

Note: November 2022.

This Directive may no longer be current. Please check with the program office responsible for this Directive to determine if there are any updates or if the Directive is no longer in use.



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COMDTINST 1000.9
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COMMANDANT INSTRUCTION 1000.9

Subj: PREGNANCY IN THE COAST GUARD

- Ref:
- (a) Personnel Manual, COMDTINST M1000.6 (series)
 - (b) Military Separations, COMDTINST M1000.4 (series)
 - (c) Military Assignments and Authorized Absences, M1000.8 (series)
 - (d) Safety and Environmental Health Manual, COMDTINST M5100.47 (series)
 - (e) Coast Guard Aviation Medicine Manual, COMDTINST M6410.3 (series)
 - (f) Reserve Policy Manual, COMDTINST M1001.28 (series)
 - (g) Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)

1. PURPOSE. This Instruction establishes Coast Guard policy and procedures concerning the retention, assignment and separation of pregnant service members and the requirement to support all service members making the decisions which balance both their commitment to the Coast Guard and their parental responsibilities. It further establishes administrative guidance for the management and protection of the health of pregnant service members and promotes uniformity in the medical/administrative management of normal pregnancies. This guidance applies to all Coast Guard women: active duty, Selected Reserve, and Public Health Service officers detailed to the Coast Guard.
2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and chiefs of headquarters staff elements shall comply with the provisions of this Instruction. Internet release is authorized.
3. DIRECTIVES AFFECTED. Chapter 9 of reference (a) is cancelled. The Personnel Manual is being eliminated and reissued as a set of manuals and instructions (including this one) which will allow for more expedited review of updates and promulgation of policy changes.

DISTRIBUTION – SDL No. 159

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NON-STANDARD DISTRIBUTION

4. DISCLAIMER. This document is intended to provide operational requirements for Coast Guard personnel and is not intended to nor does it impose legally-binding requirements on any party outside the Coast Guard.
5. PROCEDURES. No paper distribution will be made of this Instruction. Official distribution will be via the Coast Guard Directives (CGDS) DVD. An electronic version will be located on the following Commandant (CG-612) web sites. Intranet: <http://cgweb.comdt.uscg.mil/CGDirectives/Welcome.htm>, Internet: <http://www.uscg.mil/directives/>, and CGPortal: <https://cgportal.uscg.mil/delivery/Satellite/CG612>.
6. BACKGROUND. The policy contained within this Instruction was previously located in reference (a). References to commands and Headquarters offices have been updated to reflect the current Coast Guard organizational structure. Changes to policy in previously issued ALCOAST messages have been incorporated as well as legislatively mandated changes. References to other elements of the legacy Personnel Manual have been updated to reflect the newly promulgated Manuals.
7. POLICY. Pregnancy could affect a command's operational readiness by temporarily limiting a service member's ability and availability to perform all assigned tasks. Commands that are uniquely challenged to meet mission because of the impact of an assigned service member's pregnancy should initiate contact with Commander (CG PSC-OPM), Commander (CG PSC-EPM) or Commander (CG PSC-RPM). All service members are expected to balance the demands of a service career with their family responsibilities.
 - a. General. Pregnancy is a natural event that can occur in the lives of service members and is not a presumption of medical incapacity. Pregnancy and parenthood are compatible with a Coast Guard service career. However, there are responsibilities that come with parenthood, and for those in uniform, these responsibilities require careful consideration and planning due to military commitments.
 - (1) Policy. A service member who suspects that she is pregnant is responsible for promptly confirming her pregnancy through testing by an appropriate health care provider and informing her commanding officer or officer in charge as soon as possible, but no later than two weeks after diagnosis of pregnancy. Command officials should take the needed safety precautions to ensure mission accomplishment while assuring the service member's privacy.
 - (a) Service members beyond their initial training (e.g., recruit training or Officer Candidate School (OCS)) who become pregnant shall be retained in the service in accordance with their enlistment/commissioning obligation. Service members retained under this policy will be expected to fulfill their professional and military responsibilities within the parameters listed in Article 6.c of this Instruction. While no preferential treatment by virtue of pregnancy alone should be expected, reasonable accommodations consistent with a woman's medical and physical conditions are consistent with the intent of this policy.
 - (b) The need to safeguard the health of the pregnant service member and that of her unborn child must be balanced with job performance for as long as possible. In an

