

MILPERSMAN 1740-030

MATERNITY CARE AVAILABLE BEFORE AND AFTER SEPARATION

Responsible Office	OPNAV (N17)	Phone:	DSN COM	664-1023 (703) 604-1023
---------------------------	----------------	--------	------------	----------------------------

MyNavy Career Center	Phone: Toll Free E-mail: MyNavy Portal:	1-833-330-MNCC (6622) askmncc@navy.mil https://my.navy.mil/
----------------------	---	--

References	(a) OPNAVINST 6000.1D (b) BUMEDINST 6320.103 (c) BUMEDINST 6320.1E
-------------------	--

1. Eligibility Statement

a. Service members of the Regular Navy or Navy Reserve on active duty or separated under honorable conditions from active duty or from the Service for pregnancy, are qualified to receive prenatal care, hospitalization, and postnatal care at Uniformed Services medical treatment facilities (USMTF).

b. Service members **are not eligible** if certification from medical authorities document the pregnancy occurred prior to entry into the Service or after separation from the Service.

c. All care is subject to the availability of space, facilities, and capabilities of the professional staff. Care from civilian sources is not authorized, regardless of the circumstances necessitating civilian treatment.

Note: Neither the Navy nor TRICARE will pay for civilian maternity care expenses for former Service members who separated from active duty while they were pregnant, unless qualified for the **Transitional Assistance Management Program (TAMP)**. The Uniformed Services voluntary 90-day medical insurance policy is the Continued Health Care Benefit Program (CHCBP) and is also available to separating Service members and will cover pre-existing conditions such as pregnancy.

2. Counseling of Service Member Prior to Separation

a. Service members separated by reason of pregnancy must be advised of the following prior to separation:

(1) Care for the pregnancy can only be rendered at USMTF.

(2) The Navy cannot pay or provide reimbursement for any care rendered at civilian facilities to the Service member or the newborn child, regardless of the circumstances necessitating the use of a civilian source of care.

(3) The Uniformed Services may provide care for the child in USMTF, both inpatient and outpatient, only during the first 6 weeks (42 days) following delivery.

(4) Ensure contact is made with the USMTF expected to provide maternity benefits as soon as possible following release from active duty to verify that care will be available to the separated Service member and newborn child. If care is not available at the intended USMTF, **the Service member is responsible** for locating a USMTF that can provide maternity benefits or utilize a civilian facility at the Service member's own expense.

b. The Service member will be provided counseling and will sign [NAVPERS 1070/613](#) Administrative Remarks attesting that counseling was provided. Remarks will be made by the individual who provided the counseling.

3. Application

a. In making application for care in connection with pregnancy, Service members should present their DD 214 Certification of Release or Discharge from Active Duty or DD 256 Honorable Discharge Certificate as proof of eligibility for requested care.

b. In large military areas, where more than one military facility is available to provide inpatient maternity care, personnel separated from the Regular Navy or Navy Reserve must apply to a "naval" medical facility, if one is available. Referral to other Uniformed Service facilities may be made only when bed space is not available in a naval medical facility.

c. If the Service member contemplates release of the child for adoption, all arrangements in this connection, including adoption procedures, must be made by the Service, directly, with local civil authorities **in advance** of hospitalization. Local Red Cross and public welfare agencies are available to assist. Additionally, reference (b) provides further amplification.

4. Stationed Overseas

a. Service members on duty overseas who become pregnant and who are separated will be returned to one of the 48 contiguous United States or District of Columbia for separation from the Service by the first suitable means of transportation. If in the opinion of the naval medical officer, the health of the Service member would be endangered by such transportation, the member will be retained on active duty overseas until delivery. In such case, the following procedures will be followed:

(1) The commanding officer must provide for the Service member's hospitalization at a naval medical facility, if available within the command.

(2) If not available, the service of any other Federal hospital, which may be available, should be utilized.

(3) If naval hospital facilities are not available, care at other sources may be arranged per reference (c).

(4) The Service members must be returned to one of the 48 contiguous United States or District of Columbia, as their physical condition permits and as soon after delivery as possible. However, the members may remain as a patient in proximity to their infants, if the infants are certified by a naval medical officer as unfit to travel.

(5) If circumstances warrant, both must be classified as "patients" and ordered to a naval hospital in the continental United States that can be reached by the first suitable means of transportation. The Service member's separation from the Navy will be affected as soon as possible thereafter.

b. The arrangement for civilian hospitalization in all cases should provide that the hospital charges for the Service member include the charges for the infant. The expense of civilian hospitalization or treatment may be defrayed by the **Tricare Overseas Program Office (TOPO) and the contractor**

international SoS (ISOS) only while the member is **still** on active duty.

c. Until the Service member is separated from the Service, the infant must be treated as a dependent of military personnel. Return of the infant with the member is authorized. Orders and passenger lists must indicate the name of the infant.