A LEADER'S GUIDE TO FEMALE SOLDIER READINESS

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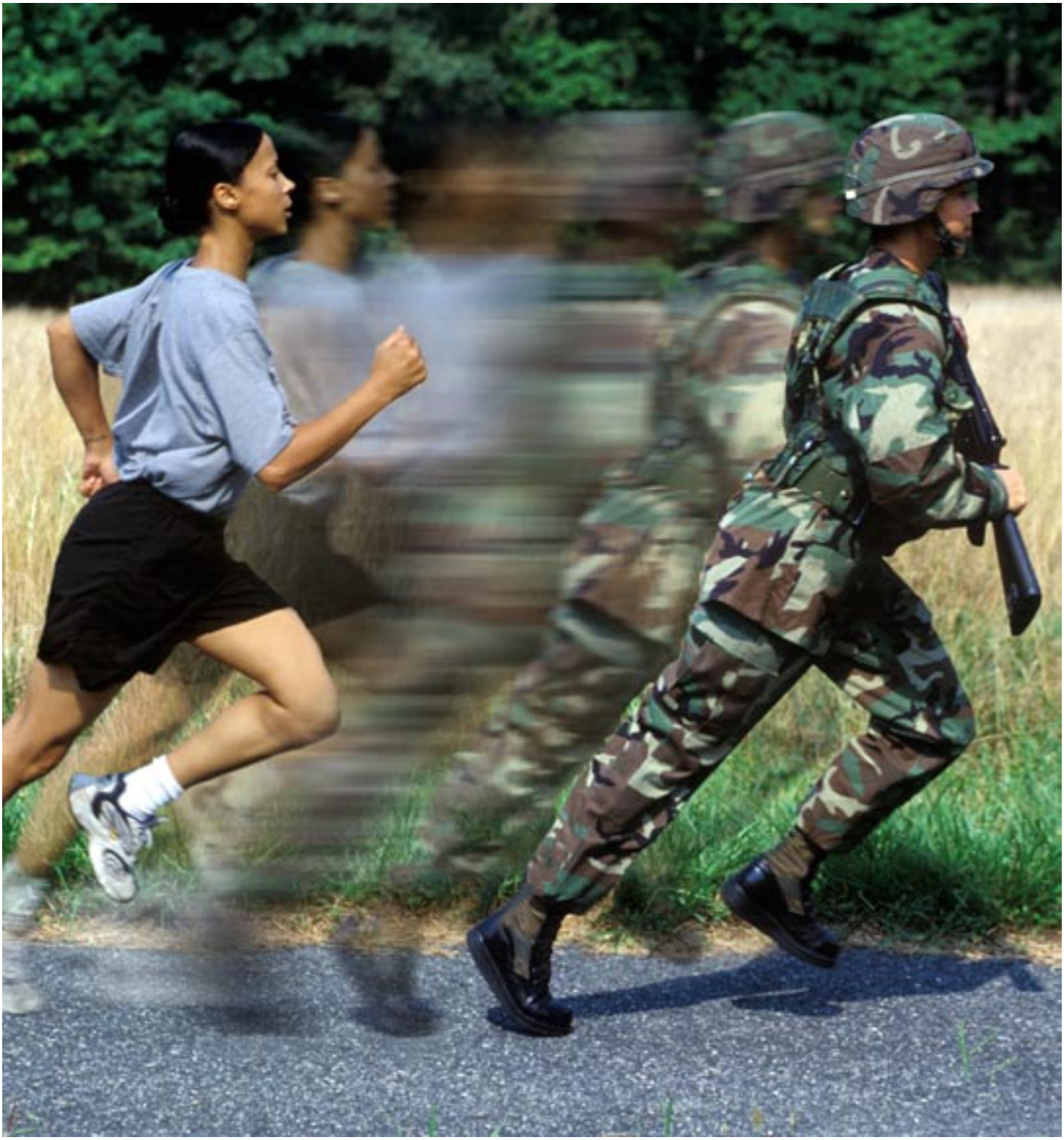

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PREFACE

Every military leader is a manager of time, resources, and people. Effective military leadership demands the maximum use of each of these elements. The goal of this technical guide is to enable leaders to maximize the potential of the female soldier.

Female soldiers present unique health care situations and considerations. This technical guide and the resources referenced within are meant to help the leaders of female soldiers include these considerations in their planning for field exercises or deployments, so that the problems that typify such duty assignments can be avoided.

The responsibility for female readiness ultimately falls to the female soldiers themselves. However, this technical guide provides strategies for both leaders and soldiers to ensure female readiness with the least amount of impact on the day-to-day mission of the unit. Areas such as pregnancy profiles, exercise during pregnancy, field needs of female soldiers, and preventive health measures for the barracks environment are addressed.

Technical Guide (TG) 281B, A Soldier's Guide to Female Soldier Readiness, is a companion document to this guide. TG 281B explains in more detail the issues addressed in this guide, and is intended for use by the individual female soldier.

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CHAPTER 1. FEMALE SOLDIERS IN THE FIELD

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

Section I. General Hygiene

The bathing requirement for females during field exercises or deployments is dependent on the soldier's menstrual cycle. During the menstrual cycle, a female soldier should have daily access to bathing facilities. This does not mean that there must be a fixed facility with hot and cold running water. A private place with sufficient drainage should be adequate for a "bird bath." A full canteen of water is required for one soldier, and a 5-gallon container for several soldiers. Provisions for heating water would be helpful. This setup could be arranged using a GP small and some crated flooring.