- uncomplicated pregnancy, a physically fit, trained service member working in a safe environment should have little need for duty restrictions. Some pregnant service members may have a heightened susceptibility to certain stresses; therefore on occasion, a normal pregnancy may require job and/or watch modification on an individual basis.
- (c) Service members should be advised that requests for separation due to pregnancy will not normally be approved. In those cases where extenuating circumstances due to a bona fide hardship exist, requests for separation will be considered on a case-by-case basis. See Chapter 1.E. of reference (b) for temporary separation for care of newborn children.
 - (d) Pregnancy status should not adversely affect the career pattern of the service member. Commanding officers or officers in charge shall make every effort to ensure that pregnant service members are not subjected to harassment, imposition of personal opinions, or infringement of legal rights.
- (2) Termination of Pregnancy.
- (a) Spontaneous Abortions. Following a spontaneous abortion (i.e., miscarriage), the service member's health care provider may recommend a period of convalescent leave when clinically indicated.
 - (b) Abortions.
 - 1. Government funds, to include TRICARE, are not available for the elective termination of pregnancy. The only exception is when the life of the mother is at risk and the attending physician must certify that the abortion was performed because the life of the mother would be endangered if the fetus were carried to term. This limitation does not apply to medical procedures necessary for the termination of an ectopic pregnancy. Services and supplies not covered include:
 - a. Counseling services,
 - b. Referral costs, and
 - c. Preparations and follow-up care.
 - 2. Service members are highly encouraged to consult with a military health care provider for information prior to obtaining an abortion. Every provision will be made to maintain the sensitivity and confidentiality of the consultation. During this time, information will be provided to the service member concerning the procedure so that, should she experience any difficulties, she will seek medical attention for appropriate treatment. Service members should consult with a military health care provider following the procedure for the purpose of follow-up care, including any necessary medications, appropriate short-term duty restrictions, scheduling of follow-up examinations and documentation in the service member's health record.

3. Civilian facilities will be used at the service member's own expense. Any subsequent treatment or hospitalization required as a result of an abortion at a civilian facility will be managed as any other illness or disability.
- (3) Environmental Restrictions. The commanding officer or officer in charge shall restrict a pregnant member's exposure to:
- (a) The chemical agents hazardous to reproduction.
 - (b) Known hazardous conditions as determined by the health care provider and Safety & Environmental Health Officer (SEHO), Health Safety Work-Life Service Center. Office settings are typically low hazard environments that should not pose any health threats to a member and therefore do not require consultation with SEHO. However, members can contact a SEHO for consultation should any concern arise.
 - (c) Known chemical, biological, or physical agents in excess of Coast Guard workplace standards. Coast Guard workplace standards are defined in Chapter 4 of reference (d).
 - (d) Radio frequency (RF) radiation 60 KHz and up, the same limits allowed in the non-pregnant state. Current Coast Guard criteria limit the specific absorption rate to 0.4 Watts/kg in any six-minute period. Equivalent power density, electric field strength squared and magnetic field strength squared are shown in Enclosure (2).
 - (e) Ionizing radiation not to exceed 0.5 rem (0.005 Sievert) during the entire gestation period. Efforts should be made to avoid substantial variation above the uniform monthly exposure rate that would satisfy this limiting value. For further information about prenatal health risk due to ionizing radiation refer to reference (d).
 - (f) Firefighting activities.
 - (g) Excessive noise.
 1. Brief exposure (5 minutes per hour or less) to ambient noise above 84 dBA in order to transit high noise areas may be safe. Pregnant women should limit their exposure to ambient noise above 84dBA to less than 5 minutes per hour when transiting high noise areas. Prolonged exposure to this level of noise is not recommended. Pregnant women should avoid exposure to ambient noise greater than 104dBA (corresponding to the need for double hearing protection), and shall not be assigned to regular duties requiring double hearing protection.
 2. For guidance regarding pregnant aviators, refer to reference (e).
- (4) Duty Restrictions. A pregnant service member may be restricted from performing specific duties related to the following circumstances:

