



**1st Infantry Division
Pregnancy Postpartum Performance (P3T)
Training Program**



Postpartum Enrollment Packet

Required forms for enrollment into the 1ID P3T Program:

- Soldier Data Sheet**
- DA Form 4856 - P3T Postpartum Enrollment Counseling
(**MUST BE SIGNED BY COMPANY COMMANDER**)**

ENROLLMENT:

Instructions:

Please bring completed Soldier Data Sheet and P3T DA 4856 Enrollment Counseling in tri-fold folder to PT Session. **Packet WILL NOT be accepted if not submitted in tri-fold folder.**

Postpartum meet daily at Whitside Fitness Center on the Basketball Court.

P3T meets every duty day during PT hours from 0630-0745.

Schedule of Events:

Postpartum Soldiers	PT Sessions	Every Monday, Tuesday, Wednesday, Thursday & Friday	Whitside Fitness Center, Basketball Court ***Every Wednesday MAY through OCTOBER*** Soldiers will participate in Aquatic Therapy at Eyster Pool 6940 Warren Road, Fort Riley, KS 66442
	Education Session	Every 1 st Thursday of the Month	IACH, 1 st Floor, Room 1G100

For more information, please email 1ID P3T Admin at usarmy.riley.1-id.mbx.p3t@army.mil.



Scan here for P3T Online Resources



Postpartum Soldier Data Sheet



BRIGADE: _____

Postpartum Soldier Information

LAST NAME:

FIRST NAME:

RANK:

DODID:

CELL PHONE #:

EMAIL ADDRESS (MIL):

EMAIL ADDRESS (CIVILIAN):

UNIT (CO/BTRY/TRP, BN):

CONCLUSION OF PREGNANCY DATE:

EMERGENCY CONTACT INFORMATION (SPOUSE/FAMILY)

Primary Emergency Contact (REQUIRED)

Last Name:

First Name:

Phone #:

Secondary Emergency Contact

Last Name:

First Name:

Phone #:

Postpartum Soldier Data Sheet

Unit Leadership Information

(A) FIRST LINE LEADER INFORMATION

Rank:

Position:

Last Name:

First Name:

Phone #:

Email:

(B) 1SG INFORMATION

Last Name:

First Name:

Phone #:

Email:

(C) CO/BTRY/TRP COMMANDER INFORMATION

Last Name:

First Name:

Phone #:

Email:

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)

Approach: Non Directive Combined Directive

Type of Counseling: General Form Professional Growth Performance Event Oriented

Enrollment into Army Pregnancy Postpartum Performance Training (P3T) and participant responsibilities -----
> Requirements for participation in P3T
> P3T times and locations
> Unit responsibilities related to P3T
> P3T POC contact info
> At-Home P3T during maternity leave
> Requirements for P3T disenrollment
> BDE and Installation resources for postpartum soldiers
> Information on Family Care Plans IAW AR 600-20
> Options for continued military service (IAW AR 635-200 / AR 600-8-24)

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

You are enrolled in Postpartum phase of the Pregnancy Postpartum Performance Training (P3T) Program in accordance with: AR 350-1 Army Training Programs, Appendix G-9 (10 and 11); AR 40-501 Standards of Medical Fitness Chapter 7-9 Profiling pregnant Soldiers and 7-10 Postpartum profiles; Army Physical Readiness Training, Chapter 4.21-25, Field Manual 7-22 Holistic Health and Fitness, 12.40-12.51.

The purpose of P3T is to assist in maintaining the health and fitness levels of Soldiers during pregnancy and assist them in returning safely to physical activity postpartum supporting the Army Fitness Test (AFT) and Army Body Composition Program (ABCP), while optimizing readiness and lethality, increase physical and non-physical performance, reduce injury rates, increase retention, and increase overall effectiveness of the Total Army.

Postpartum PT begins at 19 weeks (which aligns with the standard timeline following 6 weeks of convalescent leave followed by 12 weeks of parental leave) or upon return to duty and continues up to 180-365 days following delivery and will require separate enrollment counseling conducted by the Company Commander. P3T dis-enrollment can occur between 180-365 days following the conclusion of your pregnancy OR a healthcare provider has released you AND your Company approves your return to unit PT instead of P3T.

P3T facilitates monthly diagnostic Army Fitness Tests (AFT) and height and weight assessments. Participation in these assessments is required. **A diagnostic AFT must be on file in order to initiate the disenrollment process from the program.** If you are participating in P3T and it has been less than 30 days since your enrollment in the program, you are not required to participate in that month's AFT.

P3T is your place of duty in lieu of daily unit physical training until you are dis-enrolled from P3T. Postpartum Physical Training (PT) is held every duty day, (M, T, W, TH, & F) at Whitside Fitness Center from 0630-0745. The first Thursday of each month is reserved for mandatory P3T Education Classes which is hosted at Irwin Army Community Hospital (IACH), 1st floor, Room 1G100, from 0630-0745.

