, LTC Deborah Simpson, LTC Georgia dela Cruz, MAJ Michael Bell, Dr. Justin Curry, and Ms. Bethann Cameron.

Credit and appreciation goes to the following while assigned to Headquarters Department of the Army G1 Human Resources Directorate for their guidance and assistance: COL Leana Fox, LTC Teresa Hall, CSM Katrina Easley, Ms. Brenda Williams.

Credit and appreciation goes to those assigned to the office of the Command Surgeon, U.S. Training and Doctrine Command for their guidance and assistance.

Credit and appreciation goes to the many U.S. Army Surgeon General consultants from the Army Medical Department Corps for their guidance and assistance.

For information regarding this guide contact USACHPPM, Directorate of Health Promotion and Wellness, Aberdeen Proving Ground, MD 21010; 410-436-4656 or by email to DHPWWebContacts2@amedd.army.mil.

PREFACE

Female Soldiers encounter unique health care situations and considerations. The responsibility for female readiness ultimately falls to the female Soldiers themselves. However, this technical guide and the resources referenced within provide strategies for effectively ensuring female readiness with the least amount of impact on the day-to-day mission of the unit. The guide addresses areas such as pregnancy profiles, exercise during pregnancy, field needs of female Soldiers, and preventive health measures for the barracks environment. The target audience is female Soldiers, leaders of female Soldiers, and health care providers (HCPs) of female Soldiers.

Female Soldiers are encouraged to include the considerations found in the guide in their planning for field exercises and deployments. The goal is to have positive duty assignments, without the problems that frequently typify field and deployment assignments.

Every military leader is a manager of time, resources, and people. Effective military leadership demands the maximum use of each of these elements. The goal of this technical guide is to enable leaders to maximize the potential of the female Soldier. Specific Leader Tips are found throughout the guide to give additional recommendations for leaders.

HCPs are frequently requested to give guidance and recommendations related to female Soldier health issues. This technical guide provides references to assist them in this role.

The mention of or reference to documents, products or websites that are from a non-federal entity are intended to assist the reader in obtaining further information about the topics in this guide. These references should not be construed or interpreted in any way to be official U.S. Army endorsement of same.

TABLE OF CONTENTS

CHAPTER 1. FEMALE SOLDIERS IN THE FIELD

The field environment presents some special considerations, particularly for the female Soldier. However, if approached proactively, these considerations will have a limited impact on the mission of the unit.

Section I. General Hygiene

Bathing requirements in FM 21-10, Field Hygiene and Sanitation, state that optimally, Soldiers should have access to a shower or bath every day, or at least once every week for good personal hygiene. This prevents skin infections and infestation by insects. Given mission constraints, if showers or baths are not available washing daily with a wash cloth is advised. Particular attention should be given to sweaty areas or places that become wet: genitals, armpits, feet, between thighs and buttocks and under breasts.

It is highly recommended that female Soldiers that are menstruating during field exercises or deployments have daily access to bathing facilities. This does not mean that there must be a fixed facility with hot and cold running water. A private place with sufficient drainage should be adequate for a "bird bath." A full canteen of water is required for one Soldier and a 5-gallon container for multiple Soldiers. Provisions for heating water would be helpful, but this is not always possible. This setup could be arranged using a general purpose (GP) small tent and some improvised flooring (e.g., wood pallets).

However, a Soldier should not be restricted from certain duties or missions during a Soldier's menstrual cycle to accommodate a shower run to the rear if a bathing area has been provided in the area of operations. Hormonal control during field exercises is an option female Soldiers should discuss with their provider.

Female Soldiers who are not menstruating should be treated like male Soldiers with regard to accessing fixed shower facilities. Shower runs should be coordinated without gender preference influencing the frequency of the showers. Soldiers, regardless of gender, should avoid using perfume, cologne, or scented soaps, since these will attract insects. However, unscented lotion should be used to keep the skin from cracking and becoming infected. Cosmetics are not authorized in the field.

Vaginitis (an infection causing irritation of the vagina) is a common condition and can affect women of all ages. The infection is rarely a serious threat to a Soldier's health. However, the infection can cause discomfort and may require treatment by a HCP.

The two most common forms of vaginitis are candidiasis (yeast infection) and bacterial vaginosis (BV). A yeast infection is caused by a fungus. A Soldier may experience itching and burning of the vagina and the area around the entrance to the vagina. The area may also be red and swollen. A white discharge that looks like cottage cheese may also be present. Yeast infections may be treated by HCPs with prescribed oral or vaginal medications. Over the counter vaginal treatments are also available. A HCP should be contacted if there are concerns or if an over the counter treatment does not resolve the symptoms.

Bacterial vaginosis is caused by an overgrowth of several different bacteria that are normally found in the vaginal area. A Soldier will experience an increase in vaginal discharge. The discharge is often thin and watery, gray or white and has a strong "fishy" smell. A HCP should be seen if these symptoms are present to ensure proper treatment. Always take the medication exactly as directed.

Prevent vaginal infections by always wiping from front to back after bowel movements, keep the vaginal area clean and dry, and avoid tight clothing. Cotton panties will help absorb moisture and allow air to circulate. Also, the wearing of spandex products for long periods of time should be avoided. Douching may disrupt the balance of natural organisms in the vagina, which may lead to yeast or bacterial infections. Diaphragms, cervical caps and medication applicators should be thoroughly cleaned after each use.

Section II. Packing List Additions

Cleanliness requirements for females differ from those of males. To compensate for a lack of shower facilities in the field, certain items must be added to the packing list of female Soldiers.

Unit packing lists, specifically sundry packs, need to be designed with females' needs in mind. During extended deployments, push packages of sanitary supplies may not be available. For the initial phase of the deployment, female Soldiers should pack enough sanitary supplies for 30 days.

Baby wipes (unscented)	Should be mandatory, not just as a "nice-to-have" item. There is often no toilet paper available in field environments, and this can have an impact on a female's health. Not cleansing oneself adequately can lead to infection and discomfort.
Panty liners	Add to the packing list for females.
Sanitary pads and tampons	Add to the packing list for females.
Cotton underwear	Female Soldier should pack own.

Sports bras	Female Soldier should pack sports bras or bras designed for support.
Multivitamin that includes iron, folate, and calcium	Include on the packing list for those who do not eat all of the provided rations. A multivitamin and a calcium supplement will supplement the diet by providing the vitamins and minerals that the body needs for maximum performance. If other medications are prescribed, a HCP or pharmacist can say whether the multivitamin can be taken with the medicine or if they are better taken separately. Other dietary supplements such as those marketed for weight loss are discouraged.

Section III. Urinary Tract Infections

Urinary tract infections (UTIs) are among the most common bacterial illnesses of young adults, especially young women. Because they are so common and often recurrent, UTIs are responsible for significant short-term disability and very high health care costs. Normal urine is sterile. An infection occurs when microorganisms, usually bacteria from the digestive tract, cling to the opening of the urethra (the tube from the bladder to the outside of the body) and begin to multiply. In most cases, bacteria first begin growing in the urethra. From there bacteria often move on to the bladder, causing a bladder infection. The urinary system is structured in such a way as to help ward off infection. The ureters (the tubes from the kidneys to the bladder) and bladder normally prevent urine from backing up toward the kidneys, and the flow of urine from the bladder helps wash bacteria out of the body. It is essential that a Soldier drink plenty of water when in the field to maintain adequate urine flow even though bathroom facilities may not be optimal.

During convoys or other operations that restrict the places and time allowed for urination, many female Soldiers limit their consumption of liquids. In this effort to decrease their need to urinate, Soldiers dehydrate themselves, sometimes to a dangerous degree. Females should be allowed enough time to urinate on a regular basis, especially since they have to remove much of their gear and require more time than men. There are several commercially developed female urinary devices (FUD) which are available for bladder relief in difficult situations. These devices allow females to urinate through the fly of the uniform while still standing. As of the date of this document one brand is available in theater in Southwest Asia (SWA) and can also be obtained from the U.S. Army Medical Materiel Command (USAMMC) Europe. The stock number for the female portable urinal on the USAMMC-SWA TAMMIS is 4510-01-470-2805. Several brands and styles can also be ordered directly from urinary equipment manufacturers.

Not everyone with a UTI has symptoms, but most people exhibit at least some symptoms, such as a frequent urge to urinate and a painful, burning feeling in the area of the bladder or urethra during urination. It is not unusual to feel bad all over – tired, shaky, washed out – and to feel

pain even when not urinating. Often, women feel an uncomfortable pressure over the pubic bone. Commonly, a person with a urinary infection will complain that, despite the urge to urinate; only a small amount of urine is passed. The urine itself may look milky or cloudy, even reddish if blood is present.

Antibiotics are used to treat UTIs. The choice of drug and length of treatment depend on the patient's history and the urine tests that identify the offending bacteria. It is important to take all antibiotics for the length of time prescribed by the HCP even if symptoms disappear.

Various drugs are available to relieve the pain of a UTI. A heating pad may also help. Most HCPs suggest that drinking plenty of water helps cleanse the urinary tract of bacteria. It is best to avoid coffee, alcohol, and spicy foods. Because smoking is the major known cause of bladder cancer, those who smoke should seriously consider quitting.

The following are some steps that a Soldier can take to avoid a UTI:

• Drink enough water to urinate 6-8 times a day. Cranberry juice has properties that help prevent UTIs and is recommended when available.

• Urinate when the need is felt; don't resist the urge to urinate.

• Wipe from front to back to prevent bacteria around the anus from entering the vagina or urethra.

• Take showers instead of tub baths.

• Cleanse the genital area several times a day.

• Wear panties with a cotton crotch.

• Avoid using feminine hygiene sprays and scented douches that may irritate the urethra.

• Contact a HCP with questions or concerns.

Section IV. Predeployment Education

Prior to an extended deployment or a contingency operation, units can coordinate training sessions in field hygiene through the public/community health nursing section or the Department of Obstetrics/Gynecology (OB/GYN) at their local medical treatment facility (MTF). A

representative from the unit with previous deployment experience may also be trained to provide this type of education.
Some suggested topics for these predeployment briefings are: 1) birth control and sexually transmitted infections (STIs); 2) female hygiene in field settings, to include advice on how to avoid UTIs and yeast infections; 3) female-specific health care services available in theater and ways to obtain these services; 4) guidance on packing sufficient female hygiene products and medications; 5) tips on staying healthy; 6) guidance on nutrition and dietary supplements; 7) sexual assault awareness information and/or training.

Section V. Nutrition Basics

A Soldier is responsible for his or her assigned equipment and weapon. Proper maintenance of equipment and weapons is essential. Soldiers often forget that they are also responsible for proper maintenance of themselves.

LEADER TIP: Leaders often walk through the motor pool to evaluate the status of vehicles and to talk to Soldiers. This is a common technique for assessing Soldier morale. Leaders should also take time to walk through the dining facility and talk to their Soldiers. This provides a good opportunity to not only assess morale but also see what the Soldiers are being served and what they are actually eating at mealtime. When in the dining facility, look at the food choices for meals and snacks. Are all of the food groups represented?

For top performance, Soldiers should consume foods from all of the food groups to include grains, vegetables, fruits, milk, and meat and beans. Females require more of certain nutrients, such as iron, calcium, and folic acid.

Iron. Female Soldiers need 15 mg of iron daily. A lack of iron may cause fatigue and anemia. Meats are the best-absorbed source of iron, but other good sources include beans, spinach, dried fruits and iron-enriched cereals.

Calcium. Female Soldiers need 1000 mg of calcium daily. Insufficient calcium in the diet can lead to stress fractures and osteoporosis. Calcium is primarily found in dairy products. Many females have eliminated dairy products for fear of consuming too many calories. Low-fat milk products offer roughly the same amount of calories per ounce as orange juice. Other dairy products that are good sources of calcium are low-fat yogurt and cheese. Broccoli, spinach, calcium-fortified juices and bread are also good sources of calcium.

