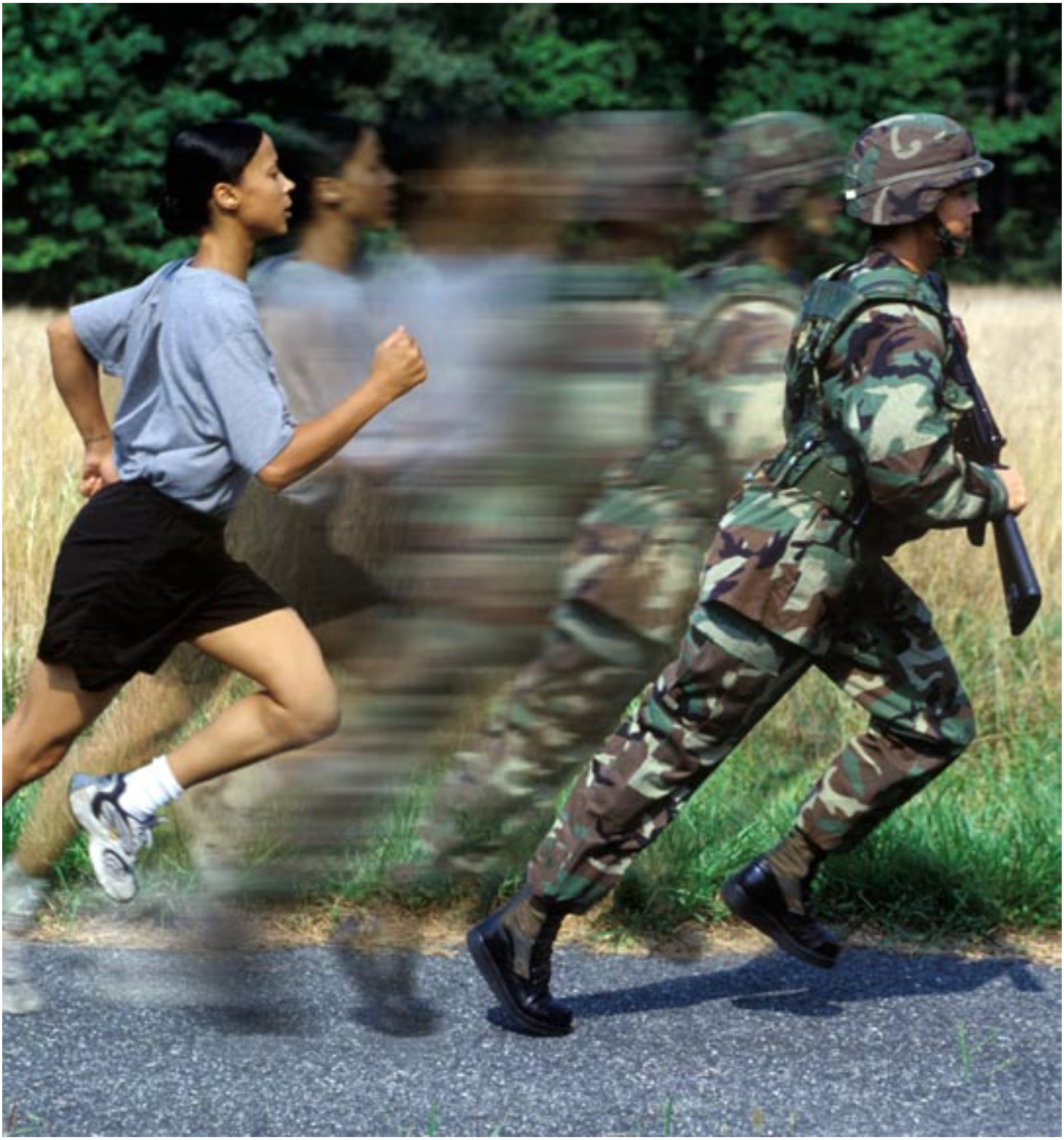
A SOLDIER'S GUIDE TO FEMALE SOLDIER READINESS

USACHPPM



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PREFACE

Female soldiers encounter unique health care situations and considerations. This technical guide and the resources referenced within are meant to help female soldiers include these considerations in their planning for field exercises or deployments, so that they can have positive duty assignments.

The responsibility for female readiness ultimately falls to the female soldiers themselves. This guide provides strategies for effectively ensuring female readiness with the least amount of impact on the day-to-day mission of the unit.

