



# Command Advisor on Pregnancy and Parenthood (CAPP) Program

Office of Women's Policy (OPNAV N174)



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# Office of Women's Policy

**OWP** advocates for Navy Servicewomen throughout the enterprise to advise the Chief of Naval Operations (CNO) and the Chief of Naval Personnel (CNP) on policies and programs to advance Navy culture while enhancing recruitment and retention.



## Lines of Effort

- **Policy Development & Alignment** – Advise, and develop new and current policies, as necessary.
- **Program Management & Development** – Develop programs and mechanisms within the Navy Enterprise to obtain feedback and data.
- **Strategic Communications & Engagements** – Provide strategic communications about policies, programs, and initiatives to internal and external audiences, and engage with the fleet, and other key stakeholders as necessary.
- **Policy & Program Analysis & Assessments** – Analyze feedback to inform the effectiveness of policies concerning Navy Servicewomen.

# Infertility and Reproductive Healthcare

- Service members who have concerns of infertility should contact their HCP for services, counseling, and evaluation. TRICARE generally covers the diagnosis of potential infertility.
- TRICARE generally excludes assisted reproductive technology (ART) services. But ART services may be available through the extended benefits authorized under the Supplemental Health Care Program for service members who incurred a serious or severe injury or illness on active duty.
- ALNAV 018/23 and NAVADMIN 058/23 established policies to grant a Service member either an administrative absence or travel and transportation allowances to facilitate official travel to access non-covered reproductive health care (ART services).
- **Administrative Absence**
  - Up to 21 days may be granted to receive, or to accompany a dual-military spouse or a dependent.
  - The period of absence will be limited to the minimum number of days essential to receive the required care and travel
- **Travel Allowances**
  - Eligibility, reimbursement amounts, and procedures for travel allowances will be in line with the Joint Travel Regulations (JTR).
  - Does not for covered procedures
- **Non-covered reproductive health care consists of lawfully available Assisted Reproductive Technology (ART) and non-covered abortion.**
  - A non-covered abortion is an abortion, either medical or surgical, that is not a covered abortion.
  - ART consists of only the following:
    - Ovarian stimulation and egg retrieval, including needed medications and procedures required for retrieval, processing, and utilization for ART or cryopreservation.
    - Sperm collection and processing for ART or cryopreservation.
    - Intrauterine insemination (IUI).
    - In vitro fertilization (IVF) inclusive of the following procedures:
      - IVF with fresh embryo transfer.
      - Gamete intrafallopian transfer (GIFT).
      - Zygote intrafallopian transfer (ZIFT).
      - Pronuclear stage tubal transfer (PROST).
      - Tubal embryo transfer (TET).
      - Frozen embryo transfer.

# Command Notification of Pregnancy Policy

## ▪ Pregnancy Confirmation

- A Service Member who intends to carry a pregnancy to term should make an effort to meet with a DoD health care provider (HCP) or licensed non-DoD HCP from whom the Service member is receiving care, NLT 12 weeks gestation to confirm pregnancy and assess member's duties impacts on their health, their pregnancy, or whether the pregnancy impacts ability to safely accomplish their mission.
- ALNAV 017/23 and NAVADMIN 058/23 supersedes guidance in SECNAVINST 1000.10B and OPNAVINST 6000.1D.
- The new policy extends the time Service Members have to fulfill their obligation of official pregnancy notification to command authorities to **no later than 20 weeks** unless specific requirements to report sooner as outlined in ALNAV 017/23.

## ▪ Notification to CO Upon Confirmation

- A Service member who intends to carry the pregnancy to term and immediately notify their command must include the HCP's assessment of any impacts to the member's ability to safely accomplish their mission, the potential impact of their duties on their pregnancy, and recommended limitations.

## ▪ Delayed Notification to CO

- A member who chooses to delay notification will notify the appropriate command authorities NLT 20 weeks gestation.
- The HCP will place the pregnant member in a medical temporary non-deployable status and light duty status without making any reference pregnancy status for up to 20 weeks gestation.

## ▪ Pregnancy Termination

- If a member is considering terminating the pregnancy, they will be placed in a medical temporary non-deployable status without reference to pregnancy status, until appropriate medical care and the recovery period are complete.