Optimally, soldiers should have access to a normal shower every third day or so if possible given mission constraints. However, soldiers should not be restricted from certain duties or missions during their menstrual cycle to accommodate a shower run to the rear if a bathing area has been provided in the area of operations.

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

Vaginitis, an infection of the vagina that causes irritation and swelling, is common and can affect women of all ages. Keeping the vaginal area clean and dry and avoiding tight clothing will help to reduce infections. A vaginal infection is rarely a serious threat to a woman's health. It can, however, cause discomfort and may require treatment by a health care provider.

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

Section II. Packing List Additions

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

Baby wipes are often included in most soldiers' gear as a "nice-to-have" item but should be mandatory for females. Often, there is no toilet paper available in field environments, and this can have an impact on a female's health. Not cleansing oneself adequately can lead to disorders and discomforts.

Panty liners and sanitary pads should be added to the packing list for females, even if they do not expect to menstruate during the exercise. Continuous use of liners or pads with frequent changes is recommended.

Female soldiers should pack cotton underwear and sports bras or bras designed for support.

A multivitamin that includes iron and a calcium supplement should be included on the packing list for those who do not eat all of the provided rations. A vitamin will supplement the diet by providing the vitamins and minerals that the body needs for maximum performance.

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

Section III. Urinary Tract Infections

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

During convoys or other operations that restrict the places and time allowed for urination, many female soldiers limit their consumption of liquids. In this effort to decrease their need to urinate, soldiers dehydrate themselves, sometimes to a dangerous degree. Females should be allowed enough time to urinate on a regular basis, especially since they have to remove much of their gear and require more time than men.

Not everyone with a UTI has symptoms, but most people exhibit at least some symptoms, such as a frequent urge to urinate and a painful, burning feeling in the area of the bladder or urethra during urination. It is not unusual to feel bad all over – tired, shaky, washed out – and to feel pain even when not urinating. Often, women feel an uncomfortable pressure over the pubic bone. Commonly, a person with a urinary infection will complain that, despite the urge to urinate, only a small amount of urine is passed. The urine itself may look milky or cloudy, even reddish if blood is present.

Antibacterial drugs are used to treat UTIs. The choice of drug and length of treatment depend on the patient's history and the urine tests that identify the offending bacteria. Often, a UTI can be cured with 1 or 2 days of treatment. Still, health care providers may ask their patients to take antibiotics for a week or two to ensure that the infection has been cured. Although symptoms may disappear before the infection is fully cleared up, it is important that the soldier take all of the prescribed medication.

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

Following are some steps that female soldiers can take to avoid an infection:

•Drink plenty of water every day. Some health care providers suggest drinking cranberry juice, which in large amounts inhibits the growth of some bacteria by acidifying the urine.

•Urinate when you feel the need; don't resist the urge to urinate.

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

•Take showers instead of tub baths.

•Cleanse the genital area several times a day.

•Wear panties with a cotton crotch.

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

•Contact your health care provider if you have questions or concerns.

Section IV. Predeployment Education

Prior to your unit's deployment to an extended field assignment or to a contingency operation, you may want to coordinate a training session for your female soldiers by the community health nurse or a representative of the Department of Obstetrics/Gynecology (OB/GYN). The nurse or the OB/GYN Department representative can educate 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. You may want to consider having someone in your unit trained to provide this type of education.

Section V. Nutrition Basics

Leaders often walk through the motor pool to evaluate the status of vehicles and to talk to soldiers. This is a common technique for assessing soldier morale. Leaders should also take time to walk through the dining facility and talk to their soldiers. This provides a good opportunity to not only assess morale but also see what the soldiers are being served and what they are actually eating at mealtime.

As you walk through the dining facility, look at the soldiers' food choices. Are all of the food groups represented? For top performance, soldiers need to consume foods from all of the food groups. Females require more of certain nutrients, such as iron, calcium, and folic acid.

Iron. A lack of iron may cause fatigue and anemia. Meats are the best-absorbed source of iron, but other good sources include beans, spinach, dried fruit and iron-enriched cereals.

Calcium. Insufficient calcium in the diet can lead to stress fractures and osteoporosis. Calcium is primarily found in dairy products. However, many females have eliminated or drastically reduced the amount of dairy products they consume. Broccoli and spinach are also good sources of calcium.

Folic acid. If your soldiers are in their childbearing years, they also need 400 micrograms of folic acid daily. Folic acid is the form of folate in fortified foods and supplements. Women who consume enough folate, especially prior to conception and during the first three months of pregnancy, reduce the risk of neural tube defects. Folate naturally occurs in citrus fruits and juices, dark green leafy vegetables, nuts, legumes and liver. Foods like bread and crackers are also fortified with folic acid.

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

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

•http://www.hooah4health.com/

•http://chppm-www.apgea.army.mil/dhpw/wellness.aspx

Section VI. Weight Management Awareness

According to Army Regulation (AR) 600-9, female soldiers who become pregnant are exempt from the AR 600-9 standards throughout the pregnancy plus 6 months following the end of the pregnancy. However, if a soldier in the Army Weight Control Program (AWCP) becomes pregnant, she is considered nonpromotable and is flagged for awards. She should receive nutrition counseling from a dietitian or other health care provider upon placement in the AWCP. Pregnancy creates the need for additional nutrients. Therefore, it is highly recommended that you encourage pregnant soldiers in your unit to seek medical guidance regarding weight management during their pregnancies.

