

Female Soldier Readiness: A Leader's Guide



Preface

Every military leader is a manager of time, resources, and people. Effective military leadership demands maximum utilization of each of these elements. The goal of this handbook is to enable leaders to get the most out of a growing area of resource, the female soldier.

Today's military is well on its way to providing challenging and rewarding career paths for all service members. It is not the intent of this book to discuss what future role women may play in the military. The ***Female Soldier Readiness Guide*** is intended mostly for leaders at the level where the command chain ends and the work begins.

As a female officer, I have seen both sides of the issue. Deploying as a new second lieutenant opened my eyes to the complexity of contingency operations. I also learned how to maintain my health and readiness in austere environments. In subsequent assignments I was often the only female leadership in the unit. I saw mission-focused, soldier-oriented leaders who frequently lacked the education or resources to make the best decisions regarding their female soldiers. This is not an indictment of male leadership in the military. The slant was most often the other way, unnecessarily impacting the mission as a result of policies that were overprotective of females. In addition to being a detriment to mission accomplishment, this over-protective stance sometimes leads to a negative perception of female soldiers and their capabilities. It is my hope that provided the education and resources needed, leaders will be able to view their male and female soldiers as equally capable, prepared, and able to accomplish any mission assigned.

That said, it must be acknowledged that female soldiers do present unique situations and considerations. This handbook and the resources referenced within it are meant to help leaders build these aspects into the planning process, eliminating them as problems to be fixed during the maelstrom that typifies any field exercise or deployment.

This handbook will cover the areas that usually leave leaders guessing, such as pregnancy profiles, exercise during pregnancy, field needs of females, and preventive measures for the barracks environment.

The greatest resource leaders have in this arena is the female soldiers within their own units. This book is meant as a guide for leaders as managers. The responsibility for female readiness ultimately falls to the female soldiers themselves. Strategies will be provided, for leaders and soldiers, to effectively ensure female readiness with the least amount of impact on a unit's day-to-day mission.

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See Full Size Handbook for Exercise Program for Pregnancy and Postpartum Recovery, PSWP (Pregnancy Soldier Wellness Program & Train the Trainer Program).

** See CD-ROM or KMN for Unintended Pregnancy Prevention Program (UP3), contact UP3 POC if interested in the Video and Educational Intervention Curriculum & Testing Materials.

Chapter One: Female Soldiers in the Field

There are some special considerations in a field environment. However, if approached proactively, they will be virtually transparent to the unit and have a limited impact on the mission.

Bathing Requirements

One vague issue that seems to be decided differently prior to every field exercise or deployment is the bathing requirement for females in the field. There are two categories when determining this requirement: During menses, and Not during menses.

During her period a female soldier should have access to bathing facilities daily. This does not mean she needs to have a fixed facility with hot and cold running water. It would be adequate to provide a place with privacy and drainage where the soldier could take a “bird bath” using a 5-gallon container. It would be helpful if there were provisions to have some heated water available. This setup could be arranged using a GP small and some crated flooring.

It would be optimal for the soldier to have access to a normal shower every third day or so if possible under mission constraints. However, soldiers on their menses should not be restricted from certain duties or missions in order to accommodate a shower run to the rear if a bathing area has been provided in the area of operations.

Female soldiers not on their period should be treated like male soldiers with regard to accessing fixed shower facilities. Shower runs should be coordinated without gender preference influencing the frequency.

Packing List Additions

Females do have different cleanliness requirements than males, and to compensate for a lack of shower facilities, certain items must be added to the packing list.

Baby wipes are often included in most soldiers’ gear as a “nice-to-have” for removing camouflage. They should be mandatory for females to carry. There is often no toilet paper available in field environments, and this can have an impact on a female’s health.

Panty liners/sanitary pads should be added to the packing list for females, even if they don't expect their period during the exercise. They should be worn continuously and changed 3 times a day, if possible.

Underwear should be designated as cotton, and bras should be sports bras or a similar type designed for support.

Unit packing lists, specifically sundry packs, need to be designed with females needs in mind. Ensure that if you are expecting an extended deployment you have a push package of sanitary supplies requested or packed.

Predeployment Education

Prior to your unit deploying on an extended field problem or to a contingency operation, coordinate a training session for your females by the Community Health Nurse, or a representative of the Dept. of OB/GYN. They can educate your females about how to prepare themselves for the field, and how to maintain their health during deployment. They can expertly answer questions and hold discussions that you may not feel comfortable doing, or have anyone in your unit to do.

Medical War-stoppers

There are some female-specific, non-pregnancy related conditions, which may preclude your female soldiers from participating in a field exercise, deployment, or even normal duty. Some examples are certain pelvic or perineal infections such as herpes, syphilis or chancre, because of the risk of secondary infection in a field environment. Severe vaginal bleeding could make field duty challenging. These conditions will always be diagnosed by a medical professional only. If you have a female complaining of such a condition, direct her to seek a medical assessment and provide feedback to the unit. If you have any questions about a soldier's fitness for duty, or the extent of a profile, do not hesitate to call your soldier's physician.

Chapter Two: Soldiers, Pregnancy, and Parenting

Pregnancy is not a disease or affliction. With proper management and education, a female soldier can be a productive member of your unit up until the date of delivery.