# Reserve Component Administration Management

- Service members must confirm pregnancy through testing and counseling by a DoD HCP or through a licensed non-DoD HCP from whom the Service member is receiving care and have documentation indicating prospective due dates and any limitations recommended by the provider.
- The Naval Reserve Center (NRC) and unit CO must ensure that pregnant Service members are entered into the Medical Readiness Reporting System (MRRS) and NSIPS.
- NRC is responsible for inputting and editing expected delivery dates in MRRS. A Manpower Availability Status (MAS) code of "MPC" is assigned to pregnant Service members. NRC will maintain files for a minimum of two years.
- Active or inactive duty may be authorized by the NRC or Unit CO with a recommendation from the HCP. See RESPERMAN 6000-010 for specific assignments that require waivers for SELRES members.
- The Service member must submit all return to duty and medical clearance documentation to NRC. NRC is responsible for updating Service member status and MAS codes in MRRS.

# Personnel Management & Assignments

- **General Assignment – NAVADMIN 006/24.** Upon official command notification of pregnancy and submission of reassignment availability, pregnant Service members will be re-assigned to fill a valid manpower requirement. Operational deferment (shore duty) orders will be written for a minimum of 24-months with a detach date approximately 30-days from receipt of the availability report.
  - DGM 40115-2401 "Policy for the Assignment of Pregnant Enlisted Service Members" was released to provide further policy guidance on the assignment of pregnant enlisted Service members.
  - Submit a reassignment due to pregnancy and post-partum availability report via Navy Standard Integrated Personnel System (NSIPS) for enlisted and via the community detailer for officers.
- **Shore units.** Pregnant Service members assigned to shore duty that are within 13-months of their Projected Rotation Date (PRD) may extend onboard their current command or move to another command within the geographic location to fill a valid manpower requirement.
- **Operational units.** Pregnant Service members serving in a sea duty billet will receive operational deferment orders and be transferred to a shore duty billet to fill a valid manpower requirement, wherever possible.
- **Waivers to Remain Onboard.** Pregnant Service members may request a waiver to remain onboard operational commands for the duration of the pregnancy and post-partum period to include any convalescent and parental leave

# Operational Deferment

- Following a QBE, a Service member who gives birth will be deferred from transfers (e.g., permanent change of station (PCS), temporary additional duty (TAD), or temporary duty to operational assignments) for a period of 12 months following the QBE.
- Service members under operational deferment are exempt from participating in short underway and TAD periods if it inhibits the Service member's ability to breastfeed their child(ren) or prevents them from caring for their child(ren) for more than a 24-hour period.
- SELRES members are exempt from involuntary mobilization for 12 months after a QBE.
- Once operational deferment orders are executed, Service members will be expected to complete their operational deferment even in cases of perinatal loss.
- If a Service member has not executed their operational deferment orders and experiences a perinatal loss, sea duty activities are required to submit a DY availability report via the community detailer for officers and NSIPS for enlisted.
- **Operational Deferment Termination Request.** Per reference (d), article 1300-1306, Service members may request to terminate their operational deferment at any point following convalescent leave to return to an operational command.
- **Adoption, Adoption Placement, and Long-Term Foster Care Placement.** A single Service member or one member of a dual military couple who adopt a child(ren) is authorized 6 months operational deferment from the date the child is placed in the home as part of the formal adoption process or longer dependent on the administrative stabilization period prescribed by the jurisdiction in which the adoption occurred.

# Separations

- MPM 1910-112, MPM 1910-124, and MPM 1910-110 pertain to requesting separation due to pregnancy, parenthood, or hardship.
- Sailors may request separation due to pregnancy after obtaining confirmation from a HCP. Pregnancy is not considered an impediment for continued service with the Active or Reserve Component of the Navy, therefore under normal circumstances, request for separation due to pregnancy will be denied unless it is determined to be in the best interest of the Navy, or if the Service member demonstrates compelling factors of personal need which warrant separation
- **Maternity Care Before and After Separation.** Service members who are separated **for** pregnancy and under honorable conditions are eligible to receive maternity care at MTFs, reference MPM 1730-030.
  - Service members who are separating from service for other reasons and are pregnant when separated may qualify for Transitional Assistance Management Program (TAMP) or the Continued Health Care Benefit Program (CHCBP) to cover any care related to their pregnancy. Neither the Navy nor TRICARE will pay for civilian care rendered to former Service members who separated while pregnant unless they are qualified for TAMP or utilize CHCBP.
  - TAMP provides 180 days of health care benefits after regular TRICARE benefits end.
  - The CHCBP is available to separating Service members for up to 18 months and will cover pre-existing conditions such as pregnancy. CHCBP must be purchased within 60 days of loss of TRICARE eligibility (regular TRICARE or through TAMP). CHCBP coverage begins on the first day after the loss of TRICARE eligibility.
  - The VA covers a wide range of maternity care services. Maternity Care Coordinators (MCC) can assist with services and coverage throughout pregnancy, delivery, and postpartum.

