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SUBJ/MILITARY PARENTAL LEAVE PROGRAM//

REF/A/LTR/OSD/23MAR18//
REF/B/LTR/ASN/23MAY18/
REF/C/DOC/DOD/19MAY16//
REF/D/DOC/COMNAVPERSCOM/31MAR11//
REF/E/DOC/OPNAV/12DEC14//

NARR/REF A IS UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS DIRECTIVE-TYPE MEMORANDUM, PARENTAL LEAVE FOR MILITARY PERSONNEL IN CONNECTION WITH THE BIRTH OR ADOPTION OF A CHILD. REF B IS ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS) DIRECTIVE-TYPE MEMORANDUM, DEPARTMENT OF THE NAVY GUIDANCE FOR IMPLEMENTATION OF THE MILITARY PARENTAL LEAVE PROGRAM. REF C IS DODI 1327.06, LEAVE AND LIBERTY POLICY AND PROCEDURES. REF D IS NAVPERS 15560D, NAVAL MILITARY PERSONNEL MANUAL. REF E IS OPNAVINST 1754.4A, NAVY ADOPTION REIMBURSEMENT POLICY.//

RMKS/1. This NAVADMIN establishes the Navy Parental Leave Program policy in line with references (a) through (c), and replaces MILPERSMAN articles of reference (d) 1050-420 (Adoption Leave), 1050-430 (Paternity Leave), and 1050-435 (Maternity Leave) with MILPERSMAN 1050-415 (Military Parental Leave Program) for release in the near future.

2. The Military Parental Leave Program (MPLP) replaces current adoption, paternity, and maternity leave with primary caregiver (PC) leave, secondary caregiver (SC) leave, and maternity convalescent leave (MCL). Members designated as the PC for a birth or qualifying adoption are eligible for 6 weeks of non-chargeable PC Leave (PCL). Members designated as the SC for a birth or qualifying adoption are eligible for 2 weeks of non-chargeable SC Leave (SCL). Members who give birth are entitled to 6 weeks of non-chargeable MCL. If a member is given MCL in excess of 6 weeks, their PCL is reduced day for day.

3. MPLP applies to all active component (AC) members and all reserve component (RC) members who were performing active duties, or mobilized more than 12 continuous months and were party to a qualifying birth event (QBE) or qualifying adoption (QA) on or after 23 December 2016. A QBE is defined as a live birth. A QA is defined as an adoption that qualifies for reimbursement of adoption expenses in line with reference (e).

4. MCL is a 6-week (42-day), non-chargeable leave period for the birthparent, commencing the first full day following the discharge and

release of the member from the hospital (or similar facility) following a QBE and is intended for the medical recovery of the birthparent. MCL must be executed in one increment and completed before commencing PCL. Any medically required extensions of MCL will be deducted from PCL.

5. PCL is a 6-week (42-day), non-chargeable leave period for the PC following a QBE or qualifying adoption (QA). PCL will be granted to the parent designated with primary responsibility for caring for the birthed or adopted child(ren). PCL must be executed in one increment. For a QBE, by default, the PC will be the parent who physically gives birth to one or multiple live children in a 72-hour period. For a QA, by default, the PC will be the non-military parent, or in the case of dual military couples, the member who is serving in the least operational position. The commanding officer (CO) of the member has the authority to designate PC status on a case-by-case basis when it can be demonstrated that the default PC is unavailable to administer the necessary care to the child (e.g., incapacitation, dual military couples, death, or other circumstances where the military parent must act as PC.) For dual military couples, only one PC and SC will be authorized per QBE or QA. Under normal situations PC designations should be made 60 days prior to the QBE or QA and documented on Administrative Remarks NAVPERS 1070/613 (commonly known as a Page 13).

6. SCL is a 2-week (14-day), non-chargeable leave period for the SC following a QBE or QA. SCL will be granted to the parent not designated as the PC. SCL must be executed in a consecutive block. Under normal situations SC designations should be made 60 days prior to the QBE or QA and documented on NAVPERS 1070/613.