As a leader, you will deal not only with the overweight soldier but also with the underweight soldier. Although men are diagnosed with anorexia nervosa and bulimia nervosa, these eating disorders and others are predominantly found in women.

Eating disorder danger signals—

•Restricted intake of food.

•Obsession with food.

•Binging and purging (disappearing to the restroom immediately after eating).

•Obsession with body image.

•Lanugo – growth of fine, downy hair on the body (anorexia).

•Swelling of the cheek and/or jaw areas (bulimia).

- Teeth marks on the hands and/or fingers (bulimia).

- Stashes of diuretics, laxatives, diet pills, binge food.

- Mood changes (for example, irritability).

Physical complications—

•Bone loss and susceptibility to stress fractures.

•Insomnia.

•Sensitivity to cold.

•Abnormally low heart rate and blood pressure.

•Chronic body fluid losses that deplete blood potassium, sodium and chloride levels, resulting in muscle spasms, weakness and irregular heart beat.

•Dental erosion (bulimia).

- Death.

Eating disorders are a serious health concern. If you suspect that a soldier in your unit has an eating disorder, insure that the soldier receives an evaluation by a health care provider.

For additional guidance on basic nutrition and weight management, visit http://www.hooah4health.com, or review Performance Power…The Nutrition Connection at http://chppm-www.apgea.army.mil/dhpw/wellness/ppnc.aspx (Module 7, Performance Your Weigh).

Section VII. Oral Health in the Field

Unfortunately, neglect of oral hygiene is all too common during field situations. The high-carbohydrate content of field rations and the exposure to sugar-containing drinks increase the soldier's risk of developing tooth decay. Bacteria in dental plaque produce acid that removes the minerals from tooth enamel and causes decay. Also, failure to properly remove plaque from the teeth and gums for a week or more usually results in the development of gingivitis (inflammation of the gums). Already existing gum disease can become exacerbated.

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

Maintaining good oral hygiene practices in the field to prevent both dental decay and gum disease is very important for females. Dental floss prevents both dental decay on contact surfaces and gum disease. Ideally, flossing should be performed once a day, before brushing. Encourage your soldiers to brush at least twice daily with fluoridated toothpaste. Fluoride remineralizes (hardens) any areas of the tooth enamel that have been weakened by bacterial acids. It is not necessary to rinse the mouth after brushing. In fact, **not** rinsing allows the fluoride to remain in contact with the tooth surfaces where it is most effective.

Section VIII. Roadblocks

Some nonpregnancy-related conditions may preclude female soldiers from participating in a field exercise, deployment, or even normal duty because of the risk of secondary infection in a field environment. Some examples are certain pelvic or perineal infections such as herpes, syphilis or chancre. Severe vaginal bleeding could make field duty challenging. Only a medical professional can diagnose these conditions. If any of your female soldiers experience such a condition, direct them 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 the soldier's health care provider.

CHAPTER 2. REPRODUCTIVE HAZARDS, PREGNANCY, AND PARENTING

Pregnancy is a major life-cycle event for soldiers and a major concern for commanders. Pregnancy is not a disease or affliction. With proper management and education, a female soldier can be a productive member of your unit until the day of delivery.

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

Section I. Reproductive Hazards

Reproductive and developmental hazards in the workplace are an important concern for soldiers who are attempting to conceive a child or are pregnant. A leader's responsibilities regarding reproductive and developmental hazards include assuring that soldiers are informed about potential workplace reproductive hazards and assuring that a pregnant soldier and her fetus are not endangered by the soldier's work assignment.

Commanders should be aware of which operations under their command pose hazards. The most likely area to contain potential hazards is the motor pool. Weapons maintenance and firing; handling of petroleum, oil, and lubricants; and pesticide application may also pose potential risks. The following military occupational specialty codes have the highest potential for exposures: 44 B; 45 series; 52 C, D; 62 B; 63 series; and 77 F. In hospitals, high-risk areas include the pharmacy, the operating room/post anesthesia care unit, radiology, nuclear medicine, and the oncology clinic. The level of risk depends on the frequency, duration, and intensity of the exposures, and any preventive measures that are in place. The point of contact (POC) is the industrial hygiene officer at the installation.

Section II. Pregnancy Counseling

After a positive pregnancy test, the soldier will receive a pregnancy profile from her health care provider, and must provide this profile to her commander. The starting point for all pregnant soldiers is pregnancy counseling by the company commander. The counseling session should take place as soon as possible after the soldier informs the unit about a medically confirmed pregnancy test. The session can avert misunderstandings, indecision, and potential problems. A standard checklist is often used during the counseling session. Figure 8-1 in AR 635-200

provides a sample pregnancy counseling checklist for the enlisted soldier. Although female officers are not eligible for Chapter 8 separation, the rest of the counseling is very relevant and required regardless of rank.