The maximum utilization of a pregnant soldier may require some creative thinking or temporary internal reassignments within a unit. While this may be mildly disruptive, if approached from the angle of providing cross-training to soldiers, it can be a positive step. A female soldier can continue to be a value-added resource to your unit if she remains in, or is placed into a worthwhile position. Remember, it is not her brain that is changing, only the shape of her body.

Pregnancy Counseling

With all pregnant soldiers, the starting point is the pregnancy counseling done by the company commander. If done well, this session can avert misunderstandings, indecision, and later problems. A standard checklist is used, but the counseling should be more than a check-the-block exercise. The commander should be prepared to answer specific questions regarding separation, medical entitlements, etc. The soldier's immediate supervisors also need to understand the counseling in order to deal with any follow-on questions. To that end, the following information is provided to supplement and explain the checklist.

<i>SUBJECT</i>	<i>BASIC FACTS</i>	<i>REFERENCES</i>
1. Retention or Separation	Soldier may choose to remain in the Service or separate	AR 635-200, para 8-9
2. Maternity Care	<u>Soldier remaining on active duty</u> will receive care in a military treatment facility or civilian facility if no military maternity care is available.	AR 40-3, para 2-35
	<u>Soldiers separating are</u> authorized treatment only in a military medical treatment facility which has maternity care. NOT authorized care in a civilian treatment facility at government expense.	AR 40-3, para 4-44

<i>SUBJECT</i>	<i>BASIC FACTS</i>	<i>REFERENCES</i>
3. Leave	Soldiers may request ordinary, advance, or excess leave in order to return home, or other appropriate place for the birth, or to receive other maternity care. Care must be received at a military facility, or the soldier must get a Non-Availability statement 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 treatment facility for delivery. Non-chargeable convalescent leave for post-partum care is limited to the amount of time essential to meet medical needs, normally 45 days.	AR 630-5, Ch. 9, section II
4. Clothing and Uniforms	Military maternity uniforms will be provided to soldiers.	AR 670-1, Ch. 24, section IV
5. BAH and Government Quarters	Authorized BAH at seventh month of pregnancy. Availability of Government quarters depends on status of quarters at each installation.	
6. Assignments	Pregnant soldiers will not normally receive orders for overseas assignments during their pregnancies. If assigned overseas, they will remain overseas. Soldiers will be considered available for world-wide deployment upon completion of post-partum convalescent leave.	AR 614-30 para 2-5 and 2-8
7. Separation for unsatisfactory performance, misconduct, or parenthood	If performance or conduct warrant separation for unsatisfactory performance, misconduct or parenthood, or if parenthood interferes with duty performance, soldier may be separated even though she is pregnant.	AR 635-200, para 5-8, 13-2 and Ch. 11 and 14

SUBJECT

BASIC FACTS

REFERENCES

- | | | |
|---------------------------------|---|--|
| 8. Family Care Counseling | Single or dual-military soldiers must have an approved Family Care Plan on file stating 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.
<u>(For more info on Family Care Plans, see pg. 12)</u> | DA Pam 600-8,
Procedure 9-6.
AR 601-280, Ch. 6 |
| 9. Pregnancy and Post-Partum PT | Uncomplicated pregnancy does not preclude the soldier from participating in a modified PT program. The 101 st ABN DIV (AASLT) has the STARS PT Program which is guided by her profile as well as any other limitation set by her physician. | |
| 10. Additional Duties | Pregnancy does not preclude a soldier from a soldier from performing additional duties such as CQ/SDNCO/SDO. After the 28th week of pregnancy, when her work week is limited to 40 hours, these duties are counted as part of her 40 hour work week. | |
| 11. Army Weight Control Program | Pregnancy invokes some special considerations in the Army Weight Control Program (See page 15 of this guide). | AR 600-9 |

A good tool to ensure that the soldier receives this information and can reference it repeatedly is a Fact Sheet targeted to the soldier. **A sample Fact Sheet can be found on page 25 of this guide.** The key point is to avoid having the soldier say, “I didn’t know.” If accountability is an issue, a block could be included on the counseling check sheet where the soldier initials upon receipt of the fact sheet.

The counseling session should be done as soon as practical after the soldier informs the unit about a medically-confirmed pregnancy test. Some additional areas to cover, which are not included in the formal checklist are: Pregnancy Fitness Program, and Post-partum PT, assignment of duties such as CQ/SDNCO/SDO, the Army Weight Control Program, and agencies available to assist the soldier.

Pregnancy Profiles

Once a soldier has a medically-confirmed positive pregnancy test, she will be issued a physical profile. Described in this section are the major points of the profile issued for normal pregnancy (per AR 40-501, Standards of Medical Fitness, 30 Aug 95). Profiles for soldiers experiencing difficult or complicated pregnancies will include more information than what is listed here. If there are questions regarding the profile, or the extent of its application, the best point of contact is the physician who issued the profile. The Fort Stewart MEDDAC has developed standard post-partum profiles.