7. Authorized PCL or SCL that is not commenced within 1 year from the QBE or QA will expire. Any period of deferral of PCL or SCL under this NAVADMIN due to an operational deployment shall not be counted against expiration dates. No member will be designated as both PC and SC for any QBE or QA.

8. For a QBE of a child(ren) born outside of a marriage, the member who does not give birth is required to establish proof of parentage. Proof of parentage may include, but is not limited to:

- a. being listed, with consent, as a parent on the birth certificate of the child or other government issued document
- b. acknowledgement in writing of an obligation to support the child, either by voluntary agreement or court order, or
- c. registration, or pending registration, in the Defense Enrollment Eligibility Reporting System (DEERS).

9. Deployed members or members within 3 months of deployment will normally be required to defer PCL/SCL until completion of the deployment. However, in some cases where extraordinary and compelling circumstances exist, COs may approve immediate SCL or PCL. If PCL/SCL was deferred until the completion of deployment, upon approval by the CO, and only after being designated as PC/SC, the member may use PCL or SCL.

10. There are two retroactive periods covered by MPLP.

a. Sailors who had a QBE or QA from 23 December 2016 to 22 March 2018 have 18 months from the QBE or QA, to commence PCL or SCL. Sailors that had QBE or QA on or after 23 March 2018 have 12 months from the QBE or QA to commence PCL or SCL. The following conditions apply to retroactive MPLP:

(1) Members who executed or are executing the 12 weeks of Maternity

Leave authorized in MILPERSMAN 1050-435 will be considered the PC and will not be authorized additional MCL, PCL, or SCL.

(2) Members who executed 10 days of Parental Leave or 21 days of Adoption Leave authorized in MILPERSMAN 1050-420 and 1050-430 may be retroactively designated as PC or SC and are, respectively, entitled to a total of 42-days or 14-days of non-chargeable leave. Members may elect to execute any remaining PCL or SCL, or have any regular annual leave executed in conjunction with the parental or adoption leave reimbursed not to exceed the PCL or SCL days authorized. Any reimbursed leave days in line with this election will not qualify for special leave accrual.

b. Commands may contact OPNAV N130C for guidance concerning members who, in extreme circumstances, cannot commence PCL or SCL within the allotted retroactive period.

11. Members who are no longer on active duty will not be authorized entitlements outlined herein or following instruction updates. Leave recalculations are not authorized.

12. Birthparent members who do not retain custody of the child(ren) are not covered under the MPLP but are eligible for regular convalescent leave as prescribed by their health care provider.

13. Neither AC members nor RC members will be extended on active duty for the purposes of taking PCL or SCL. Members can be extended on active service following a QBE when determined medically necessary by a competent medical authority.

14. Special Leave Accrual is not authorized due to excess leave earned during MCL, PCL, or SCL.

15. No member will be disadvantaged in their career, including limitations in their assignments (except where members voluntarily agree to accept an assignment limitation), performance appraisals, or selection for professional military education or training, solely because they take any of the non-chargeable leave outlined herein.

16. MCL, PCL, and SCL must be requested through e-Leave in Navy Standard Integrated Personnel System (NSIPS). Until NSIPS is fully updated to include the MCL, PCL, and SCL options requests should be selected as *Convalescent* with full annotation in the comment section clarifying purpose for leave either MCL, PCL, or SCL. Leave approvers will be responsible for ensuring that PC and SC designations are correct and that parental leave does not exceed the MCL, PCL, or SCL limits outlined in this NAVADMIN. Commands not on e-Leave with NSIPS will manually track MCL, PCL, and SCL until the command begins using e-Leave.

17. Point of contact for this matter is LT David Rapoff, OPNAV N130C2, at (703) 604-5477/DSN 664, or via e-mail at nxag_n130c(at)navy.mil.