# Maternity Uniform Allowance & Maternity Pilot Program (MPP)

- Pregnant Sailors are expected to wear regular uniforms upon returning from convalescent leave.
- COs may approve the wear of maternity uniforms up to 6 months from the date of delivery based on HCP diagnosis and/or recommendations.
- **Maternity Uniform Allowance – Only available to Enlisted Sailors**
  - Maternity uniforms are mandatory for pregnant Sailors when regular uniforms no longer fit properly.
  - Enlisted Sailors can receive a maternity uniform clothing allowance upon presenting a Special Request Chit and official pregnancy notification to their PSD through their CPPA support system coordinator.
  - An extra clothing allowance for maternity uniforms can only be received once every 3 years.
- **Maternity Pilot Program**
  - The MPP was launched in January 2022 with the Navy Exchange to issue maternity uniforms to eligible Sailors on a temporary basis and at no cost to the Sailor.
  - MPP is open to officers and enlisted, Active and Reserve Sailors assigned to CONUS and OCONUS commands.
  - Selection for participation will be on a first-come, first-serve basis provided all eligibility requirements are met.
  - Uniforms will come complete with sewn-on embroidered name tape, service tape and qualification insignia. Hemming and shipment of uniforms will be performed free of charge.
  - Sailors have the option of four maternity sea bag options. They will also have the option to update their selection if uniform requirements change as directed by their command. See NAVADMIN 176/23 for additional details.

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# Maternity Pilot Program (MPP) Sea Bag Options

- **Standard Option.** One of each type of maternity uniform and a cardigan sweater.
- **Waterfront Option.** Two sets of Navy Working Uniforms (NWU), one Service Uniform, one Dress Uniform (Service Dress Blue or White), and a cardigan sweater.
- **Ashore Staff Option A.** One set of NWUs, two Service Uniforms, one Dress Uniform (Service Dress Blue or White), and a cardigan sweater.
- **Ashore Staff Option B.** Two Service Uniforms, one or two Dress Uniforms (Service Dress Blue or White one each), and a cardigan sweater.



# Types of Leave

- **Convalescent Leave.** A period of convalescent leave may be authorized for the recovery of the birth parent after a QBE, a perinatal loss, or neo-natal demise if such leave is specifically recommended, in writing, by the HCP of the birth parent and is approved by the unit commander. Convalescent leave is **separate and distinct** from parental leave.
- **Military Parental Leave Program (MPLP).** Effective with DTM 23-001, AD Service members; Reserve Component Service members performing Reserve duty for more than 12 months consecutively; and Reserve Component Service members performing duty under a call or order to active service for more than 12 months consecutively qualify for 12 weeks of parental leave to care for their newborn, adopted or placed child(ren).
- Following a QBE, 12 weeks is authorized for the birth parent and non-birth parent.
  - For the birth parent, the 12 weeks of parental leave is **in addition to** convalescent leave recommended in writing by a HCP and approved by the CO.
  - Proof of parentage is required for non-birth parents to qualify.
- Parental leave may be taken in one or multiple increments. If taken in multiple increments, each increment must be for at least 7 days.
- Parental leave expires 1 year after the qualifying event unless extended under conditions outlined in DTM 23-001.
- Service members, to include dual-military couples, are eligible for 12 weeks of parental leave during the 1-year period after the date of placement of a minor child with the member for adoption or long-term foster care of the placed child.
  - A member is not authorized an additional 12 weeks of parental leave when the placement of a minor child with the member for long-term foster care is converted to a placement for adoption with the member or finalized adoption by the member of a minor child already residing within the member's household.

# Physical Readiness

- Service members with uncomplicated pregnancies and cleared by their HCP should continue to perform an individualized exercise program, as directed by the American College of Obstetricians and Gynecologists, the VA, and DoD Clinical Practice Guidelines for the Management of Uncomplicated Pregnancy, that incorporates regular mild to moderate exercise sessions of 30 minutes duration, three or more times per week during pregnancy.
- Pregnancy or postpartum Sailors are exempt from participating in the PFA, to include BCA and PRT, from the time a pregnancy is confirmed by a HCP and for 12 months following the QBE. Service members are responsible for participating in the next official PFA (BCA and PRT) after 12 months post QBE.
- A pregnancy is not considered a medical waiver. At no time, will a pregnancy status be considered terms for a medical evaluation board.
- Service members who experience a perinatal loss (miscarriage or stillbirth), or neo-natal demise, or choose to terminate their pregnancy will be exempt from the PFA and in a "Pregnant" status based on the recommendation from their HCP. BUMED PFA recommendations based on gestational age can be found in Physical Readiness Guide 8.
- A progressive and appropriate exercise program should be resumed after an uncomplicated QBE after consultation with a HCP to return to Navy physical fitness standards. Service members who have medical or OB complications should discuss and plan a modified postpartum exercise program with their HCP.