This guide addresses areas such as pregnancy profiles, exercise during pregnancy, field needs of female soldiers, and preventive health measures for the barracks environment.

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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 your menstrual cycle, you 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, but this is not always possible.

Optimally, soldiers should have access to a normal shower every third day or so if possible given mission constraints. However, you should not be restricted from certain duties or missions during your 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 causing irritation of the vagina) is a very common condition and can affect women of all ages. The infection is rarely a serious threat to your health. However, the infection can cause discomfort and may require treatment.

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.

The two most common forms of vaginitis are candidiasis (yeast infection) and bacterial vaginitis (BV). A yeast infection is caused by a fungus. You may experience itching and burning of the vagina and the area around the entrance to the vagina. The area may also be red and swollen. A white, odorless discharge (that resembles "cottage cheese") may come from the vagina. Yeast infections can be treated by over-the-counter medications, placed into the vagina. Some health care providers may prescribe something to take by mouth.

BV is caused by an overgrowth of several different bacteria that are normally found in the vaginal area. You will experience an increase in vaginal discharge. The discharge is often thin and watery, grayish-white or yellow, and has a strong "fishy" smell. Antibiotics are usually used for treating BV. Since it is not known if BV is passed through sexual intercourse, your partner may also be treated. Always take the medication exactly as directed.

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

Section II. Packing List Additions

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

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.

You should add panty liners and sanitary pads to your packing list, even if you do not expect to menstruate during the exercise. Continuous use of liners or pads with frequent changes is recommended.

You 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, you should pack your 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 (the tubes from the kidneys to the bladder) and bladder normally prevent urine from backing up toward the kidneys, and the flow of urine from the bladder helps wash bacteria out of the body. This is one reason why it is essential that you 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 you 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 you 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 deployment to an extended field assignment or to a contingency operation, your unit may want to coordinate a training session 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, or someone in your unit may be trained to provide this type of education.

Section V. Nutrition Basics

As a soldier, you are responsible for the equipment and weapon assigned to you. Proper maintenance of your equipment and weapon is essential. Soldiers often forget that they are also responsible for proper maintenance of themselves.

Look at your food choices for meals and snacks. 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 you are in your childbearing years, you 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, The Army Weight Control Program, female soldiers who become pregnant are exempt from the AR 600-9 standards throughout the pregnancy plus 6 months following the end of the pregnancy. Pregnancy creates the need for additional nutrients. Therefore, it is highly recommended that you seek medical guidance regarding weight management during pregnancy.

The media bombards us with weight management information. If you are interested in maintaining or losing weight, it is important for you to be a smart health care consumer. If the weight loss product or program sounds too good to be true, it may affect your immediate and

long-term health. The best place to receive weight management information and guidance is at your local medical treatment facility (MTF) through the Nutrition Clinic. A dietitian can provide you with guidance on safe and successful approaches to losing weight.

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 your risk of developing tooth decay. Bacteria in dental plaque produces acid that removes the minerals from tooth enamel and causes decay. Also, failure to properly remove plague from the teeth and gums for a week or more usually results in the development of gingivitis (inflammation of the gums). Already existing gum disease can become exacerbated.

Be aware of the fact that hormone fluctuations 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, you should floss once a day, before brushing. Brush at least twice daily with fluoridated toothpaste. Fluoride remineralizes (hardens) any areas of the tooth enamel that have been weakened by bacterial acids. You do not have to rinse your 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 female-specific, 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 you experience such a condition, seek a medical assessment and provide feedback to the unit. If you have any questions about fitness for duty, or the extent of a profile, do not hesitate to call your health care provider.

CHAPTER 2. REPODUCTIVE HAZARDS, PREGNANCY, AND PARENTING

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

Section I. Reproductive Hazards

Reproductive and developmental hazards in the workplace are an important concern if you are attempting to conceive a child or are pregnant. Be sure to ask about any known reproductive hazards when you in-process into a unit. You should also ask how to access the nearest Occupational Medicine Clinic. Finally, you must promptly notify your commander and the Occupational Medicine Clinic if you become pregnant.

You should know which operations in your unit could cause reproductive hazards. Specific occupational health limitations will be listed on your pregnancy profile. Contact your chain of command if you are concerned about reproductive hazards in your workplace. You can also get advice about reproductive hazards from the Occupational Medicine Clinic at many Army MTFs.