18. Released by Vice Admiral R. P. Burke, N1.//

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DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

OPNAVINST 6000.1D
N1D
12 Mar 2018

OPNAV INSTRUCTION 6000.1D

From: Chief of Naval Operations

Subj: NAVY GUIDELINES CONCERNING PREGNANCY AND PARENTHOOD

Ref: See enclosure (1)

Encl: (1) References
(2) Operating Guide

1. Purpose

a. To disseminate Navy administrative regulations concerning family planning for active duty (AD) and full-time support naval personnel (hereafter identified as Service members) and the assignment, retention, separation, standards of conduct, and medical management of pregnancies and parenthood, pursuant to references (a) through (y).

b. Summary of changes includes consolidation and clarity of pregnancy and parenthood guidance, to include new and updated guidance in the areas of operational deferment, maternity and parental leave, and provisions of healthcare. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 6000.1C.

3. Scope. This instruction applies to all AD and full-time support Navy personnel, commands and activities, and describes the Navy's pregnancy and parenthood guidelines and requirements. Navy Reserve Component Service members should follow reference (a). The Operating Guide, enclosure (2), supplements this instruction, and is divided into three sections as listed in subparagraphs 3a through 3c.

- a. Pregnancy guidelines, limitations, and responsibilities.
- b. Personnel management.
- c. Healthcare benefits.

4. Discussion

a. Pregnancy and parenthood are natural events that may occur in Service members' lives and can be compatible with successful naval service, as discussed in reference (b).

b. A Service member who learns they are pregnant is responsible for promptly confirming their pregnancy and informing their commanding officer (CO). Pregnancy should not adversely affect career progression, as discussed in reference (b). While pregnancy may require temporary reassignment in some cases, it should not restrict tasks normally assigned to Service members and should not affect their ability to perform routine tasks associated with their billets, with the exception of limitations listed in subparagraph 1b of enclosure (2).

c. The pregnancy and parenthood mobile application is available for download from Apple's App Store and Google's Android Play Store, under key word "seawarrior" or "pregnancy and parenthood." The mobile application provides a wealth of information for command leaders and Service members on pregnancy and parenthood related policies and resources.

5. Guidance. Enclosure (2) provides comprehensive guidance for the management and considerations associated with pregnancy and parenthood.

6. Surrogacy. Service members are not authorized to provide surrogacy services. Surrogacy is a voluntary arrangement by which a Service member agrees, whether or not for compensation, to carry a pregnancy to term for the purpose of surrendering the child(ren) to the sole custody of another person(s), as directed in reference (b).

7. Operational Deferment. A Service member who gives birth will be deferred from all transfers (e.g., permanent change of station, temporary additional duty (TAD), temporary duty) to operational assignments for a period of 12 months following delivery. Service members scheduled to permanent change of station prior to the expiration of their operational deferment should contact Commander, Navy Personnel Command (COMNAVPERSCOM) Deployability Assessment Branch (PERS-454) for a projected rotation date (PRD) extension. Service members under operational deferment are exempt from participating in short underway and TAD periods if it inhibits the Service member's ability to breastfeed their child(ren) or prevents them from caring for their child(ren) for more than a normal work day or shift. Service members who experience a stillborn birth or a neonatal demise (infant death 0 to 28 days following birth) are entitled to 6 months operational deferment.

a. Adoption Operational Deferment. As directed by references (c) and (d), a Service member who adopts a child(ren) is authorized 4 months operational deferment from the date the child is placed in the home as a part of the formal adoption process. Similar to adoption leave outlined in reference (d), when a dual military couple adopts a child(ren), only one of the Service members will be granted operational deferment. Service members who give birth and subsequently surrender their child(ren) for adoption are authorized convalescent leave following delivery, but are not authorized an operational deferment.

b. Operational Deferment Termination Request. In line with reference (d), article 1300-1306, Service members may request to terminate their operational deferment at any point

following maternity leave in order to return to an operational command, as defined by reference (d), article 1306-102. Requests must be initiated by the Service member utilizing NAVPERS 1306/7 Enlisted Personnel Action Request or NAVPERS 1301/85 Officer Personnel Action Request. Operational deferment termination requests should be forwarded from the Service member's CO to COMNAVPERSCOM (PERS-454).