- (a) Medical. High blood pressure, bleeding, multiple fetuses, or other indications as identified by the service member's health care provider.
- (b) Ergonomic. Instances where there may be no obvious medical contraindications, but where the individual's physical configuration precludes her from continuing with specific activities (such as lying in a prone position for weapons qualifications, certain duty aboard cutters and/or small boats, etc.) or where nausea or fatigability would be hazardous to the service member and the unborn child.
- (c) Watchstanding. During the last three months of pregnancy (weeks 28 and beyond), the commanding officer or officer in charge should monitor and limit the service member to a 40-hour workweek. The hours may be distributed among any seven-day period, but hours are defined by her presence at a duty station, and not by type of work performed. Pregnancy does not excuse a service member from watchstanding responsibilities, but all hours worked shall count toward the 40 hours limitation. The service member may request a work waiver to extend her hours beyond the stated 40-hour week, if she is physically capable and her attending physician concurs.
- (d) Other. Areas that could result in possible harmful effects, such as chemical, biological and radioactive (CBR) training; regular unit physical training; certain unit qualification tests; or hands-on elements of skills qualification tests.
- (e) General Limitations. Unless waived by a physician, after confirmation of pregnancy, the commanding officer or officer in charge shall ensure that the service member is exempt from:
 - 1. Standing at parade rest or attention for longer than 5 minutes.
 - 2. The benefits of immunizing women usually outweigh the potential risks when the likelihood of disease exposure is high and when infection would pose a risk to the mother or fetus. Pregnant service members may routinely receive tetanus-diphtheria, polyvalent influenza vaccine, hepatitis B vaccine, and meningococcal vaccine. For other vaccines, immunize according to the Centers for Disease Control and Prevention (CDC) in consultation with the service member's OB-GYN.
 - 3. Participation in weapons training, boat crew training, swimming qualifications, and any other physical training requirements that may affect the health of the service member and/or the fetus.
 - 4. Diving or rescue swimmer duty.
 - 5. Exposure to chemical or toxic agents and environmental hazards.
 - 6. The commanding officer or officer in charge, in consultation with the health care provider, shall decide whether the individual may safely continue in her shipboard, small boat or deployable assigned duties. This decision will be based on the service

member's condition as well as workplace hazards as determined by the cognizant SEHO and health care provider.

- (5) Light Duty. Light duty may be recommended to a pregnant service member's commanding officer or officer in charge any time a health care provider determines that it is needed. Unless prescribed by the healthcare provider earlier in the pregnancy, pregnant service members are usually placed in a light duty status between the 36th and 38th week of pregnancy.

b. Responsibilities.

- (1) Headquarters. Commandant (CG-122) will establish Coast Guard policy for protecting pregnant service members from occupational-related hazards.
- (2) Commander (CG PSC-PSD-MED). Commander (CG PSC-PSD-MED) will make determinations on cases not adequately addressed by the provisions of these guidelines.
- (3) Unit Commanders. Area commanders, district commanders, commanders of logistics and service centers, Commander CG Activities Europe, and Superintendent, Coast Guard Academy shall:
 - (a) Monitor command compliance with the provisions of this policy during inspections and visits to their units.
 - (b) Take appropriate action to ensure requests for separation for pregnancy, due to a bona fide hardship, are forwarded to Commander (CG PSC-EPM), (CG PSC-OPM) or (CG PSC-RPM) as appropriate. Ensure that forwarding endorsements on these requests clearly identify the member's eligibility for separation under current personnel policy.
- (4) HSWL Safety and Environmental Health Officer (SEHO). The HSWL SEHO shall:
 - (a) During the periodic safety and environmental health audit of Coast Guard units, the SEHO shall conduct an evaluation of the work environment for presence of possible reproductive hazards. This evaluation will include, but not be limited to, identification and evaluation of potential exposure to the chemical agents hazardous to reproduction included in Enclosure (1). When reproductive hazards are identified, recommendations will be provided to the unit commanding officer or officer in charge on how to best protect any pregnant service member. This information will be provided in a separate section of the audit report.
 - (b) On request and in close collaboration with the cognizant health care provider, provide guidance and direction to commanding officers and officers in charge on how to protect the pregnant service member and her unborn child from hazardous work conditions.
- (5) Commanding Officer/Officer in Charge. After a health care provider confirms a pregnancy, all commanding officers and officers in charge are responsible for ensuring that the pregnant

service member and every member of the service member's chain of command is aware of the safety and medical provisions of this Instruction.