Section II. Pregnancy Counseling

After a positive pregnancy test, you will receive a pregnancy profile from your health care provider. You must give the profile to your 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 you inform 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. Your 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 Army Weight Control Program (AWCP), and agencies available to assist you. This guide addresses each of these topics.

Table 2-1
Supplementary information for pregnancy counseling session

Subject	Basic Facts	References
1. Retention or separation	Soldiers may choose to remain in the Service or separate.	AR 635-200, paragraphs 1-16, 1-36, 5-11, and 6-3; chapter 8
	Officers may choose to remain in the Service or request release from active duty; those officers with obligations due to schooling, incentive pay or funded programs are not eligible for release until completion of Service obligation.	AR 600-8-24, paragraphs 2-13, 2-14, 3-11, and 3-12; tables 2-5 and 3-4; and figures 2-2 and 2-3
2. Maternity care	A soldier remaining on active duty will receive care in an MTF or civilian facility if no military maternity care is available within 50 minutes of where the soldier works and resides.	AR 40-400, paragraphs 2-2 and 2-8
	Soldiers separating are authorized treatment only in an MTF that has maternity care. They are **not authorized** care in a civilian treatment facility at	AR 40-400, paragraph 3-39

Subject	Basic Facts	References
	Government expense.	
a. Family planning services	Eligible upon request at MTFs	AR 40-400, paragraph 2-17
b. Abortions	Only performed when the life of the mother is in danger	AR 40-400, paragraphs 2-18 and 3-39
3. Leave	Soldiers may request ordinary, advance, or excess leave in order to return home or to another appropriate place for the birth, or to receive other maternity care. Care must be received at an MTF, or the soldier must get a non-availability statement (NAS) from the treatment facility prior to leaving the area. If the soldier fails to do this, she will be liable for the expenses incurred for her care. Leave is at the discretion of the command. Such leave will terminate with admission to the treatment facility for delivery. Nonchargeable convalescent leave for postpartum care is limited to the amount of time essential to meet medical needs, normally 42 days.	AR 600-8-10, paragraphs 4-27, 4-28, 5-3, 5-5, 5-6, 5-7, and 5-13; tables 4-14, 5-3, and 5-4

Subject	Basic Facts	References
4. Clothing and uniforms	Military maternity uniforms will be provided to enlisted soldiers. Officers may purchase.	AR 670-1, chapters 4, 9, 11, and 17; paragraphs 1-6, 1-9, 1-10, and 14-6 AR 700-84, paragraph 4-9
	Soldiers cannot be required to purchase PT uniforms of a larger size.	AR 670-1, paragraph 14-6
5. Basic Allowance Subsistence (BAS) and Basic Allowance for Housing (BAH)	BAH with dependents is authorized for single soldiers after the birth of the child. BAH without dependents is authorized when the pregnant soldier moves off-post. Check with your 1SG for information regarding your installation's policy on when you're authorized to move out of the barracks. Check with military housing for government quarters availability.	AR 210-50, paragraph 3-6e, 3-8e, 3-8p, 3-36b; Department of Defense (DOD) Financial Management Regulation 7000.14-R Vol. 7A CH 26; Installation Housing Office
6. Assignments	Except under unusual circumstances, the soldier should not be reassigned to overseas commands until her pregnancy is terminated. If assigned overseas, the soldier will remain overseas. She may be reassigned within the continental U.S. (CONUS). Medical clearance must be obtained prior to any reassignment. Soldiers will be considered available for worldwide deployment 4 months after giving birth.	AR 614-30, paragraphs 3-3 and 5-3; table 2-1, Nos. 13 and 14; table 3-1, Nos. 31-33; and table 3-2, Nos. 1d and 1e