8. Actions and Responsibilities

a. Commander, Navy Installations Command. Provide comprehensive information, programs, and referral services for Service members and their families, as directed in reference (e).

b. Bureau of Medicine and Surgery. Provide annual health assessment recommendations for all Service members to include immunizations, occupational risk and surveillance, family planning, and counseling to include unplanned pregnancy prevention and career planning, as directed in reference (f).

c. Chief of Naval Personnel. Monitor pregnancy and parenthood trends in the Navy through the biannual Personal and Professional Choices Survey, as directed in reference (b).

d. Naval Education and Training Command. Ensure curriculum on reproductive health and family planning are included in the Life Skills course of instruction delivered during the accession-training pipeline, as directed in reference (g).

e. Commanders, COs, and Officers in Charge (OIC)

(1) Comply with and execute all requirements of this instruction, utilizing enclosure (2) to obtain additional guidance.

(2) Inform pregnant Service members of the need to obtain prenatal care from a health care provider (hereafter identified as "provider"), primary care manager, or obstetrician (OB), as directed in reference (b).

(3) Ensure pregnant Service members are not adversely evaluated due to pregnancy, as directed in reference (b).

(4) Advise Service members of the proper procedures when requesting separation due to pregnancy, as directed in reference (d).

(5) Arrange for an occupational provider to evaluate pregnant Service members who may have potential exposure to occupational reproductive hazards and ensure completion of 'Occupational Exposures of Reproductive or Developmental Concern' statements, as directed in references (h) and (i).

(6) Train all Service members on the importance of reproductive hazards present at the command and the importance of pregnancy notification to ensure all consult with a provider to determine the necessity of any medical work assignment limitations or restrictions, as directed in reference (h).

(7) Consider approval of requests by unmarried pregnant Service member(s) without dependents to occupy excess family housing, as discussed in reference (j).

(8) Ensure that all pregnant Service members' data, officer or enlisted, is entered into the Medical Readiness Reporting System (MRRS) upon official notification of pregnancy.

(9) Support pregnant Service members and expectant parents as they balance the demands of a naval career with family plans and responsibilities.

f. Command Deployability Coordinator

(1) Serve as point of contact for pregnancy and parenthood status as directed in reference (d), article 1300-1306, and ensure completion of NAVPERS 1070/613 Administrative Remarks stating: "Member has read and understands and will comply with regulations included in OPNAVINST 6000.1D: Navy Guidelines Concerning Pregnancy and Parenthood, and all referenced guidelines within said policy."

(2) Ensure Service members are aware of availability of the New Parent Support Program and its effectiveness in promoting protective factors and reducing risk factors associated with child abuse and neglect as directed in reference (k).

(3) Enter all pregnant Service members' data, officer or enlisted, into MRRS upon official notification of pregnancy.

g. Pregnant Service Members

(1) Be familiar with the requirements of this instruction.

(2) Seek prompt confirmation of any suspected pregnancy by a military provider, or in cases of inaccessibility to a military treatment facility (MTF), a civilian provider.

(3) Notify CO or OIC of pregnancy in writing as soon as possible, but no later than 2 weeks after official notification by a provider or primary care manager, as directed in reference (b). Immediate notification is required in cases where exposure to chemicals or radiation, or both, assigned training, or special duties could have a significant effect on the health of the unborn child(ren), as directed in reference (h).

(4) Contact their command deployability coordinator to discuss their rights, responsibilities, and expectations throughout their pregnancy, as directed in reference (d), article 1300-1306, and will acknowledge familiarity with all components of this instruction and references by signing NAVPERS 1070/613, as directed in subparagraph 8f(1).

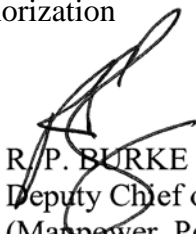
(5) Complete all requirements listed in enclosure (2), to include 'Occupational Exposures of Reproductive or Developmental Concern' statement, as required by references (h) and (i).

9. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per Secretary of the Navy (SECNAV) Manual 5210.1 of January 2012.

10. Review and Effective Date. Per OPNAVINST 5215.17A, Special Assistant, Inclusion and Diversity Office (OPNAV (N1D)) will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense (DoD), SECNAV and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

11. Forms. The forms in subparagraphs 11a through 11d are available for download from Naval Forms Online, <https://navalforms.documentservices.dla.mil/web/public/home>, and the Navy Personnel Command Web Site, <http://www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/Pages/default.aspx>.

- a. NAVPERS 1070/613 Administrative Remarks
- b. NAVPERS 1306/7 Enlisted Personnel Action Request
- c. NAVPERS 1301/85 Officer Personnel Action Request
- d. NAVPERS 1336/3 Special Request/Authorization



R. P. BURKE
Deputy Chief of Naval Operations
(Manpower, Personnel, Training
and Education)

OPNAVINST 6000.1D
12 Mar 2018

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via Department of the Navy Issuances Web site, <http://doni.documentservices.dla.mil>

REFERENCES

- Ref: (a) COMNAVRESFORINST 6000.1E
(b) SECNAVINST 1000.10A
(c) DoD Instruction 1342.19 of 7 May 2010
(d) NAVPERS 15560D
(e) SECNAVINST 1754.1B
(f) NAVMED P-117
(g) NETCINST 1500.11A
(h) OPNAVINST 5100.23G
(i) NMCPHC-TM-OEM 6260.01C, Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals of April 2010
(j) DoD Instruction 4165.63 of 21 July 2008
(k) DoD Instruction 6400.05 of 13 June 2012
(l) BUMEDINST 6300.16A
(m) BUMEDINST 6200.15A
(n) OPNAVINST 5530.13C
(o) NAVMED P-5055
(p) OPNAVINST 6110.1J
(q) NAVPERS 15665I
(r) DoD 7000.14-R, Department of Defense Financial Management Regulations, Volume 7A, Military Pay Policy – Active Duty and Reserve Pay, April 2017
(s) OPNAVINST 1740.4E
(t) CNAF M-3710.7 of May 2016
(u) JP 3-68 of November 2015
(v) OPNAVINST 1754.4A
(w) BUMEDINST 6320.103
(x) TRICARE Policy Manual 6010.57-M, 1 February 2008
(y) BUMEDINST 6000.14A

OPERATING GUIDE

1. Pregnancy Guidelines, Limitations, and Responsibilities

a. Pregnancy Guidelines

(1) Workplace Assignment and Medical Considerations. There are few restrictions during an uncomplicated pregnancy of physically fit Service members working in a safe environment. Upon confirmation of pregnancy, Service members and their supervisors must complete 'Occupational Exposures of Reproductive or Developmental Concern' statement as required by references (h) and (i).

(2) Pregnancy Loss. The Service member's CO or OIC must be notified as soon as possible following miscarriage, stillborn birth (loss of a fetus after 20 weeks gestational age), or neonatal demise (infant death 0 to 28 days following birth). Due to the sensitive nature of these events, the utmost discretion must be exercised to ensure Service member's privacy.

(3) Abortion. As directed in reference (1), DoD prohibits the use of DoD funds to perform abortions, except when the life of the Service member would be endangered if the fetus were carried to term, or in cases in which the pregnancy is the result of an act of rape or incest. Service members are strongly encouraged to consult with a military provider for information prior to obtaining an abortion.

b. Limitations. After confirmation of pregnancy, Service members are subject to the limitations listed in subparagraphs 1b(1) through 1b(4).

(1) Medical

(a) An OB provider may recommend duty limitations to the CO at any time during pregnancy when it is determined to be medically necessary. Procedures for assignment to limited duty are outlined in reference (f).