Upon confirmation of pregnancy:

- * Soldier should not be reassigned to/from overseas assignments during pregnancy.
- * Soldier may be reassigned within CONUS, when cleared by a physician.
- * **Soldier is exempt from:**
 - Unit's regular physical training program (will be enrolled in STARS PT)
 - Physical Fitness Testing
 - Wearing of load-bearing equipment (including web belt)
 - All immunizations, except influenza and tetanus-diphtheria
 - Exposure to chemical agents during NBC training; includes wearing of MOPP gear at any time for training purposes
 - Cleaning of weapons or exposure to Cleaning Solvent
 - Exposure to any noise in excess of 85dBA or noise hazardous areas which requires hearing protection

At 20 weeks of pregnancy:

- * **Soldier is exempt from:**
 - Standing at parade rest or attention for longer than 15 minutes
 - Weapons training, swimming qualification, drown proofing, and **field duty**.
 - Assignments to duties where nausea, easy fatigability would be hazardous to the soldier or others. (Include all aviation duty, classes 1, 1A, 2, and 3. Class 2A, ATC personnel may continue ATC duties with approval of the flight surgeon, obstetrician, and ATC supervisor.)
- * Soldier **may** work shifts.

At 28 weeks of pregnancy:

- * Soldier must be provided a 15-minute rest period every 2 hours
- * Work week must not exceed 40 hours. Does **not** precludes CQ duty, or other like duties performed in the unit. These duties are counted as part of the 40-hour work week.

Exercise During Pregnancy

Pregnant soldiers should be treated as soldiers first whenever possible. One way to do this is to continue a regular, although modified, physical training program during uncomplicated pregnancies. Soldiers who maintain a level of fitness throughout their pregnancies may return to unit physical training more quickly after delivery. It is vital to the pregnant soldier, as well as the other soldiers in the unit, that she participates as much as possible in all unit activities.

The safety of the mother and the infant is the primary concern in any exercise program undertaken during pregnancy. There is a significant potential for maternal and fetal injury because of the physical changes that take place during pregnancy, so exercise recommendations and programs must err on the conservative side.

The goal of exercise during pregnancy should be to maintain the highest level of fitness consistent with maximum safety. After the baby is born, fetal safety is no longer an issue, but potential problems for women continue due to persistent musculoskeletal and cardiovascular changes.

The 101st ABN DIV (AASLT) has a Pregnancy PT Program called STARS-Soldier, Training, Ability, Readiness, and Spirit. STARS is a M-F (0630-0730) program run by the Division Surgeon with the CofS as the proponent. All pregnant soldiers are enrolled into this program after they become pregnant. The soldiers are divided into four platoons based on their term of pregnancy. Two Platoons (soldiers up to 20 weeks and post partum) conduct varied PT, education classes; while the other two platoons (21 weeks till delivery) conduct PT and specialized training. Training is conducted at ESTEP Gym, Dryer Field House, and the Pool.

It is the intent of this chapter to offer guidance for helping your pregnant soldiers maintain their fitness levels. These guidelines are incorporated into STARS PT.

Guidelines

The guidelines listed below are based on the unique conditions that exist during pregnancy and the postpartum period. They outline general criteria for developing SAFE exercise programs.

Pregnancy and Postpartum:

1. Regular exercise (at least three times a week) is preferable to intermittent activity. Competitive activities should be discouraged.
2. Vigorous exercise should not be performed in hot, humid weather, or if the soldier has a fever.
3. Ballistic movements (jerky, bouncy motions) should be avoided; examples would be high-impact aerobics, jumping rope and certain calisthenics like the mule kick or high jumper. Exercise should be done on a wooden floor or a tightly carpeted surface to reduce shock and provide a sure footing.
4. Deep flexion or extension of joints should be avoided because of ligament weakness. Activities that require jumping, jarring motions, or rapid changes in direction should be avoided because of joint instability.
5. Vigorous exercise should be preceded by a 5-minute period of muscle warm-up. This can be accomplished by slow walking or stationary cycling with low resistance.
6. Vigorous exercise should be followed by a period of gradually declining activity that includes gentle stationary stretching. Because ligament weakness increases the risk of joint injury, stretches should not be taken to the point of maximum resistance.
7. Heart rate should be measured at times of peak activity. Target heart rates and limits established in consultation between the physician and soldier should not be exceeded (See Table 1 for recommended postpartum target heart rate limits).
8. Care should be taken to rise gradually from the floor. Some form of activity involving the legs should be continued for a brief period following rising from the floor.

9. Liquids should be taken liberally before and after exercise to prevent dehydration. If necessary, activity should be interrupted to drink water.
10. Exercise programs should correspond with the soldiers' pre-pregnancy fitness levels.
11. Activity should be stopped and the physician consulted if any unusual symptoms appear.

Pregnancy only:

1. Maternal heart rate should not exceed 140 beats per minute.
2. Strenuous activity, when the soldier is performing at the maximum heart rate, should not exceed 15 minutes in duration.
3. No exercise should be performed while lying on the back after the fourth month of pregnancy; examples would be leg lifts, butterfly kicks, bicycles, and full sit-ups.
4. Exercises that have a soldier bending her knees and bearing down should be avoided since they put undesirable strain on the rectum and cervix. Examples are squats, both callisthenic and weight-lifting, and the knee bender.

TABLE 1. Heart Rate Guidelines for Postpartum exercise

Age	Limit*	Maximum
	(Beats per minute)	
20	150	200
25	146	195
30	142	190
35	138	185
40	135	180
45	131	175

* Each figure represents 75% of the maximum heart rate that would be predicted for the corresponding age groups. Under a physician's supervision, more strenuous activity and higher heart rates may be appropriate.