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

Table 2-1
Supplementary information for pregnancy counseling session

Subject	References
1. Retention or separation	AR 635-200, paragraphs 1-16, 1-36, 5-11, and 6-3; chapter 8 AR 600-8-24, paragraphs 2-13, 2-14, 3-11, and 3-12; tables 2-5 and 3-4; and figures 2-2 and 2-3
2. Maternity care	AR 40-400, paragraphs 2-2, 2-8 and 3-9
a. Family planning services	AR 40-400, paragraph 2-17
b. Abortions	AR 40-400, paragraphs 2-18 and 3-39
3. Leave	AR 600-8-10, paragraphs 4-27, 4-28, 5-3, 5-5, 5-6, 5-7, and 5-13; tables 4-14, 5-3, and 5-4
4. Clothing and uniforms	AR 670-1, chapters 4, 9, 11, and 17; paragraphs 1-6, 1-9, 1-10, and 14-6 AR 700-84, paragraph 4-9

Subject	References
5. Basic Allowance Subsistence (BAS) and Basic Allowance for Housing (BAH)	AR 210-50, paragraph 3-6e, 3-8e, 3-8p, 3-36b; Department of Defense (DOD) Financial Management Regulation 7000.14-R Vol. 7A CH 26; Installation Housing Office
6. Assignments	AR 614-30, paragraphs 3-3 and 5-3; table 2-1, Nos. 13 and 14; table 3-1, Nos. 31-33; and table 3-2, Nos. 1d and 1e
7. Involuntary separation for unsatisfactory performance, misconduct, or parenthood	AR 635-200, paragraphs 5-8, 11-3, and 13-2; and figure 8-1
8. Family care counseling	AR 600-8-24, tables 2-5 and 3-4 AR 600-20, paragraph 5-5 AR 601-280, paragraph 8-4 AR 635-200, paragraphs 8-9 and 8-10; and figure 8-1
9. Pregnancy and postpartum PT	AR 40-501, paragraphs 7-9 and 7-10; DOD Directive (DODD) 1308.1, 4.3.2; and Field Manual (FM) 20-21
10. Additional duties	AR 40-501, paragraphs 7-9 and 7-10
11. Army Weight Control Program	AR 40-501, paragraph 7-13 AR 600-9, paragraphs 21 and 22

Appendix B contains a fact sheet outlining questions that pregnant soldiers often ask and the answers to those questions. As a leader, you need to ensure your soldiers are well informed. If accountability is an issue, include a block on the counseling checklist where the soldier can initial upon receipt of the fact sheet.

Section III. Pregnancy and Postpartum Profiles

Once a soldier has a medically confirmed positive pregnancy test, she will be issued a physical profile. AR 40-501 contains the major points of the profile issued for normal pregnancy and the postpartum period.

Profiles for soldiers experiencing difficult or complicated pregnancies will include more information. TG 281B details the main items of the profile. Profiles will be issued for the duration of the pregnancy. Upon termination of pregnancy, a new profile will be issued reflecting revised information. If there are questions regarding the profile or the extent of its application, the best point of contact is the health care provider who issued the profile.

Section IV. Exercise During Pregnancy and the Postpartum Period

Pregnant soldiers should be treated as soldiers first whenever possible. One way to do this is to continue a regular, although modified, PT program during uncomplicated pregnancies. Encourage your female soldiers to participate in pregnancy/postpartum PT programs if such programs are available at your installation as recommended by Headquarters, Department of the Army (HQDA) Message 251912Z, March 1996.

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

The safety of the mother and the baby is the primary concern in any exercise program undertaken during pregnancy. Exercise recommendations and programs must be conservative since the potential exists for maternal and fetal injury because of the physical changes that take place during pregnancy. These changes include such things as a forward shift of the center of gravity, ligament laxity, and increases in blood volume, resting heart rate, core body temperature, metabolic rate, and respiration. They can impact the balance of a soldier's body systems and increase the risk of joint injury and back pain. The goal of exercise during pregnancy should be to maintain the highest level of fitness consistent with maximum safety. If a soldier exhibits or experiences any warning signs or symptoms of overexertion or conditions that will limit exercise (see TG 281B for a detailed list), direct her to halt the activity and ensure that she sees her health care provider for an immediate medical assessment of her condition. After the baby is born, baby safety is no longer an issue, but potential problems for women continue due to persistent musculoskeletal and physiological changes.

TG 281B offers more detailed guidance for helping pregnant soldiers to maintain their fitness levels. No single exercise or exercise program will meet the needs of each pregnant soldier since there are differences in abilities and variability in the way pregnant women respond to the same exercise. There are conditions during pregnancy that may prevent the soldier from exercising

vigorously. The soldier should be evaluated by her health care provider to determine if she has any of these conditions, and what the impact is on any exercise program undertaken. The ideal exercise program will offer a soldier a variety of options, including walking, swimming, stationary cycling, and modified aerobics or calisthenics. Encourage your soldiers to discuss their individual exercise needs and limitations with their health care providers and exercise leaders. A standardized pregnancy/postpartum physical training program is being developed and evaluated for Army-wide implementation.

Uniforms during exercise

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

Further information

For further information, consult the following USACHPPM website:

http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPT.aspx

TG 281B lists other resources for information about pregnancy and postpartum exercise.

Section V. Oral Health During Pregnancy

Hormonal changes during pregnancy increase a woman's risk of developing inflammation of the gingiva (gums). In some instances benign growths known as pyogenic granulomas can develop on the gums. A dentist can remove these growths if they become large, painful or interfere with chewing.