Folic acid (Folate). If a Soldier is in her childbearing years, she needs 400 micrograms of folic acid daily. Folic acid is the form of folate in fortified foods and supplements. Women who

consume enough folate, especially prior to conception and during the first three months of pregnancy, reduce the risk of neural tube defects. Folate naturally occurs in citrus fruits and juices, dark green leafy vegetables, nuts, legumes and liver. Foods like bread and crackers are also fortified with folic acid.

Eating balanced meals is very important because consuming adequate calories and nutrients is essential for good health and performance.

For additional information regarding nutrition, contact the registered dietitian at the installation, or visit the following websites:

• http://www.hooah4health.com/body/default.htm

• http://chppm-www.apgea.army.mil/dhpw/ (under "Nutrition Products and Services")

Section VI. Weight Management Awareness

According to Army Regulation (AR) 600-9, The Army Weight Control Program (AWCP), female Soldiers who become pregnant are exempt from the AR 600-9 standards throughout the pregnancy plus 6 months following the end of the pregnancy. Pregnancy creates the need for additional nutrients. Therefore, it is highly recommended that a Soldier seek medical guidance regarding weight management during pregnancy.

LEADER TIP: If a Soldier becomes pregnant while in the AWCP, she is considered nonpromotable and is flagged for awards and other favorable actions IAW AR 600-9, dated 1 September 2006 and AR 600-8-2, Suspension of Favorable Personnel Actions (Flags). She will receive nutrition counseling from a dietitian or other HCP while enrolled in the AWCP.

Weight control concerns deal not only with the overweight Soldier but also with the underweight Soldier. Although men are diagnosed with anorexia nervosa and bulimia nervosa, these eating disorders and others are predominantly found in women. Eating disorders are a serious health concern. If a Soldier is suspected of having an eating disorder, insure that the Soldier receives an evaluation by a HCP.

Eating disorder danger signals—

• Restricted intake of food
• Obsession with food

• Binging and purging (disappearing to the restroom immediately after eating)
• Obsession with body image
Lanugo – growth of fine, downy hair on the body (anorexia)
Swelling of the cheek and/or jaw areas (bulimia)
Teeth marks on the hands and/or fingers (bulimia)
Stashes of diuretics, laxatives, diet pills, binge food
Mood changes (for example, irritability)
Broken blood vessels in the eyes
Dental report of eroded enamel

Physical complications—

• Bone loss and susceptibility to stress fractures
• Insomnia
• Sensitivity to cold
• Abnormally low heart rate and blood pressure
• Chronic body fluid losses that deplete blood potassium, sodium and chloride levels, resulting in muscle spasms, weakness and irregular heart beat
• Dental erosion (bulimia)
Death

The media bombard us with weight management information. If a Soldier is interested in maintaining or losing weight, it is important for her to be a smart health care consumer. If the weight loss product or program sounds too good to be true, it may affect a Soldier's immediate and long-term health. The best place to receive weight management information and guidance is the Nutrition Clinic at the local MTF. A dietitian can provide a Soldier with guidance on safe and successful approaches to losing weight.

For additional guidance on weight management and nutrition:
http://www.armyg1.army.mil/hr/weight.asp
http://chppm-www.apgea.army.mil/dhpw/Wellness/ppnc.aspx
http://www.hooah4health.com/body/default.htm

Section VII. Oral Health in the Field

Unfortunately, neglect of oral hygiene is all too common during field situations. The high-carbohydrate content of field rations and the exposure to sugar-containing drinks increase a Soldier's risk of developing tooth decay. Bacteria in dental plaque produce acid that removes the minerals from tooth enamel and causes decay. Also, failure to properly remove plaque from

the teeth and gums for a week or more usually results in the development of gingivitis (inflammation of the gums). Already existing gum disease can become exacerbated.

Be aware of the fact that hormone fluctuations affect oral health. Estrogen and progesterone promote an increase in oral bacterial levels and changes in the microcirculatory system (blood supply). Those who already have gingivitis can experience an increase in inflammation during monthly hormonal fluctuations. Increased hormone levels associated with the use of hormone supplements (including oral contraceptives) can also cause an increase in inflammation of the gums, resulting in tenderness, swelling, and bleeding when brushing. Females who use oral contraceptives are also twice as likely to develop a dry socket after dental extraction.

Maintaining good oral hygiene practices to prevent dental decay and gum disease is very important for females in the field.

Floss once a day. Dental floss prevents dental decay on contact surfaces and gum disease. Ideally, a Soldier should floss once a day, before brushing.

Brush teeth 2-3 times a day with fluoride toothpaste. Brushing removes the harmful bacteria that cause tooth decay. Fluoride remineralizes (hardens) any areas of the tooth enamel that have been weakened by bacterial acids. A Soldier does not have to rinse after brushing. In fact, **not** rinsing allows the fluoride to remain in contact with the tooth surfaces where it is most effective.

Avoid sugary snacks and drinks, especially between meals. Sodas and sports drinks can cause tooth decay and weight gain.

Avoid tobacco. Tobacco causes mouth diseases such as gum disease, tooth decay, and oral cancer.

Chew gum that contains xylitol as the first ingredient for 5 minutes after eating.

Section VIII. Non-pregnancy Restrictions

Some female-specific conditions unrelated to pregnancy, such as certain infections or severe vaginal bleeding, may preclude female Soldiers from participating in a field exercise, deployment, or even normal duty. If a Soldier experiences such a condition, seek a medical assessment and provide feedback to the unit.

CHAPTER 2. REPRODUCTIVE HAZARDS, PREGNANCY, AND PARENTING

Pregnancy is a major life-cycle event for Soldiers and a major concern for commanders. Pregnancy is not a disease or affliction. With proper management and education, a female Soldier can be a productive member of her unit throughout her pregnancy.

The maximum use of a pregnant Soldier may require some creative thinking or temporary internal reassignments within a unit. While this may be mildly disruptive, it also can present the opportunity for cross-training. A pregnant Soldier can continue to work in a worthwhile position and be a value-added resource to her unit.

Section I. Reproductive Hazards

Reproductive and developmental hazards in the workplace are an important concern if a Soldier is attempting to conceive a child or is pregnant. A Soldier should be notified of any known reproductive hazards when in-processing into a unit and how to access the nearest Occupational Medicine Clinic. Finally, a Soldier must promptly tell her commander if she becomes pregnant so that the Occupational Medicine Clinic can be notified.

A Soldier should know which operations in a unit could cause reproductive hazards. Specific occupational health limitations will be listed on a Soldier's pregnancy profile. A Soldier should contact her chain of command if there is concern about reproductive hazards in her workplace. A Soldier can also get information about reproductive hazards from the Occupational Medicine Clinic through the MTF.

An occupational history will be taken at the Soldier's first visit to assess potential workplace hazards related to the Soldier's military occupational specialty (MOS) and if additional occupational exposures should be avoided during the pregnancy.

LEADER TIP: A leader's responsibilities regarding reproductive and developmental hazards include assuring that Soldiers are informed about potential workplace reproductive hazards and assuring that a pregnant Soldier and her fetus are not at risk by the Soldier's work assignment.

Commanders should be aware of which operations under their command pose hazards. The most likely area to contain potential hazards is the motor pool. Weapons maintenance and firing; handling of petroleum, oil, and lubricants; and pesticide application may also pose potential risks. The following military occupational specialty codes have the highest potential for exposures: 44 B; 45 series; 52 C, D; 62 B; 63 series; and 77 F. In hospitals, high-risk areas include the pharmacy, the operating room, post anesthesia care unit, radiology, nuclear medicine,

and the oncology clinic. The level of risk depends on the frequency, duration, and intensity of the exposures, and any preventive measures that are in place. The unit commander is advised to establish liaison with the industrial hygiene officer or occupational health personnel at the installation.

Section II. Pregnancy Counseling

After a positive pregnancy test, a Soldier will receive a pregnancy profile from a HCP. A Soldier must give the profile to her commander. The starting point for all pregnant Soldiers is pregnancy counseling by the company commander. The counseling session should take place as soon as possible after the unit is informed about a medically confirmed pregnancy test. The session can avert misunderstandings, indecision, and potential problems. A standard checklist is often used during the counseling session. Figure 8-1 in AR 635-200 provides a sample pregnancy counseling checklist for the enlisted Soldier.

Although female officers are not eligible for Chapter 8 separation, they may request resignation from active duty due to pregnancy. The same counseling is very relevant and highly recommended, regardless of rank. Policy pertaining to Reserve Component and Active Duty officer pregnancy separation and counseling is in AR 600-8-24, paragraphs 2-13, 2-14, 3-11, 3-12, Tables 2-5 and 3-4.

The counseling session should be more than a check-the-block exercise. The commander should be prepared to answer specific questions regarding separation, medical entitlements, etc. A Soldier's immediate supervisor also needs to understand the counseling in order to deal with any follow-up questions. Table 2-1 provides information to supplement and explain the checklist. Areas not covered in the checklist but addressed elsewhere in this technical guide include pregnancy and postpartum (after childbirth) physical training (PT), assignment of duties such as charge of quarters (CQ)/staff duty noncommissioned officer (SDNCO)/staff duty officer (SDO), the AWCP, and agencies available to assist a Soldier.

Table 2-1
Supplementary information for pregnancy counseling session

Subject	Basic Facts	References
1. Retention or separation	Soldiers may choose to remain in the Service or separate.	AR 635-200, paragraphs 1-16, 1-36, 5-11, 6-3, chapter 8, and 11-3b
	Officers may choose to remain in the Service or request release from active duty; those officers with obligations due to schooling, incentive pay or funded programs are not eligible for release until completion of Service obligation.	AR 600-8-24, paragraphs 2-13, 2-14, 3-11, and 3-12; tables 2-5 and 3-4; and figures 2-2 and 2-3
	Reenlistment may be allowed during pregnancy and on AWCP.	AR 600-9, paragraph 3-3b
2. Maternity care	A Soldier remaining on active duty will receive care in a military or civilian facility if no military maternity care is available within 50 minutes of where the Soldier works and resides.	AR 40-400, paragraphs 2-2 and 2-8
	Soldiers separating are authorized treatment only in a MTF that has maternity care. They are **not authorized** care in a civilian treatment facility at government expense.	AR 40-400, paragraph 3-39
a. Family planning services	Eligible upon request at MTFs	AR 40-400, paragraph 2-17
b. Abortions	Only performed in military facilities when the life of the mother is in danger	AR 40-400, paragraphs 2-18 and 3-39

Subject	Basic Facts	References
3. Leave	Soldiers may request ordinary, advance, or excess leave in order to return home or to another appropriate place for the birth, or to receive other maternity care. Care must be received at an MTF, or the Soldier must get a non-availability statement (NAS) from the treatment facility prior to leaving the area. If the Soldier fails to do this, she will be liable for the expenses incurred for her care. Leave is at the discretion of the command. Such leave will terminate with admission to the treatment facility for delivery. Nonchargeable convalescent leave for postpartum care is limited to the amount of time essential to meet medical needs, normally 42 days.	AR 600-8-10, paragraphs 4-27, 4-28, 5-3, 5-4, 5-5, 5-6, 5-7, and 5-13; tables 4-14, 5-3, and 5-4
4. Clothing and uniforms	Military maternity uniforms will be provided to enlisted Soldiers. Officers must purchase.	AR 670-1, chapters 4, 9, 11, and 17; paragraphs 1-6, 1-9, 1-10, and 14-6 AR 700-84, paragraph 4-9
	Soldiers cannot be required to purchase PT uniforms of a larger size.	AR 670-1, paragraph 14-6
5. Basic Allowance Subsistence (BAS) and Basic Allowance for Housing (BAH)	BAH with dependents is authorized for single Soldiers after the birth of the child. BAH without dependents is authorized when the pregnant Soldier moves off-post. Check with a Soldier's 1SG for information regarding the installation's policy on when a Soldier is authorized to move out of the barracks. Check with military housing for government quarters availability.	AR 210-50, paragraph 3-6e, 3-8e, 3-8p, 3-36b; Department of Defense (DOD) Financial Management Regulation 7000.14-R Vol. 7A CH 26; Installation Housing Office