- (a) **Informal counseling and advisement.** This counseling and advisement should include the following information:
1. The member's responsibilities to the Coast Guard, and the Service's need for readiness and worldwide assignment. (See Article 1.A.6. of reference (c).)
 2. Military entitlements to maternity care while on active duty. (See Article 6.d. of this Instruction.)
 3. The limited medical benefits available to the service member if she is separated from the Coast Guard. (See Article 6.d. of this Instruction.)
- (b) **Work Area Assignment.** The service member shall not be assigned to duties where she would be exposed to hazardous work conditions as determined by the cognizant SEHO and health care provider. The commanding officer, with the health care provider, shall determine if any environmental hazards exist which may require reassignment of the service member within the command for the duration of the pregnancy. Refer any questions regarding the health and safety implications of a particular case to the health care provider and the cognizant SEHO. No preferential treatment shall be given because of pregnancy status other than the specific limitations as provided in this Instruction. Additional limitations will require the judgment of the commanding officer or officer in charge in consultation with the health care provider or the cognizant SEHO.
- (c) **Special Circumstances.** A commanding officer or officer in charge will ensure that a service member whose pregnancy terminates prematurely or results in a stillbirth is treated with a command climate of concerned leadership. This will be essential in helping service members impacted by this kind of traumatic event. The unique circumstances of each situation dictate that the decision concerning when a particular service member is physically and emotionally ready to return to a duty status will be made on a case-by-case basis.
- (6) **Health Care Provider.** When pregnancy is confirmed, there are many related matters, not strictly medical, about which the health care provider is called upon to aid in decision making. Each health care provider having responsibility for pregnancy confirmation or prenatal care should be familiar with the administrative and command requirements relating to pregnant service members. Commanding officers or officers in charge should ensure that non-military health care providers are aware of these administrative and command requirements. The service member's health care provider should provide timely guidance on work restrictions. Additionally, the health care provider must monitor the health of the service member to determine if additional convalescent leave is warranted.
- (7) **Coast Guard Member.** The individual service member is responsible for:

- (a) Familiarizing herself with the following policies:
 - 1. The policy set forth in this Instruction.
 - 2. Members' availability for unrestricted assignments (Article 1.A.6. of reference (c)).
 - 3. Assignments while pregnant (Article 1.A.7. of reference (c)).
 - 4. Temporary Separation for Care of Newborn Children (Article 1.E. of reference (b)).
 - (b) Performing her military duties within the limits established by her medical condition.
 - (c) Seeking confirmation of pregnancy at a medical facility.
 - (d) Notifying her commanding officer or officer in charge of her pregnancy as soon as possible, but no later than two weeks after diagnosis of pregnancy by an appropriate medical provider.
 - (e) Planning her pregnancy to allow her to meet both her military and family obligations.
 - (f) Complying with worksite and task-related safety and health recommendations made by appropriate health professionals, including the use of personal protective equipment.
 - (g) Seeking appropriate prenatal medical care.
- c. Assignments. Overseas assignment of pregnant service members shall be limited, wherever possible, consistent with staffing and readiness requirements. Suitability screening for overseas duty must assure that the assignment and transfer of pregnant service members, both officer and enlisted, conform to established guidelines. (Article 1.A.7 and 1.H.3.f. of reference (c)).
- (1) Overseas Duty Station/Geographically Isolated Duty Station. Pregnant service members assigned to duty ashore in the 48 contiguous states, who are otherwise eligible for duty outside the Continental United States (OCONUS), and have not reached their 28th week of pregnancy, may be assigned for duty at an overseas installation except when any of the following conditions exist:
- (a) Adequate civilian/military medical facilities with obstetrical capabilities (meeting or equivalent to American Congress of Obstetricians and Gynecologists guidelines) to provide care are not available.
 - (b) Adequate Government or commercial housing is not available.
- (2) Continental United States (CONUS). Pregnant service members may be assigned INCONUS ashore without restriction provided they do not have to travel via aircraft after the 28th week of pregnancy. They will not normally be transferred to afloat units that are deploying during

the period from the 20th week of pregnancy through 6 months after the service member's date of delivery.

(a) Specific Assignments.