Duty uniform is the Army Physical Fitness Uniform (APFU). The APFU shirt may be worn untucked. You are not required to buy a larger PT uniform. You are authorized to wear equivalent BLACK civilian fitness attire free of logos. For pool PT you may wear a one piece swimsuit or PT uniform; bring a pool towel and change of clothes. On Education Day, uniform is OCPs. Bring a water source for both PT and Education sessions.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

P3T is mandatory unless a command exemption memo is indicated at the O6 level or higher, or a healthcare provider has documented that you are no longer participating in P3T. Attendance at education sessions is required even if you are not physically cleared for exercise. Failure to attend any part of P3T may be subject to administrative action. Your attendance will be forwarded to your unit. If you are unable to attend, your chain of command should be notified. **15 unexcused absences will result in disenrollment from the program. A memo of disenrollment will be sent to your command team.**

Mission related duties that preclude daily attendance require a memorandum signed by the BDE commander to allow for participation in individual/remote P3T.

The installation offers several resources for pregnant and postpartum soldiers and families, to include Armed Forces Wellness Center (AFWC), Family Advocacy Program (FAP), and the New Parent Support Program (NPSP).

BDE specific assets include Spouse and Family Readiness Group (SFRG) and Marriage and Family Life Counselors (MFLC).

IAW AR 600-20, a Family Care Plan is required for single parents; dual-military couples with dependent Family members; married with custody or joint custody of children whose non-custodial biological or adoptive parent is not the current spouse of the Soldier, or who otherwise bears sole responsibility for the care of children under the age of 18 or others unable to care for themselves in the absence. If a Family Care Plan is required, the command team will assist with creating a realistic plan to support you and your family.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).

P3T participant responsibilities are:

- Provide the P3T DA 4856 command signed counseling form to P3T OIC/NCOIC for enrollment into P3T. Acknowledge that P3T is their place of duty in lieu of unit PT until dis-enrolled from P3T. _____ (Initials)
- Report at least 10 minutes prior to every session, be accounted for by IT or EL, and participate in the P3T physical training and education sessions. _____ (Initials)
- Confirm that once enrolled in P3T, P3T is the place of duty during PT hours and classroom hours, excluding alerts, and commands inspections, and that daily attendance will be reported to the unit. _____ (Initials)
- Immediately inform the P3T Program OIC/NCOIC of any pregnancy related health concerns or physical limitations. _____ (Initials)
- Immediately inform P3T OIC/NCOIC, IT or EL if at any time feel unwell, begin cramping or having unusual discharge during the exercise session. _____ (Initials)

days postpartum at enrollment: _____

Local Emergency Contact Name: _____

Local Emergency Contact Phone: _____

Supervisor Name: _____

Supervisor Contact Email & Phone: _____

Participant Enterprise Email: _____

Participant Work Phone: _____

Participant Unit and Work Address: _____

Participation status: _____ Mandatory daily attendance _____ Exempt from daily PT

Exempt Due to: _____ Injury/profile _____ Commander Exempt Due to Mission related Duties

On a profile: _____ YES _____ NO IF YES, is it Permanent or Temporary? _____ Permanent _____ Temporary

IF YES, what does profile prevents participant from doing?

Last record ACFT/AFT total score _____ MDL score _____ SPT score _____ HRP score _____ SDC score _____ PLK score _____ 2MR score _____

P3T NCOIC name and email: SFC Patrick Davis, patrick.a.davis52.mil@army.mil

P3T OIC name and email: 1LT LaCassidy Broadnax, lacassidy.d.broadnax.mil@army.mil

P3T Medical Expert name and email: Dr. Morgan Potter, morgan.l.potter3.civ@health.mil

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees / disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Note: Both the counselor and the individual counseled should retain a record of the counseling.

Signature of Individual Counseled:	DATE (YYYYMMDD):
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Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*
 The Unit Commander and/or 1SG authorize the Soldier to participate in P3T with daily accountability conducted by the P3T PC or EL and reported to the P3T OIC/NCOIC. Unit Commander will schedule a date to provide Soldier with postpartum counseling IAW AR 635-200 and family care plan counseling IAW AR 600-20.
 The P3T OIC/NCOIC will ensure safe implementation of the program through trained PC and EL staff who conduct fitness and education classes FM 7-22 and in support of the Soldier throughout her pregnancy and postpartum months.
 Administer first RECORD AFT only 365 days after termination of pregnancy.

Signature of Counselor:	Date (YYYYMMDD):
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PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Attendance at physical training sessions: daily/weekly/monthly/exempt Attendance at education classes: weekly/monthly/exempt
 Pre-pregnancy AFT/ACFT score ____; MDL score ____ SPT score ____ HRP score ____ SDC score ____ PLK score ____ 2MR score ____

PASS or FAIL

P3T Final Diagnostic AFT score ____; MDL score ____ HRP score ____ SDC score ____ PLK score ____ 2MR score ____

PASS or FAIL

Date disenrolled from P3T:
 Reason for disenrollment
 (ETS/PCS/P3T Complete):

SIGNATURES

Counselor:	Individual Counseled:	Date of Assessment (YYYYMMDD):
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Note: Both the counselor and the individual counseled should retain a record of the counseling.