Subject	Basic Facts	References
7. Involuntary separation for unsatisfactory performance, misconduct, or parenthood	If unsatisfactory performance or conduct warrants separation, or if parenthood interferes with duty performance, you may be separated even though you are pregnant.	AR 635-200, paragraphs 5-8, 11-3, and 13-2; and figure 8-1
8. Family care counseling	Single parents or dual military couples must have an approved Family Care Plan (FCP) on file. The plan must state actions to be taken in the event of assignment to an area where dependents are not authorized, or upon absence from the home while performing military duty. Failure to develop an approved care plan will result in a bar to reenlistment. (See the sample letter of instruction for FCPs in appendix B of this guide.)	AR 600-8-24, tables 2-5 and 3-4 AR 600-20, paragraph 5-5 AR 601-280, paragraph 8-4 AR 635-200, paragraphs 8-9 and 8-10; and figure 8-1
9. Pregnancy and postpartum PT	Uncomplicated pregnancy does not preclude you from participating in a modified PT program. Pregnant and postpartum soldiers are encouraged to participate in pregnancy PT programs where available. Before participating in PT, the soldier must obtain the profiling officer's approval. Participation in PT is guided by the soldier's profile as well	AR 40-501, paragraphs 7-9 and 7-10; DOD Directive (DODD) 1308.1, 4.3.2; and Field Manual (FM) 20-21

Subject	Basic Facts	References
	as any other limitation set by her health care provider. Postpartum soldiers are exempt from the Army Physical Fitness Test (APFT) for 180 days after termination of the pregnancy. A postpartum soldier will be issued a postpartum profile for 45 days beginning on the day of delivery or termination of the pregnancy; such a profile allows PT at the soldier's own pace.	
10. Additional duties	Pregnancy does not preclude a soldier from performing additional duties such as CQ/SDNCO/SDO. At 20 weeks there are some duty limitations. After the 28th week of pregnancy, when the soldier's workweek is limited to 40 hours, these duties are counted as part of her 40-hour workweek, with a limitation of an 8-hour workday.	AR 40-501, paragraphs 7-9 and 7-10
11. Army Weight Control Program	Pregnancy invokes some special considerations in the AWCP. (See section VII of this chapter.) Pregnant soldiers are exempt from body composition testing until 6 months after termination of the pregnancy.	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.

Section III. Pregnancy and Postpartum Profiles

Once you have a medically confirmed positive pregnancy test, you will be issued a physical profile. Highlighted in this section are the major points of the profile issued for normal pregnancy and the postpartum period (AR 40-501).

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

Upon confirmation of pregnancy—

Profiles will be issued for the duration of the pregnancy. Upon termination of the pregnancy, a new profile will be issued reflecting revised profile information.

The profile will indicate the following limitations:

•Except under unusual circumstances, you should not be reassigned to overseas commands until your pregnancy is terminated. You may be assigned within CONUS. **You must obtain medical clearance** prior to any reassignment.

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

•You will not be permitted to paint or fuel **military** vehicles. The profiling health care provider, in conjunction with the occupational medical clinic as needed, will determine whether any additional occupational exposures should be avoided for the remainder of the pregnancy.

•You cannot participate in weapons training, firing or cleaning. You cannot work in the arms room or nuclear, biological, and chemical (NBC) rooms.

•You cannot work in the motor pool. You may do preventive maintenance checks and services on vehicles of 1 1/4-ton capacity and below using impermeable gloves. You must work in open areas that are free of chemicals, fumes and engine exhaust and have adequate ventilation.

•Upon the diagnosis of pregnancy, you are exempt from the regular PT program of the unit and from PT testing. Pregnant soldiers are encouraged to participate in pregnancy PT programs where available. You are exempt from wearing load-bearing equipment, exempt from all immunizations except influenza and tetanus-diphtheria, and exempt from exposure to all

fetotoxic chemicals noted on the occupational history form. You are exempt from exposure to NBC warfare agents and the wearing of mission-oriented protective posture (MOPP) gear at any time.

•You may work shifts.

•You must not climb or work on ladders or scaffolding. You must not ride in or drive vehicles in excess of 1 1/4 tons.

•At 20 weeks of pregnancy, you are exempt from standing at parade rest or attention for longer than 15 minutes. You are exempt from participating in swimming qualifications, drown proofing, and field duty.

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

•If you are experiencing a normal pregnancy, you may continue to perform military duty until delivery.

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

For postpartum profiles—

Convalescent leave after delivery will normally be for 42 days following normal pregnancy and delivery. Upon termination of pregnancy or date of delivery, postpartum soldiers will be issued a temporary postpartum profile for 45 days, and PT training will be at your own pace. You will receive clearance from the profiling officer to return to your usual occupation. This clearance will specifically address impacts of the workplace exposure on breast-feeding. Pregnant soldiers are exempt from the APFT for 180 days following termination of pregnancy. You are expected to use the time to prepare for the APFT after receiving clearance from your health care provider to resume PT.

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. 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.