6. Assignments	Except under unusual circumstances, pregnant Soldiers should not be reassigned to overseas commands. If assigned overseas when she becomes pregnant, the Soldier will usually remain overseas, but she may be reassigned within the continental U.S. (CONUS). Medical clearance must be obtained prior to any reassignment. Soldiers will be considered available for worldwide deployment 4 months after giving birth.	AR 614-30, paragraphs 3-3f, 3-8b, 5-1e, and 5-3; table 2-1, Nos. 13 and 14; table 3-1, Nos. 31-33
7. Involuntary separation for unsatisfactory performance, misconduct, or parenthood	If unsatisfactory performance or conduct warrants separation, or if parenthood interferes with duty performance, a Soldier may be separated even though a Soldier is pregnant.	AR 635-200, paragraphs 5-8, 11-3, and 13-2; and figure 8-1
8. Family care counseling	Single parents or dual military couples must have an approved Family Care Plan (FCP) on file. The plan must state actions to be taken in the event of assignment to an area where dependents are not authorized or upon absence from the home while performing military duty. Failure to develop an approved care plan will result in a bar to reenlistment. (See the sample letter of instruction for FCPs in appendix B of this guide.)	AR 600-8-24, tables 2-5 and 3-4 AR 600-20, paragraph 5-5 AR 601-280, paragraph 8-4 AR 635-200, paragraphs 8-9 and 8-10; and figure 8-1
9. Pregnancy and postpartum PT	Uncomplicated pregnancy does not preclude a Soldier from participating in a modified PT program. Pregnant and postpartum Soldiers should enroll and participate in pregnancy PT programs where available. Before participating in PT, the Soldier must obtain the profiling officer's approval. Participation in PT is guided by the Soldier's profile and any other limitations set by her	AR 40-501, paragraphs 7-9 and 7-10; DOD Directive (DODD) 1308.1, 4.3.2; and Field Manual (FM) 21-20

	HCP. Soldiers are exempt from the Army Physical Fitness Test (APFT) for 180 days postpartum. A postpartum Soldier will be issued a profile for 45 days that allows PT at the Soldier's own pace.	
10. Additional duties	Pregnancy does not preclude a Soldier from performing additional duties such as CQ/SDNCO/SDO. At 20 weeks there are some duty limitations. After the 28th week of pregnancy, when the Soldier's workweek is limited to 40 hours, these duties are counted as part of her 40-hour workweek, with a limitation of an 8-hour workday.	AR 40-501, paragraphs 7-9 and 7-10
11. Army Weight Control Program	Pregnancy invokes some special considerations in the AWCP. (See section VI of this chapter.) Pregnant Soldiers are exempt from body composition testing until 6 months after delivery or termination of the pregnancy.	AR 40-501, paragraph 7-13 AR 600-9, paragraphs 3-1d and 3-2k
12. Institutional School attendance/ eligibility	Pregnant Soldiers are waived from taking the APFT while attending a Professional Military Education course.	AR 350-1, paragraph 3-9
13. Profiles	Upon a medically confirmed positive pregnancy test, a Soldier will be issued a physical profile (DA Form 3349) for the duration of the pregnancy and prenatal care will be initiated. Beginning on the date of termination of pregnancy or date of delivery, postpartum Soldiers will be issued a temporary postpartum profile for 45 days.	AR 40-501, 7-9 and 7-10
14. Field Training Exercises	At 20 weeks pregnant, a Soldier is exempt from field duty. A postpartum Soldier receives a 4-month deferment from duty away from home station immediately	AR 40-501, 7-9d. (11) DODI 1342.19, 4-13

	following the birth of a child.	
15. Deployability status	Soldiers are "not available" for deployment in the following circumstances: - During pregnancy - Mother of newborn, for 4 months after delivery, unless Soldier waives - Parent of adopted child, for 4 months after adoption, unless Soldier waives - If no family care plan on file (see item 8)	AR 220-1, table D-1; AR 614-30, table 3-1
16. Common military training	Required individual or unit training related to female readiness: - Preventive measures against disease and injury - Army family team building - Ethics - Command climate - Sexual harassment and sexual assault prevention and response - Health benefits awareness	AR 350-1, appendix G

LEADER TIP: Ensure that all Soldiers are well informed. Appendix B contains a fact sheet outlining questions that pregnant Soldiers often ask and the answers to those questions. If accountability is an issue, include a block on the counseling checklist where the Soldier can initial upon receipt of the fact sheet.

Section III. Pregnancy and Postpartum Profiles

Once a Soldier has a medically confirmed positive pregnancy test, she will be issued a Physical Profile (DA Form 3349) and enrolled in prenatal care. Highlighted in this section are the major points of the profile issued for normal pregnancy and the postpartum period (AR 40-501, 7-9, 10).

Profiles for Soldiers experiencing difficult or complicated pregnancies will include more information than what is discussed in this section. If there are questions regarding the profile or the extent of its application, the best point of contact is the HCP who issued the profile.

Upon confirmation of pregnancy—

Profiles will be issued for the duration of the pregnancy. An occupational history will be taken at the first visit. The profiling HCP, in conjunction with the occupational medical clinic as needed, will determine whether any additional occupational exposures should be avoided for the remainder of the pregnancy. Upon delivery or termination of the pregnancy, a new profile will be issued reflecting revised profile information.

The profile will indicate the following limitations:

• Except under unusual circumstances, a pregnant Soldier should not be reassigned to overseas commands. A Soldier may be assigned within CONUS. A Soldier must obtain medical clearance prior to any reassignment.

• Soldier will not be assigned to duties when nausea, easy exhaustion, or sudden lightheadedness would be hazardous to a Soldier or to others, to include all aviation duty, classes 1/1A/2/3.

• Soldier will be restricted from assignments involving frequent or routine exposures to fuel vapors or skin exposure to spilled fuel, such as fuel handling or otherwise filling military vehicles with fuels such as mogas, JP8, and JP4.

• Soldier will not be permitted to paint, weld, solder, grind, sand on metal, wash parts, or perform other duties where she is routinely exposed to carbon monoxide, diesel exhaust, hazardous chemicals, paints, organic solvent vapors, or metal dusts and fumes.

• Soldier cannot participate in indoor weapons training, but firing of weapons at outdoor sites and laser weapons training is permitted. No exposure to organic solvents above permissible levels is permitted.

• Soldier may do preventive maintenance checks and services on vehicles using impermeable gloves and coveralls. A Soldier may work in areas adjacent to the motor pool if adequately ventilated and if shown by industrial hygiene sampling not to pose a hazard from chemicals, fumes or engine exhaust.

• Soldier should avoid excessive vibrations from vehicles greater than 1-¼ ton on unpaved surfaces.

• Wearing of individual body armor is not recommended and should be avoided after 14 weeks gestation.

• Upon the diagnosis of pregnancy, a Soldier is exempt from mandatory unit PT and from PT testing. Pregnant Soldiers should enroll and participate in pregnancy PT programs (where available) after receiving HCP approval to participate.

• Soldier is exempt from wearing load-bearing equipment.

• Soldier is exempt from all routine immunizations except influenza and tetanus-diphtheria.

• Soldier is exempt from exposure to all fetotoxic (poisonous to the fetus) chemicals noted on the occupational history form. She is exempt from exposure to chemical warfare and riot control agents and the wearing of mission-oriented protective posture (MOPP) gear at any time.

• Soldier may work shifts.

• Soldier must not climb or work on ladders or scaffolding.

• At **20 weeks** of pregnancy, a Soldier is exempt from standing at parade rest or attention for longer than 15 minutes. A Soldier is exempt from participating in swimming qualifications, drown proofing, field duty, and weapons training. The Soldier should not ride in, perform preventive maintenance, checks and services (PMCS) on, or drive vehicles larger than light medium tactical vehicles.

• At **28 weeks** of pregnancy, a Soldier must be provided a 15-minute rest period every 2 hours. A Soldier's workweek should not exceed 40 hours, and a Soldier should not work more than 8 hours in any one day. The duty day begins when reporting for formation or duty and ends 8 hours later.

• If a Soldier is experiencing a normal pregnancy, a Soldier may continue to perform military duty until delivery. Only unusual and complicated problems will allow excuse from all duty, and medical personnel will assist unit commanders in determining duties.

• A Soldier will not be placed sick in quarters solely on the basis of pregnancy unless there are complications present that would preclude any type of duty performance.

For postpartum profiles—

Convalescent leave after delivery will be for a period determined by the physician (AR 600-8-10) and is normally 42 days following normal pregnancy and delivery. Convalescent leave after

a termination of pregnancy (for example a miscarriage) will be determined by the physician on a case by case basis.
Beginning on the date of delivery or termination of pregnancy, postpartum Soldiers will be issued a temporary postpartum profile for 45 days, which allows PT training at a Soldier's own pace. A Soldier will receive clearance from the profiling officer to return to a Soldier's full duty. This clearance will specifically address impacts of the workplace exposure on breastfeeding. Pregnant Soldiers are exempt from the APFT for 180 days following termination of pregnancy. A Soldier is expected to use the time to prepare for the APFT after receiving clearance from a HCP to resume PT.

The chain of command will have the same expectations of a Soldier as they have for a Soldier's peers once a Soldier returns from convalescent leave. While the leadership may certainly be understanding of the hardships faced by new parents, there must be one standard for readiness and duty performance in the unit.

Section IV. Exercise During Pregnancy and the Postpartum Period

Pregnant and postpartum Soldiers should be treated as Soldiers first whenever possible. As a pregnant Soldier, a Soldier should participate as much as possible in all unit activities; this participation is vital to a Soldier and to other Soldiers in the unit. One way to do this is to continue a regular, although modified, PT program during uncomplicated pregnancies.

In a January 2002 opinion, the American College of Obstetricians and Gynecologists **recommended** that healthy women participate in at least 30 minutes of moderate exercise most days of the week. Exercise during pregnancy assists postpartum recovery and improves fitness, wellness, and self-esteem. Soldiers who maintain a level of fitness throughout their pregnancies may benefit by promoting a faster return to physical readiness, preventing excessive gains in weight and body fat, reducing physical discomforts and stress during pregnancy, and promoting a healthy pregnancy.

A Soldier's safety and that of the baby are the primary concern in any exercise program undertaken during pregnancy. The potential exists for maternal and fetal injury because of the physical changes that take place during pregnancy, so exercise recommendations and programs must be conservative. These changes include such things as a forward shift of the center of gravity, ligament laxity, and increases in blood volume, resting heart rate, core body temperature, metabolic rate, and respiration. They can impact the balance of a Soldier's body systems and increase the risk of joint injury and back pain.

The goal of exercise during pregnancy is to maintain the highest level of fitness consistent with

maximum safety for the Soldier and baby. After the baby is born, potential problems for women continue due to persistent musculoskeletal and physiological changes that occur during pregnancy.

LEADER TIP: Encourage Soldiers to participate in pregnancy/postpartum PT programs if such programs are available. Pregnant Soldiers must be evaluated and cleared for exercise by a HCP before taking part in any physical training program. A standardized pregnancy/postpartum physical training program (PPPT) has been developed and is available for Army-wide implementation. For more information regarding PPPT educational materials and personnel training contact the local point of contact for pregnancy/postpartum fitness or the USACHPPM PPPT website, http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPT.aspx

Guidelines

The guidelines that follow are based on the unique conditions that exist during pregnancy and the postpartum period. They outline general criteria for a safe exercise program.

Pregnancy and postpartum—

• A Soldier must have the approval of a HCP before beginning an exercise program.