(b) Pregnant Service members will be exempt from all routine immunizations, with the exception of the annual flu shot, tetanus, diphtheria, and pertussis (Tdap) vaccine. Pregnant Service members should be immunized according to the Centers for Disease Control and Prevention (CDC). More information can be found on the CDC Vaccines and Immunizations Web page, <http://www.cdc.gov/vaccines>, and in consultation with the Service member's OB provider.

(c) Beginning with the 28th week of pregnancy through delivery, Service members must be:

1. allowed to rest a minimum of 20 minutes every 4 hours; and

2. limited to a 40-hour workweek, which may be distributed amongst any 7-day period. Watchstanding responsibilities count as part of the 40-hour limitation, but transit time to and from duty location does not. Pregnant Service members who desire to work in excess of 40 hours may request a waiver through their CO and OB provider.

(2) Ergonomic. An ergonomic restriction applies when pregnant Service members are limited by physical conditions that preclude them from performing specific activities. Occupational medicine should perform medical monitoring and workplace assessments to support the command's injury prevention programs, as directed in reference (h). Pregnant Service members must be exempt from:

- (a) standing at parade rest or attention for longer than 15 minutes;
- (b) working in one position or lying in the prone position for a prolonged period;
- (c) lifting greater than 25 pounds;
- (d) performing prolonged work at heights (such as on ladders and step stools); and
- (e) exposure to excessive heat or vibration.

(3) Physical

(a) The United States Department of Veterans Affairs (VA)/DoD Clinical Practice Guidelines for the Management of Uncomplicated Pregnancy recommend against high-altitude (greater than 10,000 feet) activities, scuba diving, and contact sports during pregnancy. Pregnant Service members must consult with OB provider prior to participating in these activities.

(b) Pregnant Service members must be exempt from participating in weapons training, swimming qualifications, drown-proofing, diving, and any other physical training requirements that may adversely affect the health of the Service member, the unborn child(ren), or both, as directed by references (i) and (m). When standing armed watches, proper medical screening procedures and guidelines must be followed, as directed by reference (n).

(4) Environmental. Medical professionals will determine appropriate environmental restrictions as directed in references (h), (i), and (o). The work environment may present potential health hazards, to include:

- (a) permissible exposure limits to radio frequency;
- (b) ionizing radiation; and
- (c) exposure to chemical or toxic agents or environmental hazards.

c. Responsibilities

(1) Physical Readiness. Service members with uncomplicated pregnancies should continue to perform an individualized exercise program, as directed by the American College of Obstetricians and Gynecologists and the VA/DoD Clinical Practice Guidelines for the Management of Uncomplicated Pregnancy. Service member's OB provider should recommend the exercise program tailored to pre-pregnancy activity level. Service members should refer to reference (p) for physical readiness restrictions. It is the responsibility of the Service member to notify their command fitness leader of their pregnancy, conclusion of pregnancy, and return to full duty status by appropriate medical documentation. Both the command fitness leader and the Service member are responsible for ensuring the physical fitness assessment is resumed during the correct cycle, as outlined in reference (p), guide 8.

(2) Maternity Uniforms. Maternity uniforms are mandatory for pregnant Service members when regular uniforms no longer fit properly. Enlisted Service members will receive a maternity uniform clothing allowance upon presenting their NAVPERS 1336/3 Special Request/Authorization and pregnancy notification to their personnel support detachment through their command pay and personnel administrative support system coordinator, as directed by references (q) and (r).

(3) Child Care. As directed in reference (b), Service members must anticipate the responsibilities associated with parenthood and are required to arrange for childcare to cover regular working hours, duty, exercises, and combat contingency deployments.

(4) Family Care Plan. Single Service members with joint or full custody and dual military couples with eligible family members are responsible for initiating a formalized family care plan as directed in references (c) and (s).

(5) Paternity. Service members may seek Navy legal assistance for advice regarding options in establishing paternity. Department of the Navy does not pay for paternity testing. Any testing obtained will be at the Service member's expense, as directed in reference (b).

2. Personnel Management

a. Assignments. Service members who plan to expand their family should take into account personal and career factors. Planning pregnancies to coincide with assignments to non-operational or non-deployable or shore duties may minimize career disruption and reduce mission impact due to gapped billets in operational units. Refer to reference (d), article 1300-1306, for details.