As a pregnant soldier, you should participate as much as possible in all unit activities; this participation is vital to you and to other soldiers in your unit.

Your safety and that of your baby is the primary concern in any exercise program undertaken during pregnancy. The potential exists for maternal and fetal injury because of the physical changes that take place during pregnancy, so exercise recommendations and programs must be conservative.

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

This section contains guidance for helping you to maintain your fitness level. You are encouraged to participate in the 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). 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. The ideal exercise program will offer you a variety of options, including walking, swimming, stationary cycling, and modified aerobics or calisthenics. You should discuss your individual exercise needs and limitations with your health care provider and exercise leader. A standardized pregnancy/postpartum physical training program is being developed and evaluated for Army-wide implementation.

Guidelines

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

Pregnancy and postpartum—

•You must have the approval of your health care provider before beginning an exercise program.

•Regular exercise (at least three times a week) is preferable to intermittent activity. Competitive activities should be discouraged.

•You should not engage in vigorous exercise in hot, humid weather, or if you have a fever above 100.5 degrees Fahrenheit.

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

•Avoid deep flexion or extension of joints because of ligament laxity; and avoid activities that require jumping, jarring motions, or rapid changes in direction because of joint instability.

•Engage in a 5- to 10-minute period of muscle warm-up prior to vigorous exercise. Slow walking or stationary cycling with low resistance can accomplish this.

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

•Measure your heart rate at times of peak activity during the first trimester and the postpartum period. Do not exceed target heart rates and exercise intensity limits established in consultation between you and your health care provider. During the second and third trimesters, use the rate of perceived exertion (RPE) to monitor exercise intensity. Second and third trimester soldiers who are working at an effective intensity will be working at a somewhat hard to hard level, and should not exercise above hard. (See table 2-2 for recommended postpartum target heart rate limits and table 2-3 for an RPE chart.)

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

•Make sure you are taking in enough calories at regular intervals to maintain a steady blood sugar. You should be eating an extra 300 calories per day to provide adequate nutrition for yourself and the fetus. You need adequate protein (70-90 grams/day) and vitamins and minerals for tissue formation, energy, hormones, and cell function.

•After 20 weeks, use splinting techniques during curl-ups, curl-downs or head lifts to minimize the separation of abdominal muscles. Postpartum soldiers with a diastasis (separation of abdominal muscles) of two fingers or greater also need to splint and not do Army sit-ups.

•Take liquids liberally before and after exercise to prevent dehydration. If necessary, interrupt your activity to drink water.

•Exercise programs should correspond with your pre-pregnancy fitness levels. Remember that you should work at your own pace. Avoid fatigue and over-training.

Table 2-2
Heart rate guidelines for *postpartum and first trimester* exercise

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

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

Table 2-3
Rate of perceived exertion (RPE) for *second and third trimester pregnancy* exercise

RPE	Exercise
6	Doing nothing
7	Very, very light
8	
9	Very light
10	
11	Fairly light
12	Moderate intensity
13	Somewhat hard
14	
15	Hard
16	Vigorous intensity
17	Very hard
18	
19	Very, very hard
20	Maximal effort

Pregnancy only—

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

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

•Avoid exercises that involve bending your knees and bearing down since these exercises put undesirable strain on the rectum, cervix, and pelvic floor muscles. Examples are full squats, both callisthenic and weight lifting, and knee benders.

•Avoid standing still for long periods. Weight-bearing aerobic sessions from 20 minutes to a maximum of 45 minutes are recommended.

There are conditions during pregnancy that may prevent you from exercising vigorously. You should be evaluated by your health care provider to determine if you have any of these conditions, and what the impact is on any exercise program you undertake.

Some conditions that **may limit exercise** during pregnancy are—

•High blood pressure.

•Anemia or blood disorders.

•Thyroid disease.

•Diabetes.

•Irregular heartbeat.

•A history of premature labor.

•A history of the fetus not growing adequately.

•A history of bleeding during present pregnancy.

•Breech presentation in the last trimester.

•Excessive obesity.

•Extreme underweight.

Some conditions that **will limit exercise** during pregnancy are—

•A history of three or more spontaneous abortions (miscarriages).

•Ruptured membranes.

•Premature labor.

•Diagnosed multiple gestation (twins, triplets).

•Incompetent cervix.

•Bleeding or diagnosis of placenta previa.