• Regular exercise three to 5 times a week is preferable to intermittent activity. Competitive activities should be discouraged.

• A Soldier should not engage in vigorous exercise in hot, humid weather, or if a Soldier has a fever above 100.5 degrees Fahrenheit.

• Avoid ballistic movements (jerky, bouncy motions) such as high-impact aerobics, jumping rope and certain calisthenics like the mule kick or high jumper. Exercise on a wooden floor or a tightly carpeted surface to reduce shock and provide a sure footing.

• Avoid deep flexion (bending) or extension (straightening) of joints because of ligament laxity. Avoid activities that require jumping, jarring motions, or rapid changes in direction because of joint instability.

• Engage in a 10-12 minute period of muscle warm-up prior to vigorous exercise. Slow walking or stationary cycling with low resistance can accomplish this.

• Follow vigorous exercise with a 5-10 minute period of gradually declining activity that includes gentle stationary stretching. Because ligament laxity increases the risk of joint injury, do not stretch to the point of maximum resistance.

• Measure a Soldier's heart rate at times of peak activity during the first trimester and the postpartum period. Do not exceed exercise intensity limits established by the HCP. During the second and third trimesters, use the rate of perceived exertion to monitor exercise intensity. Second and third trimester Soldiers who are working at an effective intensity will be working at a somewhat hard to hard level, and should not exercise above hard.

• When doing floor exercises, rise gradually from the floor. Some form of activity involving the legs should be continued for a brief period after a Soldier rises from the floor.

• Ensure consumption of enough calories at regular intervals to maintain a steady blood sugar level. A Soldier should eat an extra 300 calories per day to provide adequate nutrition for herself and the fetus. A Soldier needs adequate protein (70-90 grams/day) and vitamins and minerals for tissue formation, energy, hormones, and cell function.

• After 20 weeks, use splinting techniques (crossing hands over the abdomen to pull the abdominal muscles toward the center) during curl-ups, curl-downs or head lifts to minimize the separation of abdominal muscles. Postpartum Soldiers with a separation of abdominal muscles of two fingers or greater also must splint and not do Army sit-ups.

• Drink liquids liberally before and after exercise to prevent dehydration. If necessary, interrupt a Soldier's activity to drink water.

• Exercise programs should correspond with a Soldier's pre-pregnancy fitness levels. Remember that a Soldier should work at her own pace. Avoid fatigue and over-training.

LEADER TIP: If a Soldier exhibits or experiences any warning signs or symptoms of overexertion or conditions that will limit exercise (see a detailed list below), direct her to stop the activity and ensure that she sees her HCP for an immediate medical assessment of her condition.

Pregnancy only—

• Strenuous activity performed at the maximum intensity level should not exceed 20 minutes in duration.

• Do not perform any exercise while lying on the back after the first 13 weeks of pregnancy; examples include leg lifts, butterfly kicks, bicycles, full sit-ups, and crunches.

• Avoid exercises that involve bending at the knees and bearing down since these exercises put undesirable strain on the rectum, cervix, and those muscles that support the internal abdominal organs and surround the vagina, urethra, and anus. Examples are full squats, both callisthenic and weight lifting, and deep knee benders.
• Avoid standing still for long periods. Weight-bearing aerobic sessions from 20 minutes to a maximum of 45 minutes are recommended.

LEADER TIP: There are conditions during pregnancy that may prevent a Soldier from exercising vigorously. A Soldier should be evaluated by a HCP to determine if a Soldier has any of these conditions, and the impact this may have on any exercise program. If a Soldier exhibits or experiences any warning signs or symptoms of overexertion or conditions that will limit exercise (see a detailed list below), direct her to stop the activity and ensure that she sees her HCP for an immediate medical assessment of her condition.

All of these conditions must be determined/diagnosed by a HCP, and are presented as information only so that Soldiers and Commanders may better understand the implications of any diagnoses and changes in profile.

Some conditions that **may limit exercise** during pregnancy are—
• High blood pressure
• Anemia or blood disorders
• Thyroid disease
• Diabetes
• Irregular heartbeat
• A history of premature labor
• A history of the fetus not growing adequately
• A history of bleeding during present pregnancy
• Breech presentation in the last trimester
• Excessive obesity
• Extreme underweight

Some conditions that **will limit exercise** during pregnancy are—
• A history of three or more spontaneous abortions (miscarriages)
• Ruptured membranes (water breaks)
• Premature labor
• Diagnosed multiple gestation (twins, triplets)
• Incompetent cervix (weak opening from the uterus and vagina)
• Bleeding or diagnosis of placenta previa (situation in which the placenta lies over the cervix)
• Diagnosed heart disease

Warning signs and symptoms of overexertion

A Soldier experiencing any of the following conditions must stop exercising and contact a HCP immediately for a medical assessment of her condition:
• Swelling of face and hands
• Severe headaches
• Pain
• Bleeding or excessive flow of clear or yellow-white fluid from the vagina
• Dizziness or lightheadedness
• Shortness of breath
• Palpitations or chest pain
• Faintness
• Back pain
• Pubic pain
• Difficulty walking
• Fever over 100.5 degrees F

Uniforms during exercise

Pregnant Soldiers will wear the physical fitness uniform until it becomes too small or is uncomfortable. At this time a Soldier may wear equivalent civilian PT attire. A Soldier may wear the T-shirt outside the trunks. A Soldier will not be required to purchase a larger physical fitness uniform to accommodate the pregnancy.

Section V. Oral Health During Pregnancy

Hormonal changes during pregnancy encourage bacteria to grow in the mouth and increase a woman's risk of developing gingivitis (redness and bleeding of the gums). Eating healthy foods and good oral hygiene will help keep gums healthy. In some instances benign (not harmful) growths can develop on the gums. A dentist can remove these growths if they become large, painful or interfere with chewing.

Emergency dental treatment to relieve pain or infection should be sought as soon as possible. Routine dental examinations or treatment can and should be performed during an uncomplicated pregnancy. In fact, pregnant women who have unhealthy gums may be affecting their unborn child's health. Several studies have shown a strong association between gum disease and poor birth outcomes (e.g., preterm delivery, low birth weight).

Many women experience nausea or hypoglycemia during pregnancy and find it necessary to eat

snacks between meals. Common snack foods such as crackers may be high in starches or sugars. This increased frequency of food consumption and increase in carbohydrate intake can promote tooth decay. Make sure to brush after meals or snacks.

One of the body's primary defenses against decay is saliva. Saliva contains proteins and electrolytes that buffer and neutralize bacterial acids. It also contains calcium and phosphorus, which promote the hardening of weakened tooth structure. During pregnancy, saliva may become more acidic, have decreased ability to maintain the balance between acidity and alkalinity and lower calcium levels. This may increase susceptibility to tooth decay, so maintaining good oral hygiene habits becomes particularly important.

The nausea that is often experienced during the first trimester is sometimes accompanied by vomiting. During the third trimester some women also experience severe heartburn, which may expose the mouth to acid. Stomach acids irritate the gums and soften the outer layers of tooth enamel allowing the enamel to be removed easily. If this happens repeatedly, the enamel will become thin. Do not brush immediately after the mouth is exposed to stomach acid. Rinsing with a solution of water that contains baking soda will neutralize the acid and allow the saliva to remineralize the teeth. If baking soda is not available, use plain water. If acid exposure happens repeatedly on a daily basis, a fluoride mouthwash or prescription fluoride gel may be necessary to prevent dental erosion.

To keep a mouth healthy during pregnancy:

Get a dental checkup and a cleaning, and take care of any dental problems.

Floss once a day. Dental floss prevents both dental decay on contact surfaces and gum disease. Ideally, a Soldier should floss once a day, before brushing.

Brush teeth 2-3 times a day with fluoride toothpaste. Brushing removes the harmful bacteria that use starchy/sugary food particles to create acids which cause tooth decay. Fluoride remineralizes (hardens) any areas of the tooth enamel that have been weakened by bacterial acids. A Soldier does not have to rinse after brushing. In fact, **not** rinsing allows the fluoride to remain in contact with the tooth surfaces where it is most effective.

Avoid sugary snacks and drinks, especially between meals. Sodas and sports drinks can cause tooth decay and weight gain.

Avoid tobacco. Tobacco causes mouth diseases such as gum disease, tooth decay, and oral cancer.

Chew gum that contains xylitol as the first ingredient for five minutes after eating. Xylitol is a natural cousin of sugar that is found in many fruits, berries, vegetables, and birch bark; when used regularly it reduces tooth decay.

Section VI. The Single Pregnant Soldier

Single Soldiers who become pregnant warrant additional attention from command since these Soldiers may have less support than married Soldiers. A Soldier who becomes pregnant needs to make important decisions about her future in the military and provision of care for her baby. For single Soldiers, these decisions may be more complex, especially if the pregnancy was unplanned.

LEADER TIP: The goal of the chain of command should be to empower a Soldier since this is a critical time in a Soldier's military career and personal life. By default, the chain of command often becomes the support network for the single pregnant Soldier as she progresses through her pregnancy. The most positive thing a Soldier's leadership can do is to provide a Soldier with information and points of contact (POCs). Upon learning that a single Soldier is pregnant, immediately involve the Chain of Command, NCO Support Chain, and Unit Ministry Team to assess the Soldier's needs, determine what assistance she may require, and find out how the Soldier is coping with any anxiety associated with her pregnancy. This should not be a formal counseling session but rather an informal discussion. Remember, the goal is to provide additional support to a Soldier who may have few resources and limited support outside of the unit. Any decisions concerning a Soldier's baby must be her own.

Any pregnancy can be a source of anxiety as well as celebration. For pregnant Soldiers who are making decisions about their futures and their babies without family or spouse, feelings of anxiety may become overwhelming for them at times. This anxiety can lead to the Soldier experiencing increased distress, unexpected difficulty in decision-making, and possibly choosing to alter her lifestyle without having thought through the consequences of her choice. For this reason, it is important that single pregnant Soldiers, whenever possible, reach out to their existing or newly established support systems for counsel and resist the desire they may experience to withdraw from others. Doing so will help reduce the stress burden, provide increased social support, and give single Soldiers access to "sounding boards" as they make important personal decisions regarding their pregnancies and careers.

While it is true that single Soldiers face special challenges during pregnancy as a result of their single status, it is worth remembering that some married Soldiers have family situations that contribute to stress rather than make it easier to bear. All Soldiers (single and married) should be considered as individuals with unique circumstances that contribute to their experience of pregnancy, and unit support should be provided at a level commensurate with the Soldier's situation.

In many cases, though, a Soldier may need more help than the unit can provide. In such instances, there are a number of support services available to address different areas of concern. These services are available to all eligible Soldiers (both single and married) who could benefit from them. In addition to support services provided by the Army or local government, it is also a good idea to check out the community resources available in the area. A list of community services and resources should be available through Army Community Services, Community/ Public Health Nursing, or Preventive Medicine Services.

Social Work Services

These services can be very helpful to a single, pregnant Soldier. Social Work Services (SWS) can help Soldiers plan for the arrival of a child by teaching them what to expect from a newborn; how to deal with financial issues, child care arrangements, and changes in relationships; general education about child rearing; and community resources to assist new mothers and mothers with other children. They can also help the Soldier deal with difficult decisions, such as adoption or separation from the military.

LEADER TIP: In most cases, a Soldier cannot be forced to seek help from Social Work Services (nor should they be), but these services should be offered to a Soldier. Reinforcement at the unit level can be beneficial to encourage Soldiers to take advantage of these services. Leaders should feel free to contact SWS if they have questions or concerns. If leaders are concerned for a Soldier's safety or mental health but that Soldier refuses to go to SWS, then leaders should contact SWS to learn more about the command-referral process. If leaders should become concerned for the safety or health of a Soldier's child, they should contact the installation's Family Advocacy Program (usually co-located with SWS).