(1) Enlisted. Commands with pregnant Service members assigned to an operational activity or with students unable to continue training at a school activity due to pregnancy should contact COMNAVPERSCOM for reassignment immediately upon receipt of pregnancy

confirmation, as directed by reference (d), article 1306-1704. Pregnant Service members assigned to a non-operational shore command that will be within 12 months of their PRD at the time of delivery should contact COMNAVPERSCOM (PERS-454) to facilitate a PRD extension, as directed in reference (d), article 1300-1306.

(2) Officers. Pregnant officers assigned to an operational activity should notify their community detailer at COMNAVPERSCOM immediately after receiving pregnancy notification. Pregnant officers at a non-operational shore command and within 12 months of PRD should also notify COMNAVPERSCOM to facilitate a PRD extension.

(3) Pregnant Service Members

(a) May continue to serve aboard a ship until the 20th week of pregnancy, while in port or during short underway periods, provided an evacuation capability exists and the time for medical evacuation is less than 6 hours to a treatment facility capable of evaluating and stabilizing obstetric emergencies. This requirement includes TAD orders. The 6-hour rule is not intended to allow pregnant Service members to operate routinely at sea, but rather to provide the CO flexibility during short underway periods. A Service member discovered to be pregnant while underway or deployed should be transferred ashore as soon as possible given the constraints of the ship's location, current mission, next port call, health of the Service member and unborn child(ren), etc.

(b) Should not deploy with or be assigned to units that are deploying from notification of pregnancy through 12 months following delivery and release from their provider. Under no circumstance should a pregnant Service member remain onboard past the 20th week of pregnancy.

(4) Flight Status Personnel. Pregnancy is considered disqualifying for designated flight status personnel. Refer to reference (t) for additional information on the considerations, requirements, and waiver process for pregnant flight personnel.

(5) Special Assignments. As directed in reference (f), pregnancy is a disqualifying physical and medical condition for students assigned to:

- (a) United States Naval Academy;
- (b) Naval Reserve Officers Training Corps;
- (c) Officer Candidate School; and
- (d) Recruit Training Command.

b. Evacuation of Pregnant Service Members. If noncombatant evacuation is ordered in any area, all pregnant Service members who have reached their 20th week of pregnancy will be evacuated as noncombatants as directed by reference (u).

c. Disposition of Complicated and High Risk Pregnancies. Some pregnant Service members may require significant amounts of time away from the work environment to manage pregnancy complications, and the OB provider may order the Service member to bed rest for extended periods. Admission to the medical treatment facility or OB-quarters at home may be utilized under the advisement of the Service member's provider. Under rare circumstances, a medical evaluation board may convene to place a Service member in a limited duty status as directed by reference (f).

d. Adoption. Service members seeking to adopt or to place a child(ren) up for adoption can obtain general legal advice through their regional legal service office. Any legal work required to place a child(ren) for adoption must be provided by a civilian attorney retained by the Service member. Information on reimbursement for qualifying adoption expenses can be found in reference (v).

e. Leave

(1) Maternity Leave. Refer to reference (d), article 1050-435. Service members awaiting disciplinary action or separation from the service for medical or administrative reasons refer to reference (d), article 1050-180.

(2) Parental Leave. Refer to reference (d), article 1050-430.

(3) Adoption Leave. Refer to reference (d), article 1050-420.

f. Separation

(1) Service members may request separation due to pregnancy. Because pregnancy is a naturally occurring event that is compatible with successful naval service, requests will normally be denied unless it is determined to be in the best interest of the Navy or if the Service member demonstrates overriding and compelling factors of personal need which warrant separation. Refer to reference (d), articles 1910-112 and 1910-124, for additional guidance.

(2) Service members may request separation due to hardships outlined in reference (d), article 1910-110. A hardship discharge is intended to alleviate a personal hardship encountered by a Service member's immediate family when discharge is the only solution.