•Diagnosed heart disease.
All of these conditions will be determined/diagnosed by your health care provider, and are presented as information only so that you may better understand the implications of any diagnoses and changes in your profile.

Warning signs and symptoms of overexertion

If you experience any of the following conditions, you should stop exercising and contact your health care provider immediately for a medical assessment of your condition:

•Swelling of face and hands.

•Severe headaches.

•Pain.

•Bleeding or excessive discharge.

•Dizziness or lightheadedness.

•Shortness of breath.

•Palpitations or chest pain.

•Faintness.

•Back pain.

•Pubic pain.

•Difficulty walking.

•Fever.

Uniforms during exercise

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

Further information

Consult the following resources for further information about pregnancy and postpartum exercise:

USACHPPM Website

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

Books

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

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

Journal Articles

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

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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, use plain water. If acid exposure happens repeatedly on a daily basis, a fluoride mouthwash or prescription fluoride gel may be necessary to prevent dental erosion.

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 you since this is a critical time in your military career and your personal life. You will need to make some important decisions regarding your future in the military and your baby. The most positive thing your leadership can do is to provide you with information and points of contact (POCs). Any decisions concerning your baby must be your own.

The first issues to consider are those that are dictated by regulation, such as housing or BAH, food or BAS, and 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. Check with your First Sergeant and the installation housing office for your installation's policy on when you are authorized to move out of the barracks and receive BAH without dependents (these vary according to the installation). You are 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. When you are no longer assigned to the barracks you are entitled to BAH without dependents and BAS in order to establish a home prior to the birth of the child. Timely completion of the required paperwork greatly eases this transition. Financial strain may become a significant part of your life if you are a junior soldier when you become a single parent; getting 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. You 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. You should begin preparing this plan once you determine that you are going to raise your 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 you from caring for your 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 your child(ren).

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

One advantage to formulating your plan early is that it may allow you to see the complexity of being a single military parent. You 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 will have the same expectations of you as they do your peers once you return 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.

As a single pregnant soldier, you will be challenged greatly while facing your pregnancy alone. You will probably need more help in certain areas than your 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 you 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 you.

You should not be forced to seek Social Work Services, but these services should be offered to you.

Women, Babies, and Children Program

The Women, Babies, and Children (WIC) Program is designed to help low-income women and families. The program helps you to buy the foods you need to eat during your 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.) You will most likely be informed about this program during your obstetric (medical) appointments.

Local services

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

Section VII. Pregnancy and the Army Weight Control Program

Pregnancy invokes some special considerations in the AWCP. The governing regulation is AR 600-9. The information provided in this section is taken from the regulations and interpretations pertinent to pregnant soldiers.

If you are not enrolled in the AWCP at the time of your pregnancy, you—

•Are exempt from weight control standards for the duration of your pregnancy, plus 6 months following termination of your pregnancy.

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

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

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

•Must be medically cleared by a health care provider and then enrolled in the AWCP if you fail to meet the weight standard after the six-month period.

If you are a soldier enrolled in the AWCP at the time of your pregnancy, you—

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

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

•Will continue in the AWCP if you do 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 your pregnancy and for a period of up to 6 months after termination of your pregnancy in the case of continuous pregnancy (in which you become 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 you meet standard and are still otherwise qualified, you will be allowed to reenlist. The authority for active-duty soldiers in this category is AR 601-280 (para 4-9h). Cite this authority 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, you will be coping with parenthood, perhaps for the first time, as well as your return to full-time work. Some fatigue is to be expected, but there is normally no need for you to receive special exemption beyond what is provided for in regulations.

Physical training

You will be issued a 45-day postpartum profile prior to leaving the hospital to begin convalescent leave. This temporary profile allows for PT at your own pace and restricts PT testing. At the termination of the postpartum profile, you are **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, you 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 APFTs may be administered during PT to assist you in assessing your fitness levels. If there is no postpartum PT program, you should be exercising during the normal unit PT, but it would be unrealistic to expect to complete a diagnostic APFT on pace within the first couple weeks. It is strongly recommended that you not receive a diagnostic until 30 days after returning from convalescent leave.

Uniforms

If you stay within the recommended 25- to 35-pound weight gain during your pregnancy, you 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 your return, perhaps you could bring in your uniform and have your supervisor inspect it on the hanger.