Women, Infants, and Children Program

The Women, Infants, and Children (WIC) Program is designed to help low-income women and families. Eligibility for WIC benefits is determined by financial need. The program helps a Soldier buy food during pregnancy and after delivery. It also helps in the purchasing of formula and food for infants and children. In the military, most single Soldiers in the grade of E-4 and below qualify for the WIC program.

In addition to providing support and facilitating assistance to single pregnant Soldiers, there are some regulatory actions that must be implemented when a single Soldier becomes pregnant. These include issues concerning housing, food, and Family Care Plans.

Basic Allowance for Housing (BAH)/Basic Allowance Subsistence (BAS)

Pregnant Soldiers living in barracks are authorized to remain in the barracks until they deliver. Check with the First Sergeant and the installation housing office for the local policy governing when a Soldier is authorized to move out of barracks and to receive BAH. A single Soldier is authorized to put her name on the military housing waiting list once the pregnancy is confirmed by a medical authority; however, family housing will not be assigned nor will the Soldier be eligible to receive BAH at the "with dependents" rate until the birth of the child.

In cases in which a single Soldier elects (with the permission of her chain of command) to vacate the barracks prior to delivery, she is entitled to BAH at the "without dependents" rate and BAS in order to establish a home prior to the birth of the child. Poor planning can increase the financial burden on the single Soldier and create a number of problems down the road. Timely completion of the paperwork required to start BAH and BAS will greatly ease this transition and allow the single pregnant Soldier to focus on what is really important.

In some instances, single pregnant Soldiers move out of the barracks early, and then approach HCPs to obtain a "profile" stating that they cannot tolerate the dining facility food and need to receive BAS prior to the seventh month of pregnancy. However, dining facilities provide a range of selections that should accommodate a Soldier's dietary tolerances. In writing profiles, medical providers must follow established guidelines, which prohibit making command/ administrative determinations (AR 40-501, para 7-3e[1]). Furthermore, profiles are medical recommendations to the chain of command; commanders are not required to follow profile recommendations. Soldiers need to understand this prior to moving out of the barracks early and possibly getting into financial trouble.

Family Care Plan

In order to remain on active duty, single parents and dual military couples must have a workable family care plan (FCP). A Soldier should begin preparing this plan once she determines that she is going to raise a child while remaining in military service. According to AR 600-20, a complete FCP should include the following information:

• A letter of instruction outlining the specifics of the care arrangements in case duties preclude a Soldier from caring for their child. Appendix C contains a sample letter of instruction for FCPs.

• DA Form 5304-R (Family Care Plan Counseling Checklist) which is used for the counseling session performed by the company commander when there is a need to initiate a care plan.

• DA Form 5305-R (Family Care Plan) used to verify the adequacy of the completed care plan.

• DA Form 5840-R (Certificate of Acceptance as Guardian or Escort) and DA Form 5841-R (Power of Attorney). Powers of attorney for temporary guardianship, permanent guardianship, and escort are available in the legal assistance section of the Office of the Judge Advocate General (OTJAG).

• DD Form 1172 (Application for Uniformed Services Identification Card—DEERS Enrollment) required regardless of the age of the child(ren).

• DD Form 2558 (Authorization to Start, Stop or Change an Allotment) used to provide for care of a Soldier's child(ren) during a Soldier's absence.

One advantage to formulating a Soldier's plan early is that it may allow a Soldier to see the complexity of being a single military parent. A Soldier will then be able to make a more informed decision about whether to remain on active duty or separate from the military.

Section VII. Pregnancy and the Army Weight Control Program

Pregnancy creates some special considerations in the Army Weight Control Program (AWCP). The governing regulation is AR 600-9.

If a Soldier is not enrolled in the AWCP at the time of a pregnancy, she —

• Is exempt from weight control standards for the duration of the pregnancy, and for 6 months following termination of the pregnancy.

• Will not be flagged for exceeding the screening weight table during this time.

• Will remain on the promotion list if otherwise qualified, even if her weight exceeds table weight during this period.

• Will be promoted on the effective date of her promotion, even if her weight exceeds table weight during this period.

• Must be medically cleared by a HCP and then enrolled in the AWCP if she fails to meet the weight standard after the 6-month postpartum period.

If a Soldier is enrolled in the AWCP at the time of a pregnancy she —

• Will remain flagged for the duration of the pregnancy and for a period of up to 6 months after

termination of her pregnancy.

• May request to be weighed or measured any time prior to the expiration of the 6-month recovery period. If she meets the standards, she will be removed from the AWCP.

• Will continue in the AWCP if she does not meet standards at the end of the 6-month recovery time. This is considered a continuation, not a new enrollment. Provisions of AR 600-9, paragraph 3-2e and 3-2g do not apply.

• Will continue in the program and remain flagged for the duration of her pregnancy and for a period of up to 6 months after termination of her pregnancy in the case of continuous pregnancy (in which a Soldier becomes pregnant again prior to the expiration of the 6-month recovery time).

Reenlistment

Fully qualified Soldiers who are not enrolled in the AWCP prior to pregnancy, including those with approved waivers, may reenlist or extend as Soldiers not part of the AWCP for the period of pregnancy plus 6 months.

Fully-qualified Soldiers who are enrolled in AWCP at time of pregnancy, including those with approved waivers, will be extended for the minimum period that would allow for the birth of the child plus 6 months. If at the end of this period a Soldier meets standards and is still otherwise qualified, she will be allowed to reenlist. The authority for active duty Soldiers in this category is AR 601-280 (para 3-3). Cite this authority on DA Form 1695 (Oath of Extension of Enlistment).

Soldiers who were enrolled in the AWCP prior to their pregnancies, and then extended, but who do not meet the standards at the end of the 6-month postpartum recovery period will be denied reenlistment or extension.

Section VIII. Postpartum Duty

The postpartum period technically comprises the first 6 weeks following delivery, but it generally takes longer to return to a true non-pregnant state. Many biomechanical and physiological changes do not return to their previous state for 4 to 6 months. During this time, a Soldier will be coping with parenthood, perhaps for the first time, as well as return to full-time work. Some fatigue is to be expected, but there is normally no need for a Soldier to receive special exemption beyond what is provided for in regulations.

Physical training

A Soldier will be issued a 45-day postpartum profile prior to leaving the hospital to begin convalescent leave. This temporary profile allows for PT at a Soldier's own pace and restricts PT testing. At the termination of the postpartum profile, a Soldier is **restricted from PT testing until 180 days following the termination of the pregnancy or date of delivery.** This time should be used for getting back in shape and preparing for the PT test. To ensure a progressive return to fitness and readiness, a Soldier should attend the postpartum PT program if one is available at the installation. Common sense should guide fitness expectations immediately following a return from convalescent leave.

Diagnostic APFTs may be administered during PT to assist a Soldier in assessing her fitness levels. If there is no postpartum PT program, a Soldier should be exercising during the normal unit PT, but it would be unrealistic to expect her to perform well on a diagnostic APFT within the first couple weeks. It is strongly recommended that a Soldier not receive a diagnostic APFT until 30 days after returning from convalescent leave.

Uniforms

If a Soldier stays within the recommended 25- to 35-pound weight gain during pregnancy, she should not have extreme difficulty in losing the weight after delivery to fit into pre-pregnancy uniforms and meet AR 600-9 weight standards within 6 months postpartum.

LEADER TIP: It may be appropriate to allow returning Soldiers some additional time to fit back into their pre-pregnancy uniforms, particularly their Class As. If there is an inspection scheduled during the first month after a Soldier's return, perhaps a Soldier could bring in a uniform and have a Soldier's supervisor inspect it on the hanger.

Section IX. Psychological Effects of Pregnancy and the Postpartum Period

Childbearing is a major life event, and a Soldier must prepare emotionally for the challenges of motherhood. She will transition from a high state of readiness and excitement leading up to delivery to the day-to-day routine of child-rearing. She will undergo rapid hormonal changes, the loss of the pregnancy with its unique sense of intimacy, and the shifting of friends and family's attention from the Soldier to the Soldier's baby.

With all the physical changes that take place during pregnancy and the postpartum period, a Soldier may experience psychological effects as well. All these factors may contribute to a mild depressive state called postpartum blues, a common "down" feeling that often occurs around the

third to fifth day following birth. In most cases, postpartum blues are not a cause for concern and resolve quickly without professional assistance. Adequate physical activity, reassurance, positive reinforcement, socialization and support from friends and family can facilitate the quick resolution of postpartum blues, positively influence a Soldier's experience, help prevent depression, and provide the emotional bridge between pregnancy and return to Army duty. Spending time with other postpartum mothers is especially helpful during the 6-week convalescent period following delivery.

In cases where postpartum blues do not resolve quickly, a mental health professional should be consulted. New mothers may especially benefit from consulting mental health professionals if there are no friends and/or family in the immediate environment to help overcome postpartum blues.

Section X. Breastfeeding

Breastfeeding is widely accepted as the ideal form of nutrition for babies. Because of this, many female Soldiers want to continue breastfeeding their babies after they return from maternity leave. A Soldier needs to discuss several issues with their commander and supervisor if she decides to breastfeed after returning from maternity leave.

LEADER TIP: It is critical that leaders support their Soldiers. The ability to successfully continue breastfeeding after returning to work involves space, time, and support. Leaders need to provide female Soldiers with social and administrative support if the decision is made to continue breastfeeding after returning to work. Providing designated space in the workplace where mothers may express breast milk is important since many active duty mothers do not have private offices. If a designated room cannot be provided, the use of empty conference rooms or offices may suffice.

With a little training and effort, a Soldier can continue to breast-feed after returning to work by using a breast pump to collect milk two to three times during the day and store it to feed to the baby later. Breast milk can be expressed by hand, with a manual hand pump, a battery-powered pump, or an electric pump. A hospital-grade electric breast pump is often the most efficient since it allows a Soldier to express milk from both breasts at the same time, is simple to clean, and provides better suction. These pumps are more expensive, but are sometimes available for rent or loan from the hospital or from Army Community Services. Army MTFs may also have lactation consultants who can help Soldiers with breastfeeding concerns.

A Soldier should begin collecting breast milk at least 2-3 weeks before she returns to work. After breast milk is collected, it should be stored at 40 degrees or less. It is safe to keep breast milk at this temperature for up to 3 days. If a Soldier plans on storing the breast milk for more than 3 days, the milk should be frozen. Frozen breast milk is safe to use for 2 weeks to 6 months depending on the temperature in the freezer. Containers of stored breast milk should be thawed in the refrigerator or under running warm water. Prior to use, warm the breast milk to roughly body temperature in a pan of very warm water. Heating breast milk on the stove or in a microwave oven is not recommended. These methods can make the breast milk hot enough to burn a baby's mouth. These methods may also reduce the effect of the protective factors in the breast milk that help a baby fight infections.

A mother who exclusively breastfeeds her baby will probably need two to three 20-minute breaks to pump or breastfeed during an 8-hour workday. Infrequent pumping or breastfeeding can result in leakage and cause swelling of the breasts, which is uncomfortable and reduces the milk supply. For information and help getting started, Soldiers interested in breastfeeding should contact their MTF or community hospital and ask for the lactation (breastfeeding) consultant.

Maintaining breastfeeding will pose additional challenges if a Soldier has to go to the field. If the exercise is relatively short, such as a week or less, a baby can be fed breast milk that was pumped earlier and frozen. A baby can be fed formula, or a mixture of breast milk and formula, while she is away. During the exercise, a Soldier will need to continue to express breast milk every 3 to 6 hours in order to prevent painful swelling of breasts (engorgement) and to maintain her milk supply. Breast milk can be expressed under field conditions by hand or with a hand-operated vacuum pump. This is often not as efficient as using an electric pump, so it will be important for a Soldier to plan ahead and practice before the exercise. A Soldier will need to have access to soap and water for washing hands and cleaning equipment in order to reduce the risk of breast infection. A Soldier will also need access to a space where she can have a few minutes of privacy. Breast milk that is expressed in the field will most likely need to be discarded.