3. Healthcare Benefits

a. Provisions of Healthcare

(1) OB care will be provided at the designated MTF closest to the member's command, provided it has OB care capability. Refer to reference (w) and the TRICARE Web site, <https://www.tricare.mil/>, for additional guidance on utilizing services outside the MTF. Service members must not use OB services outside of an MTF without first consulting their provider and receiving authorization to do so. For additional guidance on cost and utilization of civilian services, refer to reference (x) or the nearest MTF.

(2) Any Service member considering childbirth in a non-medical setting must first meet with an MTF OB provider, or equivalently trained professional, as defined in reference (x). Significant risks inherent in childbirth may be magnified in a non-medical setting, resulting in potential long-term consequences for mother and infant. TRICARE coverage may not be authorized or extended to home birth situations and potential complications.

(3) For obstetric care after separation, it is unlawful for Military Departments or TRICARE to pay for civilian maternity care expenses for former Service members who separate from AD while pregnant, unless qualified for the Transitional Assistance Management Program. Refer to reference (d), articles 1740-030 and 1160-040, reference (x), or command deployability coordinator for additional guidance and information.

b. Planning

(1) Contraception Methods. All Service members are encouraged to exercise responsible sexual practices at all times. All Service members should discuss family planning efforts and contraception methods during their annual physical or periodic health assessment and during pre-deployment exams or sea duty screenings. Refer to reference (f) or contact a provider for recommendations and additional references, or the Navy and Marine Corps Public Health Center Sexual Health and Responsibility Program Web site at <http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/sharp.aspx>.

(2) Cryopreservation. More commonly referred to as freezing of sperm, egg, embryo, or ovarian tissue. Service members considering cryopreservation should seek availability and guidance from their provider. See reference (x) via the TRICARE Web site for details.

c. Conception

(1) Infertility Evaluation. Service members who have concerns of infertility should contact their provider for services, counseling, and evaluation. See reference (x) via the TRICARE Web site for details.

(2) In-Vitro Fertilization (IVF)

(a) Service members undergoing infertility treatment(s) through IVF, intrauterine insemination, or assisted reproductive technologies are required to inform their command with a letter from their provider specifying the duration of the treatment and the potential dates for procedures (e.g., oocyte retrieval and embryo transfer) so that possible duty limitations may be anticipated. Side effects and limitations should be discussed with the provider who will determine appropriate duty considerations and individualized care plans. Refer to reference (p) for physical fitness assessment requirements while undergoing IVF.

(b) IVF covered costs and benefits can be found in reference (x).

(c) Service members who sustained illness or injury leading to loss of their natural procreative ability, including (but not limited to) those with neurological, physiological, or anatomical injuries, should contact their provider and see reference (x) for available services.

d. Breastfeeding

(1) COs must develop command policies to delineate support of breastfeeding Service members, as directed in reference (y).

(2) COs must ensure the availability of a private, clean room for expressing breast milk. A separate toilet space is unacceptable for breast milk expression due to sanitary concerns. Commands must ensure breastfeeding Service members have ready access to running water for hand washing and pump equipment cleaning within the same room as the lactation room. Service members may store breast milk in an insulated container for up to 24 hours and refrigerated for up to 5 days. Breast milk should be contained and labeled to avoid contamination by other items located in the vicinity. Information regarding breast milk storage is available on the CDC Breastfeeding Web page at http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm.

(3) Requests to physically breastfeed infants during duty hours should be handled on a case-by-case basis. Breastfeeding an infant is not justification for granting excessive time for meals or from work.

(4) MTFs will provide Service members access to instructional materials, breastfeeding education, counseling, and support during the pregnancy, after delivery, and upon return to work. Information regarding workplace support of breastfeeding is available on the U.S. Department of Health and Human Services, Office on Women's Health Web page at <http://womenshealth.gov/index.html>.

(5) TRICARE provides breast pumps and breast pump supplies at no cost for new mothers. See reference (x) via the TRICARE Web site for details.