There are conditions during pregnancy which may prevent the soldier from exercising vigorously. The soldier will be evaluated by her physician to determine if she has any of these conditions and what the impact is on any exercise program undertaken.

Some conditions which **may limit exercise** during pregnancy are:

- High blood pressure
- Anemia or blood disorders
- Thyroid disease
- Diabetes
- Irregular heartbeat
- History of premature labor
- History of fetus not growing adequately
- History of bleeding during present pregnancy
- Breech presentation in the last trimester
- Excessive obesity
- Extreme underweight

Some conditions which **WILL limit exercise** during pregnancy are:

- History of three or more spontaneous abortions (miscarriages)
- Ruptured membranes
- Premature labor
- Diagnosed multiple gestation (twins, triplets...)
- Incompetent cervix
- Bleeding or diagnosis of placenta previa
- Diagnosed heart disease

All of these conditions will be determined/diagnosed by the physician, and are presented as information only, so that you may better understand the implications of any diagnoses made about your soldiers.

Warning signs and symptoms

The following signs and symptoms should signal the soldier to stop exercising and contact her physician:

- Pain
- Bleeding
- Dizziness
- Shortness of breath
- Palpitations
- Faintness
- ***Back pain***
- Pubic pain
- Difficulty walking

If a soldier exhibits or experiences any of these signs or symptoms, direct her to halt the activity, and ensure that she seeks a medical assessment of her condition.

The Single Pregnant Soldier

This soldier merits additional attention because all the issues of pregnant soldiers are magnified. The typical profile of this soldier is a young (under 25), junior (E4 or below) barracks dweller. By default, her chain of command often becomes her support network as she progresses through her pregnancy.

The goal of the chain of command should be to support her through empowerment, not through taking on all of her challenges for her. It is a critical time in her military career, as well as her personal life. Important decisions must be made regarding her future in the military and the fate of her baby. The most positive thing her leadership can do is to provide her with information and points of contact. Any decision must be her own.

The first issues to cover are those that are dictated by regulation: **BAH/BAS** and **Family Care Plans**.

BAH/BAS: Pregnant soldiers who are barracks dwellers are authorized, in fact required, to remain in the barracks until the seventh month of pregnancy. At that time they are entitled to BAH and BAS in order to establish a home. Timely completion of the required paperwork greatly eases this transition. Financial strain will become a significant part of the junior soldier's life when she becomes a single parent; getting her off to a good start is vital.

There have been instances where a soldier moved out early, and then approached her physician to obtain a "profile" stating that she could not tolerate the dining facility food, and needed to receive BAS prior to the seven month mark. Such a statement **cannot** be issued unless due to a medical complication. Soldiers need to understand this prior to moving out of the barracks early and getting into financial trouble before the baby even arrives.

Family Care Plan: A workable Family Care Plan is required for a single or dual-military parent to remain on active duty. It would be optimal for the soldier to begin preparing this packet once she determines that she is going to raise the child while remaining in the military. A complete Family Care Plan includes the following (IAW AR 600-20):

* Letter of Instruction outlining the specifics of the care arrangements made in case duties preclude the parent from caring for her child. *A sample form letter is included on pages 26-29.*

* DA Form 5304-R: Family Care Plan Counseling Checklist: Used for counseling session performed by the company commander upon need to initiate a care plan.

* DA Form 5305-R: Family Care Plan Checklist, used to verify adequacy of completed care plan

* Powers of Attorney for Temporary Guardianship, Permanent Guardianship, and Escort. These are available at the Legal Assistance section of JAG.

* Verification of Dependent ID card (DD Form 1172): Required regardless of age of children.

* DD Form 2558: Allotment to provide for care of child(ren) during parents' absence.

An advantage of beginning the plan early is that it may let the soldier glimpse the complexity of being a single military parent. She will then be able to make a more informed decision about whether to remain on active duty or separate from the military.

It would also be helpful if the chain of command makes clear to the soldier that they will have the same expectations of her as they do of her peers once she returns from convalescent leave. While the leadership may certainly be understanding of the hardships faced by single parents, there must be one standard for readiness and duty performance in the unit.

A single soldier will be challenged greatly while facing a pregnancy alone. Whether she realizes it or not, she will probably need more help in certain areas than her unit can provide. There are support agencies available for different areas of concern. These options are also very applicable to soldiers who are not single, but may be deemed "high risk" for other reasons, such as their home environment or economic situation.

Social Work Services can help the soldier deal with difficult decisions, such as adoption or separating from the military. These people are professionals, trained to deal with situations such as this. They can be a leader's life-line when he or she feels they cannot offer the soldiers any further guidance, counseling or input.

Soldiers should not be forced to visit this agency, nor should it be presented as something negative. The best approach would be just to offer it to the soldier, repeatedly if necessary. Leaders should also feel free to contact Social Work Services if they have questions, concerns, or would like SWS to contact the soldier directly.

Women, Infants, and Children Program (WIC): This agency is designed to help low-income women and families. It can aid your pregnant soldier in buying the types of foods she needs to eat during her pregnancy, as well as after delivery. It will also aid in purchasing formula and food for infants and children. It is based on financial need, which in the military usually corresponds to the junior enlisted (E4 and below.)

The soldier will most likely be informed about this agency during her OB visits, however, reinforcement at the unit level would be beneficial.