1. Initial Training. Service members with pregnancies that existed prior to entrance or who were first diagnosed during initial training (e.g., recruit training or Officer Candidate School (OCS)) shall be discharged as unqualified for military service. For service members selected for OCS, refer to Article 7.c.(4) of this Instruction. When certified by medical authorities that the pregnancy existed prior to entry into the Service, a woman shall be discharged without maternity benefits. The initial duty station (Coast Guard Academy or TRACEN Cape May) has the authority to discharge pregnant service members when it is medically determined that they became pregnant during initial training. Article 7.d.(8) of this Instruction provides information regarding maternity benefits for service members who became pregnant during initial training. Service members discharged under these conditions shall not be prohibited from reapplying for enlistment when no longer pregnant provided they are eligible for enlistment in accordance with current directives and there is no indication of fraud in the initial enlistment.
2. Shipboard, small boat and deployable operations.
 - a. No service member shall deploy or remain aboard a ship, including small boat duty, beyond her 20th week of pregnancy. In addition, a pregnant service member shall not remain aboard a cutter if the time for medical evacuation of the member to a treatment facility capable of evaluating and stabilizing obstetric emergencies is greater than three hours.
 - b. Resumption of deployments, requirement to pass physical fitness standard tests, or assignment to cutter or OCONUS duties will not normally be made for a period of six months following the end of pregnancy unless the service member is medically fit and requests a waiver for an earlier resumption of duties. In cases where the end date of the pregnancy is unclear, a note from a medical provider is required to establish the date the pregnancy ended. Physical fitness standard certification requirements may be resumed prior to six months only after consultation with a health care provider. This period is meant to allow the service member time to regain her physical strength and stamina before performing the full duties of her rate/rank.
3. Aviation Assignments.
 - a. Pregnant aviation personnel shall not deploy OCONUS or aboard a cutter after the 20th week of pregnancy. Aviation personnel shall not normally deploy aboard a cutter or OCONUS for six months following pregnancy unless the service member is medically fit and requests a waiver for earlier resumption of duties.

- b. Pregnant aviation personnel may be deployed INCONUS after the 20th week of pregnancy only if medical facilities equivalent to or better than those currently provided to the member at the assigned air station are available at the deployment site. Aviation personnel shall not normally deploy INCONUS for six months following pregnancy unless the service member is medically fit and requests a waiver for earlier resumption of duties.
 - c. Refer to Chapter 11 of reference (e) for medical consideration for pregnant aviation personnel.
4. Reporting or Assigned as a Student.
- a. A pregnant service member should not be assigned to a Class "C" school if her projected graduation date will occur during her last trimester. Assignment of a pregnant service member to a Service school will be handled on a case-by-case basis by her commanding officer or officer in charge. Consideration must be made for the course content and the limitations discussed in this Article.
 - b. A pregnant service member in receipt of orders to Officer Candidate School (OCS) will be placed in a medical hold status at her unit until after delivery and postpartum convalescent leave period. When fit for full duty, orders will be issued for the next scheduled class.
 - c. If a service member becomes pregnant during training, the commanding officer of the training command will determine if she can complete her training, based on criteria discussed throughout this instruction. When disenrollment is required, it will be necessary to determine when training should be terminated. If possible, training will be terminated at a point where it will be academically feasible to reenter the training at a later date without repeating previously completed portions of training. Based on this information and the projected delivery date, the commanding officer of the training command will determine the disenrollment date.
 - d. If disenrolled, the pregnant service member who is TDY to the school will be returned to her assigned command until found fit for full duty. If under Permanent Change of Station orders, final disposition will be determined by Commander (CG PSC-OPM), (CG PSC-EPM), or (CG PSC-RPM).
 - e. After returning to full duty, a service member disenrolled for pregnancy will be afforded the opportunity to complete her training, consistent with staffing and readiness conditions.
5. Selected Reserve Assignments.
- a. Reservists who become pregnant shall not be transferred from their SELRES positions during pregnancy. However, before a pregnant service member can

perform IDT or ADT or undertake any travel associated with such duty, she shall obtain written authorization from her attending physician. Commands may also reschedule IDT drills and ADT in accordance with Chapters 2 and 3 of reference (f) to accommodate pregnant reservists.

- b. Informal counseling and advisement outlined in Article 6.b.(4) of this Instruction shall be adjusted to include the following additional information:

[1] The member's responsibility for maintaining satisfactory participation in the Selected Reserve as outlined in Chapter 4 of reference (f).

[2] The member's entitlement or lack of entitlement to general healthcare benefits (Note: reservists are not entitled to routine healthcare while on inactive duty or while on active duty for a period of 30 days or less. When ordered to active duty for 31 days or more, reservists are enrolled in TRICARE Prime and routine care will be provided for the duration of the active duty period). Reservists who become injured or ill while in a duty status are subject to the guidelines in Chapter 6 of reference (f).

- c. Pregnant reservists shall not be involuntarily mobilized, but they may volunteer for active duty. Mobilization for new mothers (by birth or adoption) shall be deferred for six months from the time of delivery or placement in home.