If a field training exercise requires the Soldier to remain away from home station, a Soldier that is 4 months or less postpartum receives a deferment from duty away from home station immediately following the birth of a child (DODI 1342.19).

Depending on a Soldier's job, she may be exposed to potentially harmful chemicals at levels that are safe for her, but may be a concern for her baby because these chemicals tend to concentrate in breast milk. Women who plan to breastfeed after returning to work should be referred to the Occupational Medicine Clinic so that any hazards that are present in their work environment can be assessed and appropriate plans can be made to lessen or eliminate those hazards. Immunizations may potentially impact breastfeeding. Before receiving any immunizations, a Soldier should check with her HCP.

For additional information, see the U.S. National Library of Medicine, National Institutes of Health Breastfeeding website at http://www.nlm.nih.gov/medlineplus/breastfeeding.html

CHAPTER 3. MISSION IMPACTORS

Several preventable circumstances can have a negative impact on female Soldier readiness. Unintended pregnancies, sexually transmitted infections, clinical preventive services, and sexual assault are areas where the leadership has an opportunity to influence the course of events.

Section I. Unintended Pregnancies

A study conducted at Madigan Army Medical Center, Fort Lewis, Washington revealed that 55 percent of Soldiers presenting for prenatal care reported their pregnancies were unintended at the time of conception. Only 39 percent of the junior enlisted had intended to become pregnant, compared to the majority of officers (60%) and non-commissioned officers (65%) reporting planned pregnancies. Unintended pregnancy, defined as a pregnancy that was mistimed or not wanted at all, can have a long-term impact on unit readiness. Not only does the Soldier become nondeployable during her pregnancy, but the impact of an unintended pregnancy can also affect her duty performance after she returns from convalescent leave. These Soldiers are challenged financially, socially, and emotionally by parenthood. The good news is that unintended pregnancies can be prevented by a comprehensive program that includes education and access to contraceptive services.

The study at Fort Lewis, and other Army research studies, have revealed that 62 percent of Soldiers who had unintended pregnancies were not using contraception during the month they conceived. Two primary factors influence use of contraceptives: access to care and counseling/education. Military women do not face many of the access barriers present in the civilian world. Birth control methods are free to them, and the means to acquire them are generally well defined. One type of birth control, the condom, should be stocked and made available in all unit areas. However, in light of these alarming numbers, more can be done.

Screening to see if female Soldiers are up-to-date with their annually required well-woman exams should be part of Soldier Readiness Processing (SRP) that is conducted on a regular basis. The well-woman exam presents an opportune time to request or renew birth control prescriptions.

Many Soldiers do not know enough about their own reproductive systems and the birth control options available to make informed decisions. Education should begin when Soldiers arrive at their first duty station after Initial Entry Training (IET). Soldiers, especially junior enlisted Soldiers, need to understand that they are at significant risk for unintended pregnancies. A comprehensive curriculum should be provided to all first-term Soldiers (male and female) during

in-processing. At the end of the training, appointments to receive birth control guidance and products should be offered.

Section II. Sexually Transmitted Infections

The same behaviors that result in unintended pregnancies increase the risk of sexually transmitted infections (STIs). STIs are transmitted through vaginal, oral or anal sex. Both genders and all ranks can suffer from unprotected intercourse or unsafe sex. STIs can be significant mission impactors. A Soldier needs to understand that not all STIs are curable. A key preventive tool is the use of condoms. Having condoms available in the unit area is one way to decrease the occurrence of STIs. Education about the significant risks of STIs to Soldiers is vital. This is a topic that should be presented to both male and female Soldiers.

Bacterial diseases such as syphilis, gonorrhea and Chlamydia are transmitted through vaginal, oral or anal sex. They can cause abdominal pain, bleeding, fever or pregnancy outside the womb. Viral diseases such as human immunodeficiency virus (HIV) and hepatitis are also transmitted through sex, and can have serious health consequences. Genital warts, or human papilloma virus (HPV), and herpes are very common and are transmitted easily, even when bumps or sores are not present. The most serious consequence of HPV in women is cervical cancer.

Oral sex has become a more frequent route of STI transmission due to the mistaken belief that it is "safe" sex. A person can become infected by performing or receiving oral sex because of the exchange of body fluids in the mouth. Even if ejaculation does not occur, there is risk of infection. The presence of mouth sores or inflamed gums, such as gum disease, a scratch, cut or sore on the genitals increases the risk of contracting any STI. Human papilloma virus (HPV) has also been identified as a significant risk factor or oral cancer. While the risk of human immunodeficiency virus (HIV) transmission via oral sex is less than for vaginal or anal sex, risk still exists. The use of condoms or barrier methods such as dental dams or plastic food wrap covering the genitals during oral sex decreases the risk of transmission for all STIs.

To obtain further information about STIs, consult the following resources:

Department of Health and Human Services, Centers for Disease Control and Prevention, Sexually Transmitted Diseases, http://www.cdc.gov/node.do/id/0900f3ec80009a98

LEADER TIP: Leaders can set a positive organizational climate by establishing a policy of responsible sexual behavior as the norm. Promote decreased risk behavior through:

- Ensuring access to condoms and knowledge of how to use condoms.

- Encouraging early evaluation of symptoms by a HCP.
- Respecting medical privacy.
- Supporting a positive learning environment by insisting on full attendance at sexual responsibility training that includes the options of abstinence and monogamy.
- Leading by example from all in the chain of command.

Section III. Clinical Preventive Services

Clinical preventive services, like routine yearly Pap smears, help a Soldier and her provider to detect and treat abnormalities in earlier stages. Many conditions, if caught early, have a better prognosis for successful treatment and a better effect on readiness. Pap smears are screening tests for abnormalities in the cervix that can lead to cervical cancer. The SRP screening of medical records for this examination is vital to ensure the maintenance of a Soldier's health. Neglecting this examination can result in more complicated and time consuming health care procedures. A Soldier can help to prevent the loss of unit strength by receiving preventive care. Some untreated STIs can lead to abnormal Pap smears, pelvic inflammatory disease, infertility, cancer and other serious health problems. It is important that Soldiers receive appropriate clinical preventive services.

LEADER TIP: Help to prevent the loss of unit strength by ensuring that female Soldiers receive preventive care education and are afforded necessary time off to go to the clinic for screening.

Section IV. Sexual Assault

Sexual assault is defined as intentional sexual contact, characterized by use of force, physical threat or abuse of authority or when the victim does not or cannot consent. Sexual assault includes rape, nonconsensual sodomy (oral or anal sex), indecent assault (unwanted, inappropriate sexual contact or fondling), or attempts to commit these acts.

The following organizations are available for support:

Army OneSource; **http://www.armyonesource.com/**
From U.S.: 1-800-464-8107
International toll free: 800-464-81077 (dial all 11 numbers); International collect: 484-530-5889
Medical Treatment Facility
Military Police/Criminal Investigation Division
Commander, Supervisor, or First Sergeant
Chaplains
Social Work Services

Family Advocacy
Legal Services

Victims are encouraged to contact a Sexual Assault Response Coordinator (SARC) who is available to coordinate victim support services and inform victims of their reporting options. Sexual assault victims are offered two reporting options; restricted and unrestricted reporting.

Restricted reporting is for victims who wish to confidentially disclose the crime to specifically identified individuals and receive medical treatment and counseling without triggering the official investigative process. While the DOD prefers complete reporting of sexual assaults, it recognizes that some victims desire only medical and support services and no command or law enforcement involvement. Under restricted reporting policy, the assault must be reported to a SARC, Victim Advocate (VA), a HCP or chaplain. Restricted reporting is available at this time only to military personnel of the Armed Forces and the Coast Guard. If a Soldier feels uncomfortable reporting the crime, she can consider calling a confidential counseling resource. Army One Source, Army psychiatric counselors, and chaplains are confidential counseling channels: they will not reveal the sexual assault to anyone else without a victim's consent.

Unrestricted reporting is for victims who desire medical treatment, counseling and an official investigation of the crime. When selecting unrestricted reporting, the assault is reported using current reporting channels, e.g., chain of command, law enforcement, the SARC, or request HCPs to notify law enforcement.

Upon notification of a reported sexual assault, the SARC will immediately assign a VA to the victim. At the victim's discretion/request, the HCP shall conduct a sexual assault forensic examination, which may include the collection of evidence. To protect evidence, it is important not to shower, brush teeth, put on make-up, eat, drink, or change clothes until advised to do so.

Sexual assault can be reported at any time. Once a sexual assault is reported, the procedures are the same regardless of the amount of time since the assault. Soldiers are encouraged to come forward as soon as possible, so that all possible evidence is collected and preserved. Delayed reporting makes it more difficult to investigate the incident. However, victims are strongly encouraged to report crimes, no matter how long after an assault occurred.

LEADER TIP: Army leaders play a key role in the response to sexual assault in the Army. Individuals in a position of authority must:

Enforce the Army policy on sexual assault and make sure subordinates enforce it, too.
Treat each incident seriously by following the proper guidelines. Inform each party of the Victim's Rights under AR 27-10 (1 mb).

Report the allegations to law enforcement for a thorough investigation.

Keep information confidential; disclose information only to those who officially need to know.

Notify the chaplain if the victim wants pastoral counseling. Ensure the needs of the victim's family are considered.

Make sure victims are aware of the military and civilian resources available under the Victim and Witness Assistance Program, http://www.defenselink.mil/vwac/dodprograms.html

Encourage the victim to get a medical examination, even if the incident occurred prior to the past 72 hours. It is important for the victim to seek medical attention to assess possible injury, sexually transmitted diseases, and pregnancy.

For additional information on sexual assault awareness, response and care, leader guidance, regulations, training, and additional resources refer to these websites.

www.sexualassault.army.mil
U.S. Army Sexual Assault Prevention and Response Program

http://www.nsvrc.org/saam/
National Sexual Violence Resource Center

CHAPTER 4. TOOLS AND STRATEGIES

Unit readiness is constantly being measured through Unit Status Reports, exercises, or real-world deployments. By using the right tools, female Soldiers can take a number of proactive steps to ensure readiness.

Section I. In-processing Education

The most opportune time to educate Soldiers is during in-processing. Each installation should include education pertaining to gender-specific issues during in-processing. Ultimately, it is a shared responsibility between the Soldier and her unit to ensure that she gets off to a good start. Young Soldiers may be vulnerable to unwanted sexual attention, and need to be made aware of what to do if they find themselves in these situations. The more education Soldiers are provided, the more empowered they will be to ensure their own readiness.

The in-processing education for the female Soldier should address:

•The significant risk for unintended pregnancies faced by female Soldiers.

•Information about the reproductive system and how it works.

•The routes by which a female seeks female-specific care, whether it is preventive, diagnostic, or therapeutic.

•Where to get birth control if she needs it.

•Where to get an annually required Pap smear.

Where to obtain information related to sexual assault.

•POCs. (See Appendix D for a sample form for listing local POCs.)

Section II. Support/Information Network

It may be more advantageous for the command as well as the Soldiers to have a senior female designated as a POC for all non-Equal Opportunity (EO), to include sexual assault and harassment, and other female-specific issues. This should be **clearly** separated from the EO channels. The primary goal of this representative would be to ensure mission accomplishment

by dismantling any roadblocks that could prevent a Soldier from fully participating in and contributing to the mission.
This senior noncommissioned officer (NCO) or officer would run or coordinate the in-processing education, as well as serve as the command's information person for questions not covered in this guide or requiring expansion. She would act as the command's representative and intervene if necessary prior to any impact on readiness or the mission. This person would establish working relationships with all activities at a Soldier's installation that can assist with female readiness, such as Community/ Public Health Nursing, the OB/GYN Department, the Corps/Division/Brigade Surgeon's Office, etc.