Emergency dental treatment to relieve pain or infection should be sought as soon as possible. There is no evidence that routine dental examinations or treatment cannot be performed during an uncomplicated pregnancy. In fact, pregnant women who have poor gingival health may be affecting their unborn child's health. Several studies have shown a strong association between inflammation of the gingiva and poor birth outcomes (preterm, low birth weight).

Many women experience nausea or hypoglycemia during pregnancy, which necessitates the consumption of between-meal snacks. Commonly promoted foods such as crackers may be high in fermentable carbohydrates. This increased frequency of food consumption and increase in carbohydrate intake can promote tooth decay.

One of the body's primary defenses against decay is saliva. Saliva contains proteins and electrolytes that buffer and neutralize bacterial acids, as well as calcium and phosphorus, which promote the remineralization (hardening) of weakened tooth structure. During pregnancy, saliva composition may show a decrease in pH, buffering ability and calcium levels. This may increase susceptibility to tooth decay, so maintaining good oral hygiene habits becomes particularly important.

The nausea that is often experienced during the first trimester is sometimes accompanied by vomiting. During the third trimester some women also experience sever acid reflux (heartburn), which may expose the mouth to acid. Stomach acids irritate the gingival tissue and soften the outer layers of tooth enamel allowing them to be removed easily. If this happens repeatedly, the enamel will become thin. Toothbrushing should never be performed immediately after the mouth is exposed to stomach acid. Rinsing with a solution of water that contains baking soda will neutralize the acid and allow the saliva to remineralize the tooth. If baking soda is not available, plain water may be used. If acid exposure happens repeatedly on a daily basis, a fluoride mouthwash or prescription fluoride gel may be necessary to prevent dental erosion.

Section VI. The Single Pregnant Soldier

Single pregnant soldiers merit additional attention because all of the issues normally facing pregnant soldiers are magnified. The typical profile of a single pregnant soldier is a young (under 25), junior (E4 or below) soldier living in the barracks. By default, the chain of command often becomes the support network for the single pregnant soldier as she progresses through her pregnancy.

The goal of the chain of command should be to empower her since this is a critical time in her military career and her personal life. Important decisions must be made regarding her future in the military and her baby. As a leader, the most positive thing you can do is to provide her with information and points of contactPOCs. Any decisions concerning her baby must be her own.

The first issues to consider are those that are dictated by regulation, such as housing or BAH, food or BAS, and Family Care Plans (FCPs).

Basic Allowance for Housing/Basic Allowance Subsistence

Pregnant soldiers who live in the barracks are authorized to remain in the barracks until the birth of the child. At the birth of the child, they are entitled to BAH with dependents and BAS in order to establish a home. Installation policies vary on when a pregnant soldier is authorized to move out of the barracks and receive BAH without dependents. The pregnant soldier is authorized to go on the military housing waiting list once the pregnancy is confirmed by a

medical authority, but will not be assigned to family housing or receive BAH with dependents until the birth of the child. Timely completion of the required paperwork greatly eases this transition. Financial strain may become a significant part of her life if she is a junior soldier when she becomes a single parent; helping her to get off to a good start is vital.

In some instances, single pregnant soldiers move out of the barracks early, and then approach their health care providers to obtain a "profile" stating that they cannot tolerate the dining facility food and need to receive BAS prior to the seventh month of pregnancy. Unless due to a medical complication, a request for such a statement **cannot** be granted. Soldiers need to understand this prior to moving out of the barracks early and getting into financial trouble before the baby arrives.

Family Care Plan

A workable FCP is required for a single parent or dual military couple to remain on active duty. Encourage the soldiers in your unit to begin preparing this plan once they determine that they are going to raise the child while remaining in military service. According to AR 600-20, a complete FCP should include the following information:

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

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

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

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

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

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

One advantage to formulating the plan early is that it may allow the soldier to see 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.

The chain of command needs to make clear to the soldier that they will have the same expectations of her as they do 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 pregnancy alone. 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 available to soldiers who are not single, but may be deemed "high risk" for other reasons, such as home environment or economic situation. It is a good idea to check out the local resources available in your area.

Social Work Services

These services can help the soldier deal with difficult decisions, such as adoption or separation from the military. Social work professionals are trained to deal with such situations and can be a lifeline for the leader who feels he or she cannot offer the soldiers any further guidance or counseling.

Leaders should not force their soldiers to seek Social Work Services, but these services should be offered to the soldiers. Leaders should feel free to contact Social Work Services if they have questions or concerns.

Women, Babies, and Children Program

The Women, Babies, and Children (WIC) Program is designed to help low-income women and families. The program helps the pregnant soldier to buy the foods she needs to eat during her pregnancy, as well as after delivery. It also helps in the purchasing of formula and food for babies and children. The program is based on financial need, which in the military usually corresponds to the junior enlisted ranks (E4 and below.) The soldier will most likely be informed about this program during her obstetric (medical) appointments; however, reinforcement at the unit level can be beneficial.

Local services

These services can help the soldier deal with difficulties. Procure a list of local services from Army Community Services as well as the military treatment facility (MTF) patient services representative, Community Health Nursing, or Preventive Medicine.

Section VII. Pregnancy and the Army Weight Control Program

A soldier enrolled in the AWCP at the time of her pregnancy—

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

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

•Will continue in the AWCP if she does not meet standard at the end of the 6-month recovery time. 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.