# Family Care Plan (FCP)

- FCPs are mission planning tools to establish and document written plans to care for minor children or dependent adults while the Service member is absent. They are required for the following conditions:
  - Service members with primary or shared physical custody of a minor child and who is not married to the other natural or adoptive parent of the child.
  - Both members of a married dual military couple where one or both have primary or shared physical custody of a minor child.
  - Service members who are legally responsible for an adult family member who is incapable of providing for themselves in the absence of the Sailor.
  - Certain family circumstances or other personal status changes resulting in a Service member becoming legally and primarily responsible for the care of another person.
  - The above conditions apply to any Service member who has a dependent in the Defense Enrollment Eligibility Reporting System (DEERS), even if that dependent does not live with them or the member does not have custody of them.
- FCPs are required to be updated through Navy Standard Integrated Personnel System (NSIPS). Both NAVPERS 1740/6 Navy Family Care Plan Certificate and NAVPERS 1740/7 Family Care Plan Arrangements must be completed.
- A FCP must identify the designated legal guardian of the eligible family member(s), logistical, relocation, and financial arrangements.
- Service members who are unable or refuse to maintain a current family care plan are subject to administrative processing per OPNAVINST 1740.4E.

# Breastfeeding and Lactation in the Workplace

- Providing accommodations for breast milk expression is essential to the sustainment of breastfeeding and serves as a visible display of institutional support for this healthy behavior.
- Requests to breastfeed child(ren) during duty hours are handled on a case-by-case basis and accommodations of these requests remain at the discretion of each Service member's CO.
- COs and OICs must ensure the availability of a private, clean room for expressing breast milk. Lactation rooms must have the below at a minimum:
  - Electrical outlets within a reasonable proximity of the workspace
  - Ready access to running water for hand washing and pump equipment (near or within the same room)
  - A separate toilet space is unacceptable
- Commands must ensure breastfeeding Sailors are afforded access to cool storage for expressed breast milk. Breastfeeding mothers may store breast milk in an insulated container for up to 24 hours and it may be refrigerated for up to 5 days.
- NAVSUP P486, Volume 1 outlines procedures Food Service Managers to properly store breast milk in food storage spaces, which can be helpful for Service members on sea going units to store breast milk, if needed.

# Lactation Education & Resources

- **These Health Benefits lead to Sailors missing fewer workdays due to sick children during the first five years of life, overall increased morale in the workplace, and retention of women in the Navy:**
  - Recent studies also show that there may be a link between breastfeeding and lower incidences of SIDS, diabetes, and allergies.
  - Breastfed babies have improved mental development and fewer respiratory, urinary tract, and ear infections. It also lowers the chance of developing gastrointestinal complications or eczema.
- **Breastfeeding is also Healthier for Mothers:**
  - Moms who nurse their babies reduce their risk of ovarian and breast cancer, have quicker weight loss after giving birth, and have less bone loss and fewer hip fractures in old age. Sailors also recover faster from labor when breastfeeding.
- **Despite the Benefits of Breastfeeding, many Mothers find it difficult to continue after they've returned to work:**
  - *"Returning to work is often the number one reason women cite for discontinuing breastfeeding,"* said LT Christa Kuehler, NC, a lactation consultant at U.S. Naval Hospital Sigonella. *"Ninety percent of the moms discharged from the hospital are nursing their babies, but this drops to 30 to 40 percent by the time the baby is six months old."*
- **What You can do to Support your Shipmates who are New Moms?**
  - Moms need a break every few hours to pump breast milk. This can take 20-30 minutes.
  - Do not embarrass them >> providing food for their child is no different than you eating lunch.
  - Uphold a professional attitude. Enforce command policies that prohibit harassment and discrimination of breastfeeding mothers. Do not hassle them for taking breaks!
  - Support time off needed to attend lactation education classes and to utilize local resources.
  - Educate new moms on the resources available to them through medical, FFSC, WIC, etc.
  - Ensure your command is complying with NAVOSH standards to minimize lactation hazards.
  - Provide a safe place for pumping and storage. Show new moms where the lactation room is located.
  - Educate yourself. Read the OPNAVINST 6000.1 Series. [Note: Advancement exams may use questions from this publication.]

# Questions?

To learn more, visit:

[MyNavyHR Pregnancy & Parenthood](#)

**Navy's Pregnancy & Parenthood Mobile App  
available on Android and Apple iOS**

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