The Army Weight Control Program (AWCP)

Pregnancy invokes some special considerations in the Army Weight Control Program. The governing regulation is AR 600-9. The information provided below is taken from the regulations and interpretations pertinent to pregnant soldiers.

Soldiers not enrolled in AWCP at time of pregnancy:

- a. Exempt from weight control standards for the duration of the pregnancy, plus six months following termination of the pregnancy.
- b. Will not be flagged for exceeding the table weight during this time.
- c. If on promotion list, will remain on list if otherwise qualified, even if her weight exceeds table weight during this period.
- d. If a soldier is to be promoted during her pregnancy, she will be promoted on the effective date of her promotion, even if her weight exceeds table weight during this period.
- e. If soldier fails to meet the weight standard after the six-month period, she must be medically cleared by a physician, and then enrolled in the Army Weight Control Program.

Soldiers enrolled in AWCP at time of pregnancy:

- a. Will remain flagged for duration of pregnancy, and for a period of up to six months after termination of pregnancy.
- b. Soldier may request to be weighed or measured any time prior to the expiration of the six-month recovery period. If she is within standard, she will be removed from the AWCP.
- c. If soldier does not meet standard at the end of the six-month recovery time, she will continue in the AWCP. This is considered a continuation, not a new enrollment. Provisions of paragraphs 21E (2) and 21G of AR 600-9 do not apply for the period of time in the AWCP prior to continuation.
- d. In the case of continuous pregnancy, where the soldier becomes pregnant again prior to the expiration of the six-month recovery time, she will be continued on the

program and remain flagged for the duration of the pregnancy and for a period of up to six months after termination of the pregnancy.

Reenlistment:

a. *Soldiers not enrolled in AWCP prior to pregnancy:* fully qualified soldiers, including those with approved waivers, may reenlist or extend as soldiers not considered to be a part of the AWCP for the period of pregnancy plus seven months.

b. *Soldiers enrolled in AWCP at time of pregnancy:* fully qualified soldiers, including those with approved waivers, will be extended for the minimum period that would allow for the birth of the child plus seven months. If at the end of this period the soldier meets standard, and is still otherwise qualified, she will be allowed to reenlist.

c. The authority, which will be cited on DA Form 1695, Oath of Extension, for active duty soldiers in the category described in 3b above is AR 601-280, para 4-9H

d. Soldiers who were enrolled prior to their pregnancies, and then extended, but who do not meet the standard at the end of the seven month postpartum recovery period will be denied reenlistment or extension.

POST-PARTUM DUTY

Post-partum duty can generally be defined as the first ninety days following a soldier's return from convalescent leave. During this time the soldier will be coping with becoming a parent, perhaps for the first time, as well as getting back to full-time work. Some fatigue is to be expected, but there is normally no need for the soldier to be given special exemption beyond what is provided in regulations.

Physical Training:

Your soldier will be issued a 90 day profile prior to leaving the hospital to begin convalescent leave which will restrict PT testing, but allow for STARS PT training. At the termination of this profile, the guidelines of FM 21-20 apply. These guidelines restrict PT testing for 90 days following the termination of the temporary profile. Your female soldiers cannot be tested for 180 days following the termination of a pregnancy. This time, however, should be used for getting back in shape and preparing for the PT test.

Common sense should guide your expectations of your soldier immediately following a return from convalescent leave. She should be exercising during the normal unit PT, but it would be unrealistic to expect her to complete the 4-mile unit run on pace within the first couple weeks. Ensuring a progressive return to fitness is the goal.

Uniforms:

If females stay within the recommended 25-35 pound weight gain during their pregnancies, they should not have extreme difficulty in losing the weight. However, it may be appropriate to allow a returning soldier some additional time to fit back into her pre-pregnancy uniforms, particularly her Class A's. If there is an inspection scheduled during her first month back perhaps she could bring in her uniform and have her supervisor inspect it on the hanger.

Chapter Three: Mission Impactors

There are several preventable circumstances which can have a negative impact on female soldier readiness. Unintended pregnancies, sexually-transmitted diseases, and abnormal Pap smears are three key areas where the leadership has an opportunity to influence the course of events.

Unintended Pregnancies:

In a recent study conducted at Ft. Lewis, it was found that 65% of the E-4s and below who sought prenatal care had not intended to become pregnant¹. This situation has an extreme, long-term impact on unit readiness. Not only does the soldier become non-deployable during her pregnancy, but the impact of an unintended pregnancy often affects her duty performance after she returns from convalescent leave. These soldiers are challenged financially, socially, and emotionally by parenthood, with readiness often being the ball that drops during the juggling. The good news is that this is preventable with an aggressive program that starts upon arrival at an installation or unit.

The study at Ft. Lewis also revealed that of all the soldiers who had an unintended pregnancy, 65% were not using contraception at the time. There are two things which can impact on this statistic: access and education. Military women don't face many of the access barriers present in the civilian world. Birth control methods are free to them, and access routes are generally well-defined. However, in light of these numbers, more can be done.

One type of birth control, the condom, should be stocked and available in the unit area. Screening to see if female soldiers are current on their annually required well-woman exams should be part of Soldier Readiness Processing (SRPs) conducted on a regular basis. This exam is an opportune time to request or renew birth control prescriptions. If a soldier is delinquent on this appointment, the unit should ensure that she makes, and keeps one.