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

Reenlistment

Soldiers who are fully qualified soldiers and are not enrolled in the AWCP prior to pregnancy, 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 7 months.

Soldiers enrolled in AWCP at time of pregnancy who are 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 7 months. If at the end of this period the soldier meets standard and is still otherwise qualified, she will be allowed to reenlist. The authority for active-duty soldiers in this category is AR 601-280 (para 4-9h). This authority should be cited on DA Form 1695 (Oath of Extension of Enlistment).

Soldiers who were enrolled prior to their pregnancies, and then extended, but who do not meet the standard at the end of the 7-month postpartum recovery period will be denied reenlistment or extension.

Section VIII. Postpartum Duty

The postpartum period comprises the first months following delivery. During this time, the soldier will be coping with parenthood, perhaps for the first time, as well as her return to full-time work. Some fatigue is to be expected, but there is normally no need for the soldier to receive special exemption beyond what is provided for in regulations.

Physical training

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

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

Uniforms

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

Psychological Effects of Pregnancy

With all the physical changes that take place during pregnancy and the postpartum period, many soldiers experience psychological effects as well. Childbearing is a major life event, and a soldier must prepare emotionally for the challenges of motherhood. These factors may contribute to a mild depressive state called postpartum blues, a common "down" feeling, often occurring around the third to fifth day following birth.

Adequate exercise, reassurance and support from family and friends, socialization, and positive reinforcement can positively influence the soldier's experience, help prevent depression, and provide the emotional bridge between pregnancy and a soldier's return to Army duty. A mental health professional should be seen if depression does not improve and subside, or if the soldier does not have friends and/or family in her immediate environment.

Section IX. Breast-feeding

Breast-feeding is widely acknowledged as the ideal form of nutrition for or babies?>. Because of this, many female soldiers will want to continue breast-feeding their babies after they return from maternity leave. Mothers need social and administrative support in order to continue breast-feeding after returning to work. In the military environment, the support of leaders is key.

In addition to support, time and space are needed if the mother is to successfully continue breast-feeding after returning to work. Providing designated space in the workplace where mothers may express breast milk is important since many active-duty mothers do not have private offices. If a designated room cannot be provided, the use of empty conference rooms or offices may suffice. A mother who exclusively breast-feeds her baby will probably need to take two to three 20-minute breaks to pump or breast-feed during an 8-hour workday.

Maintaining breast-feeding will pose additional challenges if the mother has to go to the field. If the exercise is relatively short, such as a week or less, the baby can be fed breast milk that was expressed previously and frozen, or formula, or a mixture of breast milk and formula while the mother is away. During the exercise, the soldier will need to continue to express breast milk every 3 to 6 hours in order to prevent painful swelling of her breasts (engorgement) and to maintain her milk supply. The soldier will need to have access to space where she can have privacy and soap and water. Breast milk that is expressed in the field will most likely need to be discarded.

Depending on her job, a soldier may be exposed to potentially harmful chemicals. Vaccination policy also potentially impacts breast-feeding. While they are breast-feeding, women are often told to avoid "live-type" immunizations such as smallpox. Women who plan to breast-feed after

returning to work should be referred to the Occupational Medicine Clinic so that any hazards that are present in their work environment can be assessed, and appropriate plans can be made to lesson or eliminate those hazards.

CHAPTER 3. MISSION IMPACTORS

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

Section I. Unintended Pregnancies

A study conducted at Fort Lewis revealed that 65 percent of the E4s and below who sought prenatal care had not intended to become pregnant.[1] Unintended pregnancy, defined as a pregnancy that was mistimed or not wanted at all, can have a long-term impact on unit readiness. Not only does the soldier become nondeployable during her pregnancy, but the impact of an unintended pregnancy can also affect her duty performance after she returns from convalescent leave. These soldiers are challenged financially, socially, and emotionally by parenthood. The good news is that the rate of unintended pregnancies can be reduced by a comprehensive program that includes education and access to contraceptive services.

The study at Fort Lewis and other Army research have revealed that of all the soldiers who had an unintended pregnancy, 65 percent were not using contraception at the time. Two factors can impact on this statistic: access to care and counseling and education. Military women do not face many of the access barriers present in the civilian world; however, they often find that confidentiality is an issue. It is imperative that soldiers have the ability to make appointments for reproductive health counseling or gender-specific health issues without having to reveal the reason for the request at sick call or the troop medical clinic.

One type of birth control, the condom, should be stocked and made available in the unit area. Screening to see if female soldiers are up-to-date with their annually required well-woman exams should be part of Soldier Readiness Processing (SRP) conducted on a regular basis. The well-woman exam presents an opportune time to request or renew birth control prescriptions.

Education must begin when soldiers arrive at their first duty station after Initial Entry Training (IET). Soldiers, especially junior enlisted soldiers, need to understand that they are at significant risk for unintended pregnancies. A comprehensive curriculum must be provided to all first-term soldiers (male and female) during in-processing. At the end of the training, appointments to

[1] Clark, J. B. Incidence of unintended pregnancy among female soldiers presenting for prenatal care at a US Army obstetrical clinic. Madigan Army Medical Center; 1996.

receive birth control guidance and products should be offered. Many young soldiers do not know enough about their own reproductive systems and the birth control options available to make informed decisions. USACHPPM is developing a curriculum tailored to the first-term soldier.