(3) Waiver Request. Requests for a waiver of assignment restrictions due to pregnancy shall be promptly submitted to Commander (CG PSC-OPM) for officers, Commander (CG PSC-EPM) for enlisted personnel, or (CG PSC-RPM) for Selected Reserve personnel. The appropriate office will make the final determination regarding assignment eligibility. Medical waiver requests must contain the following information:

- (a) Narrative of condition including number of weeks of gestation, present condition, special treatment requirements (other than for normal delivery).
- (b) Results of specialty consultation that include the medical specialist's estimate of the service member's ability to perform assigned duties.
- (c) If the member is due to be stationed overseas, specify which medical facility will provide care and indicate how the member has determined that all necessary care is available (prenatal, delivery and post partum) for both mother and child.

d. Administration.

(1) Uniform. The proper wearing of the uniform during pregnancy is the concern and responsibility of the service member. The maternity uniform is mandatory for all pregnant service members when a uniform is prescribed and their regular uniforms no longer fit. All authorized variations of the Air Force maternity uniform may be worn by pregnant service members when their regular uniform no longer fits. Details concerning the procurement and

proper authorized wearing of the maternity uniform can be found in the Uniform Regulations, COMDTINST M1020.6 (series).

(2) Breastfeeding.

- (a) The Coast Guard recognizes the importance and benefits of breastfeeding and the fact that many women will return to work with the desire to continue nursing. Service members should obtain information from their health care provider relating to breastfeeding education, care, counseling and support during the pregnancy, after delivery and upon return to work. If the service woman opts to breastfeed after returning to duty, the member and the command should communicate to address any concerns or issues. Challenges in the workplace may include lack of adequate facilities and limited time during the workday for expressing milk. These challenges can be reduced with a small investment of time and flexibility.
- (b) When possible, the commanding officer or officer in charge should support service members who desire to breastfeed as follows:
 - 1. Lactation Facility: Ensure the availability of a private, clean room for expressing breast milk during the workday. When space is limited, a multi-purpose room (i.e. duty room), stateroom, or berthing area may be used as long as privacy can be assured for the time required. The facility shall be as close as possible to a water source for washing hands and rinsing equipment and equipped with electrical outlets, a table and chair. It is preferable that this space not be a head unless the head is equipped with a lounge type of area.
 - 2. Storage: Ensure access to cool storage for express breast milk. Access to refrigeration is ideal, however if no refrigerator space is available, the service member will supply cold packs for storing milk. Access to a freezer compartment is necessary if the workday extends beyond 12 hours. Breast milk should be contained and labeled by the service member to avoid contamination by other items located in the vicinity.
 - 3. Lactation Breaks: Through communication between the supervisor and member, most assignments can accommodate creative use of time to accomplish mission and accommodate the service member's desire to breastfeed. Lactating service members should be allowed a flexible schedule for pumping, within the limits of mission requirements. Arrangements should be discussed/negotiated between the service member and her supervisor.
- (c) Requests to breastfeed infants during duty hours should be handled on a case-by-case basis; however, breastfeeding an infant is not a reason for granting excessive time for meals or away from work.

(3) Obstetrical Care. Obstetrical care will normally be provided at a Uniformed Services Military Treatment Facility (USMTF), provided it has obstetrical-gynecological (OB-GYN)

capability. If the local USMTF does not have OB-GYN capability and there is no other USMTF with OB-GYN capability serving her residence area, the service member may request authorization from the cognizant TRICARE Service office and her Primary Care Physician for non-Federal health care.