Even more fundamental than access is education. Soldiers, especially junior enlisted, need to understand that they are at significant risk for unintended pregnancies. Education must begin when the soldier arrives at a new duty station. A 30-45 minute

¹ Clark, Jeffrey B. Incidence of Unintended Pregnancy Among Female Soldiers Presenting for Prenatal Care at a US Army Obstetrical Clinic, Madigan Army Medical Center, 1996

block of instruction given by a medical professional during inprocessing would be optimal. A presentation by or presence of a “peer counselor”, a junior soldier who has had a child, would be beneficial. At the end of these sessions, appointments to receive birth control should be offered. Many young women do not know enough about their own reproductive systems and the birth control options available to make an informed decision. Lacking the information, many women thus make no decision at all, engage in unprotected sex, and end up with an unintended pregnancy. Most installations do not currently have such a system built into the inprocessing format. Methods that units can use to accomplish this critical task are discussed in the next section, “Tools and Strategies.”

Side Note for Leaders: Company and Battalion level leaders, especially Executive Officers, should be aware that for the purposes of the Unit Status Report (USR), a military mother of a newborn should be listed as “Not Available” for four months after birth (A single parent or one member of a military couple adopting a child is “Not Available” for four months after the child is placed in the home). [Reference AR 220-1, Table D-1]

Sexually Transmitted Diseases:

The same behavior that results in unintended pregnancies produces the spread of STDs. A similar approach should be used to combat what in some areas approaches an epidemic. Having condoms available in the unit area is one solid step towards prevention. Education about the significant risk faced by soldiers is vital. They must understand that it doesn’t just “happen to the other guy”, and that not all STDs are curable. This is a topic that should be presented to your male and female soldiers simultaneously.

Abnormal Pap Smears:

Pap smears are screening tests for abnormalities in the cervix that could be precursors to cervical cancer. With routine, yearly Pap smears, any abnormality would likely be caught while it is extremely treatable on an outpatient basis, thereby minimally affecting readiness. The SRP screening of medical records for this exam is vital to ensure the maintained health of your female soldiers. Neglecting this exam can result in more complicated procedures being required later on. Soldiers requiring such procedures during Desert Shield/Storm had to be evacuated from the theater because the equipment wasn't available there. You can prevent the loss of unit strength by ensuring that your females receive their preventive care.

Some untreated sexually-transmitted diseases can lead to abnormal pap smears, and in some women, to cancer. The key preventive tool is again, availability and use of condoms.

The **Unintended Pregnancy Prevention Program** (MAMC UP3) is available upon request. Contact MAMC UPPP POC:
LTC Diane Flynn MC MAMC e-mail: diane.flynn@nw.amedd.army.mil.

Chapter Four: Tools And Strategies

There are many proactive steps that can be taken to ensure female soldier readiness. The readiness of your unit is constantly being measured, whether through Unit Status Reports, exercises, or real world deployments. You are already accountable; it is the goal of this chapter, and of this book, to give you the tools to succeed.

Inprocessing Education:

The most opportune moment to educate female soldiers, particularly those reporting to their first duty station, is during inprocessing. It would be optimal if each installation would build a session geared to females into their inprocessing format. Until that happens, however, it will be the unit's responsibility and opportunity to get their female soldiers off to a good start.

The inprocessing education, presented by a medical professional, should address the significant risk for unintended pregnancies faced by female soldiers. A segment covering how their reproductive systems work should be included, so that they can make informed decisions. The training should also cover the routes by which a female seeks female-specific care, whether it's preventive, diagnostic, or therapeutic. She should know where to get birth control if she needs it, where to get her annually-required Pap smear done, and should be advised of all of the points of contact listed in the back of this book. The more education she is provided, the more empowered she becomes to ensure her own readiness.

Barracks soldiers just out of AIT need to be told about the barracks environment. Many young female soldiers are not prepared to handle the magnitude of attention from male soldiers. This situation can result in the spread of sexually-transmitted diseases and unintended pregnancies. Blunt discussions are in order. If the female soldier is not going to remain abstinent, she needs to know how to access preventive tools. This should correspond to the same sort of discussion with your barracks males. This process does not need to fall onto the shoulders of the already-overworked Commander or First Sergeant. An alternative method is discussed below.

Support/Information Network:

It may be more advantageous for the command as well as the soldiers to have a senior female designated as a point of contact for all non-Equal Opportunity female-specific issues. It must be stressed that this should be CLEARLY separated from the EO channels.

This senior NCO or officer would run or coordinate the inprocessing education, as well as being the command's information person for questions not covered in this guide, or requiring amplification. She would act as the command's overwatch, catching developing trends, and intervening if necessary, prior to impact upon the mission. This person would establish working relationships with all activities at your installation that can assist with female readiness, such as the Community Health Nurse, Dept. of OB/GYN, Corps/Brigade Surgeon's office, etc.

The network representative could also assist female soldiers in seeking the care they need, or directing them 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.

While this person will be an advocate for the females, care must be taken that the position or the program is not perceived as, nor evolves into an "us vs. them" concept, pitting the command against its females. Her primary goal is to ensure mission accomplishment, with her role being to dismantle any roadblocks preventing the unit's females from fully participating and contributing to this effort.

In-services:

Another opportunity to provide the education which empowers your female soldiers is in-service days, or by putting it on the training calendar. Schedule a representative from one of the resources on post to teach a class, lead a discussion, or give a presentation relating to female health topics.