Section II. Sexually Transmitted Diseases

The same behavior that results in unintended pregnancies produces the spread of sexually transmitted diseases (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 way to decrease the prevalence of STDs. Education about the significant risks faced by soldiers is vital. They need to understand that not all STDs are curable. This is a topic that should be presented to both male and female soldiers.

Both genders and all ranks can suffer from unprotected intercourse or unsafe sex. The key preventive tool is, again, the use of condoms. STDs and unintended fatherhood can be significant mission impactors, just as significant as unintended pregnancy.

Oral sex without the use of condoms has become a more frequent route of STD transmission due to the mistaken belief that it is "safe" sex. Penile-oral contact involves an exchange of body fluids, and STDs can be contracted and transmitted in the oral cavity as well even if ejaculation does not occur.

Bacterial diseases such as syphilis and gonorrhea can be transmitted relatively easily through oral sex. Viral diseases such as herpes can be transmitted easily between the genitals and the mouth, even when sores are not present. Genital warts (human papilloma virus) and hepatitis A virus have also been transmitted orally. While the risk of human immunodeficiency virus (HIV) transmission via oral sex is less than for vaginal or anal sex, risk still exists. The presence of oral mucosal ulcerations or gingival (gum) inflammation, such as gingivitis or periodontal disease or a scratch, cut or sore on the genitals, increases the risk of contracting any STD, including HIV. Infection with human papilloma virus has been identified as a significant independent risk factor for oral squamous cell carcinoma. The use of condoms during oral sex decreases the risk of transmission for all STDs.

Further information

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

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

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

National Institute for Allergy and Infectious Diseases. An introduction to sexually transmitted diseases; 1999. http://www.niaid.nih.gov/factsheets/stdinfo.htm.

Section III. Clinical Preventive Services

With clinical preventive services, like routine yearly Pap smears, any abnormality is likely to be caught while it is extremely treatable on an outpatient basis, thereby minimally affecting readiness. Pap smears are screening tests for abnormalities in the cervix that can lead to cervical cancer. The SRP screening of medical records for this examination is vital to ensure the maintenance of the health of the female soldiers in your unit. Neglecting this examination can result in more complicated procedures being required later on. You can help to prevent the loss of unit strength by ensuring that the female soldiers in your unit receive preventive care education and are afforded necessary time off to go to the clinic for screening. Some untreated STDs can lead to abnormal Pap smears and, in some women, to cancer.

CHAPTER 4. TOOLS AND STRATEGIES

You can take a number of proactive steps to ensure female soldier readiness. This chapter is intended to provide you with the tools you need to ensure female soldier readiness. The readiness of your unit is constantly being measured, whether through Unit Status Reports, exercises, or real-world deployments.

Section I. In-processing Education

The most opportune moment to educate soldiers, particularly those reporting to their first duty station, is during in-processing. Each installation should include sessions pertaining to gender-specific issues during in-processing. Until that happens, however, it will be the responsibility of the unit to ensure female soldiers get off to a good start.

The in-processing education for the female soldier should address—

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

•Information about the reproductive system and how it works.

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

•Where to get birth control if it is needed.

•Where to get the annually required Pap smear.

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

The more education the soldier is provided, the more empowered she will be to ensure her own readiness.

Soldiers just out of advanced individual training (AIT) who are living in the barracks need to be told about the barracks environment. A female soldier needs to know how to handle unwanted attention that may result in the spread of STDs and unintended pregnancies. Blunt discussions are sometimes necessary. If she is not going to remain abstinent, she needs to know how to access preventive tools.

Section II. Support/Information Network

It may be more advantageous for the command as well as the soldiers to have a senior female designated as a POC for all non-Equal Opportunity (EO) female-specific issues. It must be stressed that this should be **clearly** separated from the EO channels.

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

The 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.

The primary goal of this representative would be to ensure mission accomplishment, by dismantling any roadblocks that could prevent the females in your unit from fully participating in and contributing to the mission.

Section III. In-services

In-service days, as designated on the training calendar, present an opportunity for gender-specific education. A representative from one of the resources on post could teach a class, lead a discussion, or give a presentation related to female health topics.

These training sessions should be geared towards issues relevant to the unit, whether it is an upcoming deployment, unintended pregnancy, or other problems.

The sessions should not be limited to females. All soldiers should attend classes pertaining to STDs or unintended pregnancies.

One beneficial exercise for all soldiers is the Economic Realities of Childrearing illustrated in appendix E. Begin with your take-home pay, and then deduct expenses associated with having a child: day care, diapers, formula, clothes, furniture, stroller, etc. Appendix F contains a worksheet for this exercise.

APPENDIX A. REFERENCES

Section I. Publications

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Section II. Forms

DA Form 1695
Oath of Extension of Enlistment

DA Form 5304-R
Family Care Plan Counseling Checklist

DA Form 5305-R
Family Care Plan

DA Form 5840-R
Certificate of Acceptance as Guardian or Escort

DA Form 5841-R
Power of Attorney

DD Form 1172
Application for Uniformed Services Identification Card—DEERS Enrollment

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

Section III. Websites

www.hooah4health.com

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http://www.niaid.nih.gov/factsheets/stdinfo.htm

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

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

Answer: Yes. For enlisted soldiers, there are provisions commonly referred to as a "Chapter 8 separation" (AR 635-200, paragraph 8-9). You may initiate separation through your unit's Personnel Administration Center (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, maternity care in an MTF with OB/GYN capability and/or capacity will be authorized. Your care is authorized through the birth of your child, and includes a 6-week postpartum visit. Your child will be authorized one well-baby visit, the timing of which will be determined by the MTF staff. You will not be authorized care in a civilian facility at Government expense.