- (4) Adoption. Service members intending to place their infants for adoption shall meet with appropriate legal counsel to ensure specific state requirements are followed. Pregnant service members intending to pursue this option are not eligible for OCONUS assignments until delivery and adoption procedures are completed or finalized.
- (5) Performance Evaluations. Commanding officers and officers in charge shall ensure that pregnant service member do not receive adverse evaluation reports strictly as a consequence of pregnancy. Weight standards exceeded during pregnancy and/or nursing are not cause for adverse OERs or evaluations. Details regarding this policy are found in reference (g).
- (6) Weight Standards. Refer to reference (g).
- (7) Separation. Service members beyond their initial training (e.g., recruit training or Officer Candidate School) who become pregnant shall be retained in the Service in accordance with their enlistment/commissioning obligation. Service members should be advised that requests for separation due to pregnancy will not normally be approved. In those cases where extenuating circumstances due to a bona fide hardship exist, requests for separation will be considered on a case-by-case basis with the Service need often the determinant for retention or release as per Chapter 1.D of reference (b). Each decision will be rendered based on a balance of Service need, the member's remaining obligated service, and consideration of the specific circumstances of each member's situation. Also, any eligible service member may also request separation from active duty under the Temporary Separation for Care of Newborn Children policy per Chapter 1.E of reference (b).
- (8) Maternity Care after Separation. Under current law, neither the military departments nor TRICARE have the authority to pay civilian maternity care expenses for former service members who separate from active duty while they are pregnant, regardless of the circumstances requiring the use of civilian facilities. A former service member loses her entitlement to all civilian maternity care at military expense upon receipt of a Certificate of Release or Discharge from Active Duty, (DD214). Prior to separation, service members should be encouraged to consult with a health benefits advisor for current information regarding health benefits available to former active duty personnel. The uniformed services voluntary 90-day medical insurance policy available to separating service members will not cover preexisting conditions such as pregnancy. Because this is true of virtually all medical insurance programs in the private sector, the Service secretaries (under special administrative authority) allow former service members who separate under honorable conditions to receive maternity care for pregnancy for up to six weeks following deliver. This care is available only in Uniformed Services Medical Treatment Facilities (USMTF) on a space available basis if:

- (a) The service member presents documented evidence which reflects that a medical evaluation, given while she was on active duty, demonstrates that she was pregnant prior to her separation from the Service.
 - (b) The USMTF to which she applies for care has the capability of providing maternity care. A pregnant service member who elects to leave the Service must first consider the distance between her home and the nearest USMTF which has maternity care capability. She must consider the possibilities of premature delivery or other emergency maternity care needs for which she must bear the cost. Should that happen, neither the military departments, TRICARE nor the Department of Veterans Affairs has the authority to pay civilian maternity care expenses regardless of the circumstances necessitating use of civilian care for either the ex-service member or infant. The service member should be made aware that if the newborn infant requires continued care after the member is discharged from the hospital, or care beyond that which is available at the USMTF, the expense for some care will be incurred by the individual.
 - (c) Before deciding to request a discharge or resignation from the Service, a pregnant service member should consider whether she has the financial resources to cover delivery at a civilian hospital. She should also contact the commanding officer of the USMTF she plans to use to determine if:
 - 1. The facility provides maternity care,
 - 2. The facility is close enough to her planned place of residence to provide her assurance that, barring emergency requirement, she can reach it expeditiously at time of birth, and
 - 3. The facility's workload will permit acceptance of her case.
 - (d) There are maternity benefits for women veterans enrolled in the VA system. VA facilities are using enhanced sharing authority to contract for obstetrical services to include prenatal care, childbirth and post partum care. This benefit does not cover care of the newborn. In addition, the veteran may be responsible for some of the expense incurred.
- (9) Conduct and Discipline. Pregnant service members have the same rights and responsibilities and are subject to the same administrative and disciplinary actions as all other service personnel. An active duty service member under court-martial charges or sentence of a court-martial, who is certified by a health care provider as pregnant, may be discharged only with the written consent of the officer exercising general court-martial jurisdiction over her.
- (10) Pregnant Brig Prisoners. The care and management of pregnant service members prisoners confined to a brig shall conform to the requirements of this instruction except that medical convalescent leave cannot be authorized. Pregnancy per se does not prevent confinement in a brig as long as appropriate prenatal care is provided and there is a medical treatment

facility near the brig which can provide for labor, delivery, and the management of obstetric emergencies.

e. Medical Convalescent/Sick Leave.

- (1) Prenatal. District commanders and commanding officers, without approval of the Commandant, may grant prenatal medical convalescent leave when certificated as necessary by the health care provider and should not exceed a cumulative total of 30 days as directed by Article 2.A.5.g. reference (c). In cases of extenuating circumstances, the health care provider may recommend additional prenatal convalescent leave beyond the standard 30 days. The service member's command must submit such recommendations to Commander (CG PSC-OPM) or (CG PSC-EPM) for approval in accordance with Article 2.A.5.f. of reference (c).
- (2) Postpartum. Postpartum convalescent leave will normally be granted for 42 days after discharge from the MTF following any uncomplicated vaginal delivery or cesarean section. The attending physician may recommend an extension of convalescent leave beyond the standard 42 days based on the service member's clinical circumstances. The service member's command must be notified of this recommendation. Commanding officers may grant this leave without approval from the Commandant. Commanding officers may grant regular leave following convalescent leave if appropriate.
- (3) Early Termination/Stillbirth. Should a pregnancy end in early termination or a stillbirth, convalescent leave will be granted based on the attending physician's recommendation.
- (4) Reporting Requirement. The service member is responsible for reporting any complications or medical problems that she experiences during convalescent leave, to her appropriate health care provider.

f. Temporary Separation for Care of Newborn Children. Qualified members desiring additional time off to discharge parental responsibilities for newborn children may request a temporary separation as per Chapter 1.E of reference (b). Commanding officers and officers in charge should ensure that all service members are aware of this policy.