Repetition is not a bad thing; they cannot hear the information too many times. These training sessions should be geared towards issues relevant to the unit, whether it's an upcoming deployment, a rash of unintended pregnancies, or other problems.

The sessions do not need to be, and most shouldn't be limited to female participation. It would be beneficial to have all soldiers attend classes on sexually-transmitted diseases, or unintended pregnancies. Having educated females only solves half of many of these problems, the males need to hear the same information.

One beneficial exercise for all soldiers to participate in is the “Economic Analysis of Child Rearing.” Have the soldiers start off with their take-home pay, and then begin deducting expenses associated with having a child: day care, diapers, formula, clothes, furniture, stroller, etc. It won’t be long until the financial realities of child-rearing eliminate any romantic, and irresponsible ideas about having a baby as a 19-year-old E-3. A worksheet for this exercise can be found on page 28.

There are many resources in the medical community available to assist you in maintaining unit readiness. Preservation of the force is their goal as well, and any opportunity to reach soldiers at the unit level, with support from the leadership, is a golden one.

“Air Assault”
“Preserve the Fighting Strength”

Points Of Contact

	Name	Telephone Number
Division Surgeon (STARS PT)	<u>LTC Joe Barthel</u>	<u>798-5881</u>
Brigade/Battalion Surgeon	_____	_____
Community Health Nurse	_____	_____
Department of OB/GYN	_____	_____
Social Work Services	_____	_____
Women, Infants, and Children Program	_____	_____
Personnel (Separations Section)	_____	_____
Nutrition Care Division (Weight Control Program)	_____	_____

Use this page to fill in the phone numbers of important points of contact at your installation

Chapter Five: Worksheets and Program Guidance

You are at an important point in both your military career and your personal life. The information below is provided to help you make key decisions and chart the best course for yourself, and your child.

Pregnant Soldiers' Fact Sheet: Q&A

Q1: Can I separate from the military if I think it would be better for my child and me?

A: Yes, there are provisions in AR 635-200, para 8-9, commonly referred to as a "Chapter 8 separation." You may initiate this through your unit's PAC and your chain of command at the time of your pregnancy counseling. This type of separation must be initiated prior to the delivery of your baby. According to AR 40-3, if requested at the time of your separation, you will be authorized maternity care in a military treatment facility with OB/GYN capability and/or capacity. Your care is authorized through the birth of your child, and includes a 6-week post-partum visit. Your child will be authorized one well-baby visit, the timing of which will be determined by the medical treatment facility staff. You will not be authorized care in a civilian facility at government expense.

Q2: Can I take leave to go home and have my baby?

A: A soldier may request leave to return home, or other appropriate place to have the baby, however, the leave is granted at the command's discretion. It is important to note that if maternity care is available at a military treatment facility where you are stationed, and you request leave to go home, you must obtain a Non-Availability Statement (NAS) from the hospital at your location in order to receive care at a civilian facility. Without an NAS you will have to pay the expenses at a civilian treatment facility.

Q3: Do I need to buy maternity uniforms?

A: Soldiers will be provided 2 sets of maternity BDUs (and two sets of maternity whites if working in patient care or food service MOSSs). At most posts, you will need to take a memorandum from your commander requesting the issue and a copy of your pregnancy profile showing your due date to the Central Issuing Facility (CIF). The maternity BDUs will be added to your clothing record and should be turned in upon your return from

convalescent leave. If you need Class As or Bs, these maternity uniforms can be purchased at Clothing Sales.

Q4: What about new assignments while I am pregnant?

A: Pregnant soldiers will not normally receive orders for overseas assignments during their pregnancies. If assigned overseas, they will remain overseas. Reassignments within CONUS may occur during pregnancy. Soldiers will be considered available for world-wide deployment upon completion of post-partum convalescent leave.

Q5: If I am single and living in the barracks, when will I be authorized BAH and BAS?

A: You will be authorized these allowances at seven months of pregnancy. You are required to remain in the barracks until that point. The paperwork for BAH and BAS will be initiated through your unit PAC. It is important to know that your physician cannot write a profile against dining facility food unless there is a clinical reason to do so, which is rare. So, do not plan on receiving BAH or BAS prior to your seventh month of pregnancy. The availability of government quarters depends on the current housing situation at your post.

Q6: Can I be separated from the Army for unsatisfactory performance, misconduct, or parenthood while I am pregnant?

A: Yes, if your performance warrants separation for unsatisfactory performance, or misconduct you may be involuntarily separated even though you are pregnant. This is also the case if your parenthood of any other children you may have interferes with duty performance.

Q7: If I am going to be a single or dual-military parent, are there any special considerations?

A: Yes, you must complete a Family Care Plan (FCP) and keep this on file at your unit. Your FCP will state the actions to be taken in the event of assignment to an area where dependents are not authorized, or when you are absent from your home while performing military duty. Failure to develop a workable FCP will result in a bar to reenlistment.