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

Answer: You may request leave to return home or to another appropriate place to have your baby; however, the leave is granted at the command's discretion. If maternity care is available at an MTF where you are stationed, and you request leave to go home, you must obtain a nonavailability 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.

Question 3: Do I need to buy maternity uniforms?

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

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

Answer: Pregnant soldiers will not normally receive orders for overseas assignments during their pregnancies. If assigned overseas, in most situations the soldier will remain overseas. An exception to this policy exists for single pregnant soldiers stationed in some OCONUS locations (AR 614-30). Reassignments within CONUS may occur during pregnancy. The soldier will be considered available for worldwide deployment 4 months after delivery.

Question 5: If I am single and living in the barracks, when will I be authorized BAH and BAS?

Answer: You will be authorized these allowances at your seventh month of pregnancy. You are required to remain in the barracks until that point, but must move out at seven months. The paperwork for BAH and BAS will be initiated through your unit PAC. Your health care provider 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. Contact your installation housing office to assist you in finding non-Government housing in your area.

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

Answer: 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 interferes with duty performance.

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

Answer: Yes. You must complete an 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. You should begin developing your plan as soon as possible, even if your baby is not due for several months. Failure to develop a workable FCP will result in a bar to reenlistment. A complete FCP will include—

•A letter of instruction outlining the specifics of the care arrangements made in case duties preclude you from caring for your child. (See appendix C.)

•DA Form 5304-R. This checklist will be completed during a counseling session with your company commander.

•DA Form 5305-R. This is used to verify the adequacy of your care plan.
• DA Form 5840-R (Certificate of Acceptance as Guardian or Escort) and DA Form 5841-R (Power of Attorney). Powers of attorney for temporary guardianship, permanent guardianship, and escort are available in the legal assistance section of the OTJAG.

•DD Form 1172. This is required regardless of how old your child is.

•DD Form 2558. This form is used to provide for care of your child(ren) during your absence and is effective upon your absence.

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

Answer: Yes. The WIC Program is designed to help you buy the foods you need to eat during your pregnancy and the formula and food you will need for your child. It is an income-based assistance program normally for E-4s and below. Usually, there is a WIC office in or near the MTF. If there is none, you can inquire at your next OB appointment, or look in the telephone book.

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

Answer: While you are exempt from APFT until 180 days after pregnancy termination, you are not exempt from PT if you are experiencing an uncomplicated pregnancy. You should maintain the highest level of fitness possible, while ensuring the safety of your unborn child.

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

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

Answer: No. If you are having an uncomplicated pregnancy, at the 28th week you are limited to a 40-hour workweek with a maximum 8-hour workday. You must have a 15-minute rest period every 2 hours. The duty day begins when you report for formation or duty and ends 8 hours later.

APPENDIX C. SAMPLE LETTER OF INSTRUCTION FOR FAMILY CARE PLANS

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

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

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

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

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

_____
_____
_____

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

_____
_____
_____

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

_____
_____
_____

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

Funds required to provide financial support for my/our dependent family member(s) will be provided by allotment to be initiated immediately upon my/our departure, or by financial arrangements outlined in the attached documents.

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

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

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

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

_____
_____
_____

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

_____
_____
_____

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

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

Signature: _____ Date: _____

APPENDIX D. LOCAL POINTS OF CONTACT (SAMPLE FORM)

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

Use this page to fill in the phone numbers of important POCs at your installation.

APPENDIX E. ECONOMIC REALITIES OF CHILDREARING

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

2. Direct childrearing costs _____

   a. Child care _____

   b. Diapers _____

   c. Formula/Food _____

   d. Clothing _____

   e. Equipment _____

3. Indirect childrearing costs _____

   a. Rent for two-bedroom apartment _____

   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) _____

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

Line 1: Take-home Pay

Encourage the soldiers in your unit to do this exercise after you have distributed their end-of month leave and earnings statement (LES). Provide barracks soldiers with the BAH, BAS, and VHA authorized for their grades.

Line 2: Direct costs

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

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

•Formula/Food. This worksheet is designed for 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 be able to give you a better idea of actual prices in your area.

•Clothing. This amount can vary widely based on personal preferences, but a conservative estimate would be $20 a month.

•Equipment. Obviously, this will not be a recurring monthly expense. The soldiers in your unit will need to buy necessities such as cribs, strollers, car seats, bottles, bags, etc. These one-time expenses could be $60 per month.

Line 3: Indirect costs

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

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

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

•Utilities. The cost of utilities varies widely depending on the climate and the utilities that are used. Assume that the soldiers in your unit are living in an apartment and must pay only a phone bill and a television bill, which would come to at least $50 per month.

•Food. The soldiers in your unit need to realize that BAS is not just additional money; it is intended to make up for the dining facility food they are no longer authorized. They should plan on at least $200 per month for food.

•Gas. A conservative estimate is $50 per month. If less is used, the excess can be saved for maintenance.