The representative could also assist a Soldier in seeking the care needed or directing her to the proper place. This would be especially helpful for the junior Soldier who may be more hesitant and less self-assured in seeking care.

LEADER TIP: In instances where a Soldier is absent from her home and unable to care for her child(ren), the installation commander should be prepared to issue agent's letter(s) to persons acting on the Soldier's behalf in caring for the child(ren). These persons must have sufficient legal authority, copies of certificates of acceptance, and either ID cards or applications for the same. The agent's letter allows access of qualified persons to military facilities and services. If the persons designated as escorts or guardians are unable to exercise their responsibilities after a Soldier's departure, the commander must ensure that the situation can be rectified as soon as possible. Assistance may be required of the unit rear detachment commander.

Section III. Common Military Training

Common military training, as designated on the training calendar, present an opportunity for gender-specific education. A Soldier has the opportunity to receive information from one of the resources on post related to female health topics. Table 2-1 lists required training that can accommodate gender-specific issues.

These training sessions should be geared towards issues relevant to the unit, whether an upcoming deployment, unintended pregnancy, sexual assault, or other problems. The sessions should not be limited to females. All Soldiers should attend classes pertaining to STIs or unintended pregnancies.

LEADER TIP: One beneficial exercise for all Soldiers is the Economic Realities of Childrearing illustrated in Appendix E. Begin with a Soldier's take-home pay, and then deduct expenses associated with having a child. Appendix F contains a worksheet for this exercise.

APPENDIX A. REFERENCES

Section I. Publications

Military References

Department of the Army. Army Regulation (AR) 27-10, Military Justice, Washington, DC: Headquarters Department of the Army (HQDA); 2005.

Department of the Army. AR 40-3, Medical, Dental, and Veterinary Care. Washington, DC: HQDA; 2006.

Department of the Army. AR 40-400, Patient Administration. Washington, DC: HQDA; 2001.

Department of the Army. AR 40-501, Standards of Medical Fitness. Washington, DC: HQDA; 2006.

Department of the Army, AR 210-50, Housing Management, Washington, DC: HQDA; 2005.

Department of the Army. AR 220-1, Unit Status Reporting. Washington, DC: HQDA; 2006.

Department of the Army. AR 350-1, Army Training and Leader Development. Washington, DC: HQDA; 2006.

Department of the Army. AR 600-8-2, Suspension of Favorable Personnel Actions (FLAGS). Washington, DC: HQDA; 2004.

Department of the Army. AR 600-8-10, Leaves and Passes. Washington, DC: HQDA; 2006.

Department of the Army. AR 600-8-24, Officer Transfers and Discharges. Washington, DC: HQDA; 2006.

Department of the Army. AR 600-9, The Army Weight Control Program. Washington, DC: HQDA; 2006.

Department of the Army. AR 600-20, Army Command Policy. Washington, DC: HQDA; 2006.

Department of the Army. AR 601-280, Army Retention Program. Washington, DC: HQDA; 2006.

Department of the Army. AR 612-201, Initial Entry/Prior Service Trainee Support (RCS MILPC-17 (R1)). Washington, DC: HQDA; 2003.

Department of the Army. AR 614-30, Overseas Service. Washington, DC: HQDA; 2006.

Department of the Army. AR 635-200, Active Duty Enlisted Administrative Separations. Washington, DC: HQDA; 2005.

Department of the Army. AR 670-1, Wear and Appearance of Army Uniforms and Insignia. Washington, DC: HQDA; 2005.

Department of the Army. AR 700-84, Issue and Sale of Personal Clothing. Washington, DC: HQDA; 2004.

Department of the Army. FM 21-10/ MCRP 4-11.1D, Field Hygiene and Sanitation. Washington, DC: HQDA and Commandant, Marine Corps; 2000.

Department of the Army. FM 21-20, Physical Fitness Training. Washington, DC: HQDA; 1992.

Department of the Army. Interim Change I01 to AR 600-9. Washington, DC: HQDA; 1994. http://www.armyg1.army.mil/hr/weight/600-9_I01.pdf

Department of the Army. HQDA Message 251912Z, Postpartum Soldiers and the physical fitness and weight control program. Washington, DC: HQDA; 1996. http://www.armyg1.army.mil/hr/weight/PostpartumSoldiersPTAWCP.pdf

Department of Defense. Department of Defense Directive (DODD) 1308.1, DOD physical fitness and body fat program. Washington, DC: Washington Headquarters Services; 2004.

Department of Defense. DOD 7000.14-R, Department of Defense Financial Management Regulations (FMRS). Washington DC: Washington Headquarters Services; date varies per volume.

Department of Defense. Department of Defense Instruction (DODI) 1342.19, Family Care Plans, Washington, DC: Washington Headquarters Services, 1992.

Navy Environmental Health Center. NEHC-TM-OEM 6260-TM-01A, Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals. Portsmouth, Virginia; 2006. http://www-nehc.med.navy.mil/downloads/occmed/Reprodev2006.pdf

Nonmilitary References

American Academy of Pediatrics Committee on Nutrition. Commentary on breastfeeding and baby formulas including proposed standards for formulas. Pediatrics. 57: 278-85; 1976.

American Academy of Pediatrics Work Group on Breastfeeding. Breastfeeding and the use of human milk. Pediatrics. 100(6): 1035-39; 1997.

Centers for Disease Control and Prevention. Preventing the sexual transmission of HIV, the virus that causes AIDS; 2000. http://www.cdcnpin.org/updates/oralsex.pdf

Centers for Disease Control and Prevention. Sexually Transmitted Diseases – General Information. www.cdc.gov/nchstp/dstd/disease_info.htm.

Clapp, J. F. Exercising through your pregnancy. Omaha, Nebraska: Addicus Books; 2002.

Clapp, J. F. The course of labor after endurance exercise during pregnancy. AJOGA. 163: 1799-805; 1990.

Clapp, J. F. The effect of continuing regular endurance exercise on the physiologic adaptations to pregnancy and pregnancy outcome. (Third IOC World Congress on Sports Sciences) AJSMD. 24: S28–30; 1996.

Clapp, J. F.; Capeless, E. L. The VO_{2max} of recreational athletes before and after pregnancy. Med Sci Sports Exerc. 23: 1128-33; 1991.

Clark, J. B. Incidence of unintended pregnancy among female Soldiers presenting for prenatal care at a U.S. Army obstetrical clinic. Madigan Army Medical Center; 1996.

Cowlin, A. Women's fitness program development. Champaign, IL: Human Kinetics; 2002.

Duyff, R. L. The American Dietetic Association's Complete Food & Nutrition Guide, 2nd Edition, Wiley, 2002.

Hall, D. C.; Kaufmann, D. A. Effects of aerobic and strength conditioning on pregnancy outcomes. AJOGA. 157: 1199-1203; 1987.
Klinger, G.; Eick, S.; Klinger, G.; Pfister, W.; Graser, T.; Moore, C.; Oettel, M. Influence of hormonal contraceptives on microbial flora of gingival sulcus. Contracept. 57(6): 381-4; 1998.

Krejci, C. B.; Bissada, N. F. Women's health issues and their relationship to periodontitis. J Am Dent Assoc. 133(3): 323-9; 2002.

Laine, M.; Pienihakkinen, K. Salivary buffer effect in relation to late pregnancy and postpartum. Acta Odontol Scand. 58(1): 8-10; 2000.

Laine, M.; Tenovuo, J.; Lehtonen, O. P.; Ojanotko-Harri, A.; Vilja, P.; Tuohimaa, P. Pregnancy-related changes in human whole saliva. Arch Oral Biol. 33(12): 913-7; 1988.

Lawrence, R. A review of the medical benefits and contraindications of breastfeeding in the United States (Maternal and Child Health Technical Information Bulletin). Arlington, Virginia: National Center for Education in Maternal and Child Health; 1997.

Miller, C. S.; Johnstone, B. M. Human papillomavirus as a risk factor for oral squamous cell carcinoma: a meta-analysis, 1982-1997. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 91(6): 622-35; 2001.

Orosz, M.; Vasko, A.; Gabris, K.; Banoczy, J. Changes in salivary pH and lactobacilli count in pregnant women. Proc Finn Dent Soc. 76: 204-7.

Rogan, W. Pollutants in breast milk. Arch Pediatric Adolescent Med. 150(9): 981-90; 1996.

Salvolini, E.; DiGiorgio, R.; Curatola, A.; Mazzanti, L.; Fratto, G. Biochemical modifications of human whole saliva induced by pregnancy. Br J Ostet Gynaecol. 105(6): 656-60; 1998.

Somogyi, A; Beck, H. Nurturing and breastfeeding: exposure to chemicals in breast milk. Environ Health Perspect. Vol. 101, Suppl 2:45-52; 1993.

United States General Accounting Office. Gender Issues: Medical Support for Female Soldiers Deployed to Bosnia, GAO/NSIAD-99-58. March 1999.

Section II. Forms

DA Form 1695, Oath of Extension of Enlistment (1998)

DA Form 5304-R, Family Care Plan Counseling Checklist (1999)

DA Form 5305-R, Family Care Plan (1999)

DA Form 5840-R, Certificate of Acceptance as Guardian or Escort (1999)

DA Form 5841-R, Power of Attorney (1999)

DD Form 1172, Application for Uniformed Services Identification Card—DEERS Enrollment (2005)

DD Form 2558, Authorization to Start, Stop, or Change an Allotment (2002)

Section III. Internet resources

http://chppm-www.apgea.army.mil/dhpw/wellness/5aDay.aspx
Nutrition Initiatives/General Nutrition Resources

http://chppm-www.apgea.army.mil/dhpw/wellness/ppnc.aspx
Performance Power…the Nutrition Connection

http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPT.aspx
Pregnancy/Postpartum Physical Training Program

http://chppm-www.apgea.army.mil/dhpw/population/M2MWebPage.aspx
Mom-2-Mom Peer Support Breastfeeding Program Tool Kit

http://chppm-www.apgea.army.mil/dhpw/OralFitnessMain.aspx
Oral Fitness Resources

http://www-nehc.med.navy.mil/hp/sharp/index.htm
Sexual Health and Responsibility (SHARP)

http://www.cdcnpin.org/updates/oralsex.pdf
Preventing the Sexual Transmission of HIV

www.cdc.gov/nchstp/dstd/disease_info.htm
Sexually transmitted diseases – General Information

http://www.toronto.ca/health/breastfeeding/express_b_m.htm
Expressing breast milk

http://www.toronto.ca/health/breastfeeding/storing_b_m.htm
Storing breast milk

www.hooah4health.com
Hooah 4 Health

www.healthits.us
Health Information Technology System

www.sexualassault.army.mil
U.S. Army Sexual Assault Prevention and Response Program

http://www.nsvrc.org/saam/
National Sexual Violence Resource Center

www.armyonesource.com
Army One Source

APPENDIX B. PREGNANT SOLDIERS' FACT SHEET: QUESTIONS AND ANSWERS

Question 1: Can I separate from the military if I think it would be better for my child and me?

Answer: Yes. For enlisted Soldiers, there are provisions commonly referred to as a "Chapter 8 separation" (AR 635-200, para 8-9). A Soldier may initiate separation through a unit's Personnel Administration Center (PAC) and chain of command at the time of the pregnancy counseling. This type of separation must be initiated prior to the delivery of the baby. According to AR 40-3, if requested at the time of separation, maternity care in a MTF with OB/GYN capability and/or capacity will be authorized. A Soldier's care is authorized through the birth of the child, and includes a 6-week postpartum visit. A Soldier's child will be authorized one well-baby visit, the timing of which will be determined by the MTF staff. A Soldier will not be authorized care in a civilian facility at Government expense.

Question 2: Can I take leave to go home and have my baby?

Answer: A Soldier may request leave to return home or to another appropriate place to have the baby. However, the leave is granted at the command's discretion. If maternity care is available at an MTF where a Soldier is stationed, and a Soldier requests leave to go home, a Soldier must obtain a non-availability statement (NAS) from the hospital at their installation in order to receive care at a civilian facility. Without an NAS, a Soldier will have to pay the expenses at a civilian treatment facility.