A complete Family Care Plan will include:

- A letter of instruction outlining the specifics of the care arrangements made in case duties preclude you from caring for your child.
- DA Form 5304-R, Family Care Plan Counseling Checklist. This checklist will be completed during a counseling session with your company commander.
- DA Form 5305-R: Family Care Plan Checklist. This is used to verify the adequacy of your care plan.
- Powers of Attorney for Temporary Guardianship, Permanent Guardianship, and Escort. These are available at the Legal Assistance section of JAG.
- Verification of Dependent ID card (DD Form 1172). This is required regardless of how old your child is.
- DD Form 2558: Allotment to provide for care of child during your absence. It will be put into effect upon your absence.

It is important that you begin putting together your plan as soon as possible, even if your baby isn't due for several months.

Q8: If I am a single and/or junior enlisted soldier, are there any special resources out there for me?

A: Yes, the Women, Infants, and Children program is designed to help you buy the foods you need to eat during your pregnancy. It will also help you buy the formula and food you will need for your child. It is an income-based aid program, which normally corresponds to E-4s and below. There is normally a WIC office in or near the medical treatment facility. If there is not, you can inquire at your next OB appointment, or look in the telephone book.

Q9: Am I exempt from Physical Training while I am pregnant?

A: While you are exempt from Physical Fitness Testing, you are not exempt from Physical Training if you are experiencing an uncomplicated pregnancy. It would be best for you to maintain the highest level of fitness possible, while ensuring the safety of your unborn child.

Regular exercise (3 times a week or more) is preferable to sporadic exercise. Good exercises for pregnant women are swimming, walking, riding a stationary bicycle, and low/no impact aerobics. You should consult your physician about what type of exercise program would be best for you.

Q10: Am I exempt from duty rosters (e.g. CQ, SDNCO, SDO) while I am pregnant?

A: No. If you are having an uncomplicated pregnancy, at 28 weeks pregnancy you are limited to a 40-hour work week. However, this 40 hours can be used at your command's discretion. If you pull duty, you will have used up 24 of your 40 hours for the week, and the rest of your week's schedule should be adjusted accordingly.

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 them 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 them in this location or transport them to the guardian's residence where they 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 children, the following information is provided:

- a. Name, address, and phone number of designated escort (OCONUS only):

- b. Name, address, phone number, relationship to sponsor or child(ren) of long-term guardian:

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

Finally, a complete copy of my/our Family Care Plan 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: _____

Economic Realities Of Child-Rearing

“Wow, how can someone so small cost so much???”

1. **Your monthly take home pay** _____
(Base pay, BAH, BAS, any other special pays, minus all deductions including taxes and Social Security)
2. **Direct Child-rearing costs**
 - a. **Child care** _____
 - b. **Diapers** _____
 - c. **Formula/Food** _____
 - d. **Clothing** _____
 - e. **Equipment*** _____
3. **Indirect Child-rearing costs**
 - a. **Rent for 2 bedroom apt** _____
 - b. **Car payment** _____
 - c. **Car insurance** _____
 - d. **Utilities** _____
 - e. **Your food** _____
 - f. **Gas** _____
4. **TOTAL COSTS** _____
5. **Remainder of monthly pay** _____
(Line 1 minus Line 4)

Economic Realities Worksheet

Instructions and Suggestions

Line 1: Take Home Pay

It would be optimal to have your soldiers do this exercise as you are distributing their end-of month LESs. For barracks soldiers, provide them with the dollar amount of BAH and BAS authorized for their grades.

Line 2: Direct Costs

a. Child care: You can call to get the rates per child, based on income, at your post's Child Development Center. This is a good barometer for the costs in your area, although civilian care may cost much more. You should also explain to you soldiers that their actual child-care costs will probably exceed that amount due to extra child care they must pay for during alerts, exercises, or odd-shift duty.

b. Diapers: This amount can be estimated at \$40-60 per child per month, depending on costs in your area. Parents in your unit can probably give you a good figure to use.

c. Formula/Food: This worksheet is based on babies. Formula prices vary widely depending on type and brand, but \$8.50 per can is a general price. Two cans per week should result in a monthly expense of \$68.00. Again, parents in your unit may give you a better idea of actual prices in your area.

d. Clothing: This amount can vary widely based on personal preferences, but a base amount to use would be \$75. Remind your soldiers that this is a conservative estimate.

e. Equipment: Obviously, this will not be a recurring monthly expense, but for purposes of the worksheet can be accounted for in this way. They will need to buy necessities such as cribs, strollers, car seats, bottles, bags, etc. These one-time expenses could be averaged out to \$60 per month.

3. Indirect Costs

a. Rent: Soldiers cannot assume they will receive government quarters. You can find out a price range for 2 bedroom apartments in your area from the post Housing Office, or through an informal survey of your soldiers.

b. Car Payment: This varies widely according to personal preferences, but for this exercise, assume that they will need dependable, although not flashy transportation. \$275 per month is a conservative estimate.

c. Car Insurance: Assuming that most of your soldiers targeted by this exercise are young (under 25), insurance can be costly. \$125 is an estimate that should approximate the expense for everyone but your worst drivers.

d. Utilities: Vary widely depending on your climate, and the utilities which you must pay. Assume they are living in an apartment and must pay only a phone bill and a TV bill, which would come to at least \$50 per month.

e. Food: They need to realize that BAS isn't just more money, it is to make up for the dining facility food they are no longer authorized. Tell them to plan for at least \$200 for food per month.

f. Gas: \$50 per month is a conservative estimate. If they use less than this, the extra amount will be taken up in maintenance.

NOTES

Madigan Army Medical Center