Psychological Effects of Pregnancy and the Postpartum Period

Childbearing is a major life event, and you must prepare emotionally for the challenges of motherhood. You will transition from a high state of readiness and excitement that culminates in delivery. You will undergo rapid hormonal changes, the loss of the pregnancy with its unique sense of intimacy, and the shifting of friends and family's attention from you to your baby.

With all the physical changes that take place during pregnancy and the postpartum period, you may experience psychological effects as well. 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 physical activity, reassurance, positive reinforcement, socialization and support from friends and family can positively influence your experience, help prevent depression, and provide the emotional bridge between pregnancy and your return to Army duty. Spending time with other postpartum mothers is especially helpful during the 6-weeks-at-home period. See a mental health professional if depression does not improve or subside, especially if you do not have friends and/or family in the immediate environment to help you with postpartum blues.

Section IX. Breast-feeding

Breast-feeding is widely accepted as the ideal form of nutrition for babies. Because of this, many female soldiers want to continue breast-feeding their babies after they return from maternity leave.

With a little training and effort you can continue to breast-feed after you return to work by using a breast pump to collect milk from your breasts two to three times during the day and store it for later use by your baby. Breast milk can be expressed by hand, with a manual hand pump, a battery-powered pump, or an electric pump. A hospital-grade electric breast pump is often the most efficient since it allows you to express milk from both breasts at the same time, is simple to clean, and provides better suction. These pumps are more expensive, but are sometimes available for rent or loan from the hospital or from Army Community Services. Many Army MTFs have nurses who are trained as breast-feeding (lactation) consultants and can help you select the best method and help you get started.

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

http://www.city.toronto.on.ca/health/breastfeeding/express_b_m.htm#express
http://www.city.toronto.on.ca/health/breastfeeding/storing_b_m.htm

The ability to successfully continue breast-feeding after returning to work involves space, time, and support. You will need to discuss these issues with your commander and supervisor if you plan on breast-feeding after you return from maternity leave. Having a designated space in the workplace where you can pump breast milk is important if you do not have a private office. An empty conference room or office is sufficient.

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. Infrequent pumping or breast-feeding can result in leakage and cause swelling of the breasts, which is uncomfortable and reduces the milk supply.

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

Depending on your job, you may be exposed to potentially harmful chemicals at levels that are safe for you, but may be a concern for your baby because these chemicals tend to concentrate in breast milk. Vaccination policy also potentially impacts breast-feeding. While you are breast-feeding, you should not be given "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 lessen 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 unintended pregnancies can be prevented by a comprehensive program that includes education and access to contraceptive services.

The study at Fort Lewis and other Army research 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. Birth control methods are free to them, and access routes are generally well defined. However, in light of these numbers, more can be done.

One type of birth control, the condom, should be stocked and 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 receive birth control guidance and products should be offered. Many young soldiers do not

[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.

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. You 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 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 your health. 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 you receive preventive care. 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. Unit readiness 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 your responsibility and that of your unit to ensure you 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 you need it.

•Where to get your annually required Pap smear.

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

The more education you are provided, the more empowered you will be to ensure your 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 you are not going to remain abstinent, you need 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 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 you in seeking the care you need or directing you 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 you 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. You may have the opportunity to receive information from one of the resources on post 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

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

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

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

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

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

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

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

http://www.city.toronto.on.ca/health/breastfeeding/express_b_m.htm#express

http://www.city.toronto.on.ca/health/breastfeeding/storing_b_m.htm

ftp://ftp.cdcnpin.org/Updates/oralsex.pdf

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, para 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 an 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 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 you 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. You 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 to the guardian's residence where my/our child(ren) will remain until my/our return.

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

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

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

_____
_____
_____

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

_____
_____
_____

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

_____
_____
_____

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

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

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

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

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

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

_____
_____
_____

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

_____
_____
_____

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

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

Signature: _____ Date: _____

APPENDIX D. LOCAL POINTS OF CONTACT (SAMPLE FORM)

	Name	Telephone Number/Email
Battalion Physician Assistant	_____	_____
Corps/Division/Brigade Surgeon	_____	_____
Community 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

Do this exercise after you receive your end-of month leave and earnings statement (LES). Soldiers who live in the barracks should use 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 realize that the actual child care costs will probably exceed that amount due to the extra child care you 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. You 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. You cannot assume you 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 you 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 you 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. You need to realize that BAS is not just additional money; it is intended to make up for the dining facility food you are no longer authorized. You 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.