Question 3: Do I need to buy maternity uniforms?

Answer: If a Soldier is enlisted, she will be provided maternity uniforms and two sets of maternity whites if she is working in patient care or in a food service military occupational specialty. At most posts, a Soldier will need a memorandum from her commander requesting the issue of maternity uniforms and a copy of the pregnancy profile showing the due date, for the central issuing facility. The maternity uniforms will be added to her clothing record and should be turned in upon return from convalescent leave. Additional clothing may be supplied according to the local installation policy.

Question 4: What about new assignments while I am pregnant?

Answer: Pregnant Soldiers will not normally receive orders for overseas assignments during their pregnancies. If assigned overseas, in most situations a Soldier will remain overseas. An exception to this policy exists for single pregnant Soldiers stationed in some OCONUS locations (AR 614-30). Reassignments within CONUS may occur during pregnancy. A Soldier will be considered available for worldwide deployment four months after delivery.

Question 5: If I am single and living in the barracks, when will I be authorized Basic Allowance for Housing and Basic Allowance Subsistence?

Answer: BAH with dependents is authorized for single Soldiers after the birth of the child. BAH without dependents is authorized when the pregnant Soldier moves off-post. The paperwork for BAH and BAS will be initiated through her unit PAC. Check the installation's policy for when a Soldier is authorized to move out of the barracks. Check with military housing for government quarters availability as it depends on the current housing situation at her post. Contact the installation housing office for assistance in finding non-Government housing in the local area. A Soldier's HCP cannot write a profile against dining facility food unless there is a specific medical problem related to the pregnancy, which is rare.

Question 6: Can I be separated from the Army for unsatisfactory performance, misconduct, or parenthood while I am pregnant?

Answer: Yes. If a Soldier's performance warrants separation for unsatisfactory performance or misconduct, she may be involuntarily separated even though the Soldier is pregnant. This is also the case if her parenthood of any other children interferes with duty performance.

Question 7: If I am going to be a single parent or part of a dual military couple, are there any special considerations?

Answer: Yes. A Soldier must complete a Family Care plan (FCP) and keep this on file at her unit. A Soldier's FCP will state the actions to be taken in the event of assignment to an area where dependents are not authorized, or when she is absent from home while performing military duty. A Soldier should begin developing the FCP as soon as possible, even if the baby is not due for several months. Failure to develop a workable FCP will result in a bar to reenlistment. A complete FCP will include:

•A letter of instruction outlining the specifics of the care arrangements made in case duties preclude a Soldier from caring for their child. (See Appendix C.)

•DA Form 5304-R (Family Care Plan Counseling Checklist). This checklist will be completed during a counseling session with a Soldier's company commander.

•DA Form 5305-R (Family Care Plan). This form verifies the adequacy of a Soldier's care plan.

DA Form 5840-R (Certificate of Acceptance as Guardian or Escort) and DA Form 5841-R (Power of Attorney). Powers of attorney for temporary guardianship, permanent guardianship, and escort are available in the legal assistance section of the OTJAG.

•DD Form 1172 (Application for Uniformed Services Identification Card—DEERS Enrollment). This form is required regardless of the age of the Soldier's child.

•DD Form 2558 (Authorization to Start, Stop, or Change an Allotment). This form is used to provide for care of a Soldier's child(ren) during a Soldier's absence and is effective upon the absence start date.

Question 8: If I am a single and/or junior enlisted Soldier, are there any special resources available to me?

Answer: Yes. The Women, Infants and Children (WIC) Program is designed to help a Soldier buy the foods a Soldier needs to eat during the pregnancy, and the formula and food she will need for the child. It is an income-based assistance program normally for E-4s and below. Usually, there is a WIC office in or near the MTF. If there is none, she can inquire at the next obstetrics appointment, or look in the telephone book. Army Community Services (ACS) also offers an abundance of information, education, and resources related to the family and an ACS office is located on every installation.

Question 9: Am I exempt from PT while I am pregnant?

Answer: While a Soldier is exempt from taking the Army Physical Fitness Test (APFT) until 180 days after pregnancy termination, she is not exempt from participating in physical training (PT) if the Soldier is experiencing an uncomplicated pregnancy. A Soldier should maintain the highest level of fitness possible while pregnant, while ensuring the safety of the unborn child.

Regular exercise (three times a week or more) is preferable to sporadic exercise. Good exercises for pregnant women are swimming, walking, riding a stationary bicycle, and low impact aerobics. A Soldier should consult a HCP to receive approval for participation in the pregnancy/postpartum PT program and to learn about appropriate exercises.

Question 10: Am I exempt from duty rosters (for example, CQ, SDNCO, SDO) while I am pregnant?

Answer: No. If a Soldier is having an uncomplicated pregnancy, at the 28th week a Soldier is limited to a 40-hour work week with a maximum eight-hour workday. A Soldier must have a 15-minute rest period every two hours. The duty day begins when a Soldier reports for formation or duty and ends eight hours later.

APPENDIX C. SAMPLE LETTER OF INSTRUCTION FOR FAMILY CARE PLANS

I/We, _____(name of parent(s))_____, parents of _____(name(s) of child(ren)_____, have made the following arrangements for the care of my/our dependent family member(s) in the event that I/we am/are not available to provide the proper care due to absence for military service or emergency which would require me/us to be away from my/our child(ren) for an extended period of time.

_____(name of child care provider)_____ has been given legal authority to care for my/our child(ren) until the long-term guardian can arrive to care for my/our child(ren) in this location or transport my/our to the guardian's residence where my/our child(ren) will remain until my/our return.

I/We have established a special account in _____(name/location of banking institution)_____ or made other appropriate arrangements to cover the expenses of the escort/guardian. _____(name/address/phone)_____ has full access to that account and will ensure that funds are available.

Should it be necessary to contact any of the persons involved in the transportation, support, or care for my/our child(ren), the following information is provided:

•Name, address, and phone number of designated escort (out of the continental U.S. (OCONUS) only)—

_____
_____

•Name, address, phone number, relationship to sponsor or child(ren) of long-term guardian—

_____
_____

•Name, address, phone number, relationship to sponsor or child(ren) of designated short-term child care provider or child development center—

_____
_____

_____(name(s) of child(ren)_____is/are cared for by the local child care provider listed above during the week between the hours of _____ and _____.

Funds required to provide financial support for my/our dependent family member(s) will be provided by allotment to be initiated immediately upon my/our departure, or by financial

arrangements outlined in the attached documents.
Special documents pertaining to my/our child(ren), such as identification (ID) cards, medical records, school records, passports, as well as special instructions on medical prescriptions, allergies, or other pertinent information, will accompany my/our child(ren) if they are not already in the possession of the escort/guardian.

Those persons acting in my/our behalf for care of my/our child(ren) and who have sufficient legal authority, copies of certificates of acceptance, and either ID cards or applications for the same, should apply to the commander of the nearest military installation for an agent's letter allowing them access to military facilities and services on behalf of my/our child(ren).

If for any reason the persons designated as escorts or guardians are unable to exercise their responsibilities after my/our departure, please ensure that a Red Cross message is immediately transmitted to my/our unit commander, so that the situation can be rectified as soon as possible. Additional assistance may be obtained from my/our unit rear detachment commander whose address is listed below—

Rear detachment commander name, rank, complete unit address and telephone number—

_____

_____

(Optional) Should it be necessary to settle my/our estate(s), my/our will(s) and other important documents are located at—

_____

_____

Finally, a complete copy of my/our FCP with all required attachments is on file in my/our unit headquarters, which is located at the same address as shown above for the rear detachment commander.

NAME: _____
SSN: _____
RANK: _____
UNIT: _____

Signature: _____ Date: _____

APPENDIX D. LOCAL POINTS OF CONTACT (SAMPLE FORM)

	Name	Telephone Number/Email
Battalion Physician Assistant	_____	_____
Corps/Division/Brigade Surgeon	_____	_____
Community/ Public Health Nurse	_____	_____
Department of OB/GYN	_____	_____
Social Work Services	_____	_____
WIC Program	_____	_____
Army Community Services	_____	_____
Personnel (Separations Section)	_____	_____
Nutrition Care Division (Weight Control Program)	_____	_____
Pregnancy/Postpartum PT Program	_____	_____
Medical Treatment Facility	_____	_____
Occupational Medicine Clinic	_____	_____

Use this page to fill in the phone numbers of important POCs at a Soldier's installation.

APPENDIX E. ECONOMIC REALITIES OF CHILDREARING

1. A Soldier's monthly take-home pay (base pay, BAH, Veterans' Housing Authority (VHA), BAS, any other special pay, *minus* all deductions including taxes and Social Security) _____

2. Direct costs (TOTAL = a + b + c + d+ e) _____

   a. Child care _____

   b. Diapers _____

   c. Formula/Food _____

   d. Clothing _____

   e. Equipment (childcare items) _____

3. Indirect costs (TOTAL = f + g + h + i + j + k) _____

   f. Rent for two-bedroom apartment _____

   g. Car payment _____

   h. Car insurance _____

   i. Utilities _____

   j. Food (caregiver) _____

   k. Gas _____

4. TOTAL COSTS per month (line 2 + line 3) _____

5. PAY REMAINING per month (line 1 *minus* line 4) _____

Reference: Expenditures on Children by Families, 2004, USDA, http://www.cnpp.usda.gov/Crc/crc2004.pdf

APPENDIX F. ECONOMIC REALITIES WORKSHEET
Instructions and Suggestions for Calculating Expenses

Do this exercise after a Soldier receives an end-of month leave and earnings statement (LES).

Line 1: Take-home Pay

Soldiers who live in the barracks should use the BAH, BAS, and VHA authorized for their grades.

Line 2: Direct costs

•Child care. A Soldier can call the post child development center to get the child care rates per child, based on income. This is a good barometer for the costs in a Soldier's area, although civilian care may cost much more. A Soldier should realize that the actual child care costs will probably exceed that amount due to the extra child care a Soldier must pay for during alerts, exercises, or odd shift duty.

•Diapers. This amount can be estimated at $40 to $60 per child per month, depending on costs in a Soldier's area. Parents in a Soldier's unit can probably suggest a figure.

•Formula/Food. This worksheet is designed for babies. Formula prices vary widely depending on type and brand. Two to three cans per week is a good estimate for a general monthly expense of $80. Again, parents in a Soldier's unit may be able to give a Soldier a better idea of actual prices in the local area.

•Clothing. This amount can vary widely based on personal preferences, but a conservative estimate would be $30 a month.

•Equipment. Obviously, this will not be a recurring monthly expense. A Soldier will need to buy necessities such as cribs, strollers, car seats, bottles, bags, etc. These one-time expenses could be $100 per month.

Line 3: Indirect costs

•Rent. A Soldier cannot assume a Soldier will receive Government quarters. A Soldier can inquire at the post housing office about a price range for two-bedroom apartments in the local area, or conduct an informal survey of Soldiers in their unit.

•Car payment. This varies widely according to personal preferences, but for this exercise, assume that a Soldier will need dependable, although not necessarily expensive, transportation. A conservative estimate would be $275 per month.

•Car insurance. Assuming that most of the Soldiers targeted by this exercise are young (under 25), insurance can be costly. A conservative estimate would be $125 per month.

•Utilities. The cost of utilities varies widely depending on the climate and the utilities that are used. Assume that a Soldier is living in an apartment that includes utilities and must pay only a phone bill and a cable bill, which would come to at least $100 per month.

•Food. A Soldier needs to realize that BAS is not just additional money; it is intended to make up for the dining facility food a Soldier is no longer authorized. A Soldier should plan on at least $200 per month for food.

•Gas. A conservative estimate is $100 per month. If less is used, the excess can be saved for maintenance.