8. DISCUSSION. Citation of the word 'article' as used in this Manual is in general terms of reference, e.g. to denote paragraph or section, and is not citing CFR, USC, UCMJ, etc except where so noted.
9. RECORDS MANAGEMENT CONSIDERATIONS. This Manual has been evaluated for potential records management impacts. The development of this Manual has been thoroughly reviewed during the directives clearance process, and it has been determined there are no further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. 3101 et seq., National Archives and Records Administration (NARA) requirements, and the Information and Life Cycle Management Manual, COMDTINST M5212.12 (series). This policy does not have any significant or substantial change to existing records management requirements.

10. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.

- a. The development of this Manual and the general policies contained within it have been thoroughly reviewed by the originating office in conjunction with the Office of Environmental Management, and are categorically excluded (CE) under current USCG CE # 33 from further environmental analysis, in accordance with Section 2.B.2. and Figure 2-1 of the National Environmental Policy Act Implementing Procedures and Policy for Considering Environmental Impacts, COMDTINST M16475.1 (series). Because this Manual contains guidance on, and provisions for, compliance with applicable environmental mandates, Coast Guard categorical exclusion #33 is appropriate.
- b. This directive will not have any of the following: significant cumulative impacts on the human environment; substantial controversy or substantial change to existing environmental conditions; or inconsistencies with any Federal, State, or local laws or administrative determinations relating to the environment. All future specific actions resulting from the general policies in this Manual must be individually evaluated for compliance with the National Environmental Policy Act (NEPA), Council on Environmental Policy NEPA regulations at 40 CFR Parts 1500-1508, DHS and Coast Guard NEPA policy, and compliance with all other environmental mandates.”

11. FORMS/REPORTS. None.

R. T. HEWITT /s/
Assistant Commandant for Human Resources

Encl: (1) Reproductive Chemical Hazards
(2) Radio Frequency/Microwave Threshold Limit Values

REPRODUCTIVE CHEMICAL HAZARDS

AGENT	PROVISIONAL EXPOSURE LIMIT	ADDITIONAL GUIDANCE
LEAD	0.050 mg/m ³	maternal blood Pb Less than 30 ug/m/100ml
CADMIUM	0.010 mg/m ³	
MERCURY		
Inorganic	0.025 mg/m ³	
organic-alkyl	0.010 mg/m ³	
organic-aryl	0.050 mg/m ³	
BENZENE	1 ppm	
CHLORDANE	0.5 mg/m ³	
CARBON DISULFIDE	4 ppm	
ETHYLENE OXIDE	1 ppm	
GLYCOL ETHERS		
2-ME	5 ppm	
2-EE	5 ppm	
ETHYLENEDIBROMIDE	1 mg/m ³	
PERCHLORETHYLENE	25 ppm	
CHLORINATED BIPHENYLS (PCG's)		
42 percent CL	1.0 mg/m ³	
54 percent CL	0.5 mg/m ³	
CARBARYL	5 mg/m ³	
HALOGENATED ANESTHETIC GASES	2 ppm	
NITROUS OXIDE	50 ppm	

Note: Above is a partial (not complete) listing of chemicals potentially encountered in the workplace that may present a risk for the developing fetus. Recommend contacting the HSWL SEHO for further guidance.

NON-DETECTABLE EXPOSURE TO ANY OF THESE CHEMICAL HAZARDS IS BEST.

RADIO FREQUENCY/MICROWAVE THRESHOLD LIMIT VALUES

Frequency	Power Density (mWatts/cm²)	Electric Field Strength Squared	Magnetic Field Strength Squared
10KHz TO 3MHz	100	377,000	2.65
3MHz TO 30MHz	$900/f_2$	$3770 \times 900/f^2$	$900/(37.7 \times f_2)$
30MHz TO 100MHz	1	3770	0.027
100MHz TO 1000MHz	$f/100$	$3770 \times f/100$	$f/37.7 \times 100$
1GHz TO 300GHz	10	37,700	0.265