



DEPARTMENT OF THE NAVY
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From: Chief, Bureau of Medicine and Surgery

Subj: CONVALESCENT LEAVE FOLLOWING CHILDBIRTH AND PERINATAL LOSS

Ref: (a) USD(P&R) memo of 4 Jan 2023
(b) CNO WASHINGTON DC 191946Z Jan 23 (NAVADMIN 008/23)
(c) CMC WASHINGTON DC 272030Z Jan 23 (MARADMIN 051/23)
(d) CMC WASHINGTON DC 081100Z Mar 23 (MARADMIN 129/23)
(e) NAVPERS 15560D

Encl: (1) Defense Health Agency Women and Infant Clinical Community Consensus
Table on Convalescent Leave Following Perinatal Loss

1. Purpose. Provide guidance to medical providers in recommending convalescent leave following pregnancy, birth, and perinatal loss that supports physical recovery and medical readiness.
2. Scope and Applicability. This notice applies to all budget submitting office (BSO) 18 commands and operational activities having medical personnel under the authority, direction, and control of Chief, Bureau of Medicine and Surgery and ships and stations with Navy Medical Department personnel.
3. Background. Reference (a), DTM 23-001 Expansion of the Military Parental Leave Program available at <https://www.esd.whs.mil/DD/DoD-Issuances/DTM/>, authorizes 12 weeks of parental leave following childbirth, qualifying adoptions, or long-term foster situations. Further, reference (a) and reference (e), Naval Military Personnel Manual, article 1050-180 authorize convalescent leave for the birthparent, as recommended by their health care provider and approval of the unit commander. The number of days authorized for convalescent leave is not specified in references (a) through (e). References (b) through (d) provide Service-specific implementation guidance for reference (a).
4. Policy. To ensure full physiologic recovery from pregnancy and birth, 42 days remains an appropriate amount of time for recovery from pregnancy and birth at 20 weeks gestation and beyond. In instances of perinatal loss, providers should utilize enclosure (1) for appropriate convalescent leave guidelines based on gestational age. Parental leave will not be considered by the medical provider when determining the appropriate time for recommended convalescent leave following pregnancy and birth.

5. Action

a. The period of convalescent leave, under references (a) through (e), is intended to allow the active-duty birthparent time to recover from the physiologic changes that occur during pregnancy, childbirth, and postpartum. It is separate and distinct from parental leave and should be recommended in a manner to ensure Service members are medically ready when returning to duty.

b. Postpartum recovery following pregnancy and birth involves physiologic changes to return to a non-pregnant state. Recovery occurs across multiple organ systems and includes pain management, bleeding stabilization, lactation initiation, pelvic floor strengthening, return of normal bowel and bladder functionality, cardiovascular and hematologic stabilization, and optimization of mental well-being. Appropriate convalescent leave is needed for recovery. Most women will recover in 42 days, but recommendations should be modified to meet individual recovery needs. The end point of convalescent leave will be when the Service member is able to return to duty. Parental leave would begin after the member has completed the convalescent leave needed for recovery. Parental leave is not a substitute for convalescent leave.

c. The approval authority for convalescent leave remains with the commander, per reference (a); however, commanders should not deny convalescent leave for a birthparent solely on their eligibility for parental leave.

d. Convalescent leave following perinatal loss should be recommended based on gestational age, see enclosure (1), taking into consideration the necessary time for appropriate physical and emotional recovery from the pregnancy to ensure medical readiness of the Service member.

6. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

7. Privacy Requirements

a. Consistent with existing law and Departmental policy, commanders will protect the privacy of protected health information (PHI) or personally identifiable information (PII) they receive under this policy, as they should with any other protected health information. Such personnel and health care information must be restricted to personnel with a specific need to know; that is, access to the information must be necessary for the conduct of official duties.

b. All workforce members must adhere to the privacy and security requirements of PHI and PII under the HIPAA Privacy, Security, and Breach Notification Rules and the Privacy Act of 1974 as amended under the following higher authority guidance as applicable: Department of Defense (DoD) Manual 6025.18 Implementation of HIPAA Privacy Rule in DoD Health Care Programs of 13 March 2019, and SECNAVINST 5211.5F, Department of Navy Privacy Program Regulation.



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Releasability and distribution:

This notice is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>

DEFENSE HEALTH AGENCY WOMEN AND INFANT CLINICAL COMMUNITY
CONSENSUS TABLE ON CONVALESCENT LEAVE FOLLOWING PERINATAL LOSS

GESTATION (WEEKS + DAYS)	PERINATAL LOSS CONVALESCENT LEAVE RECOMMENDATION	PHYSICAL FITNESS TESTING (PFT) RECOMMENDATION*	COMMENTS
First Trimester ≤ 12+0	7 days	60 days no PFT	With or without surgical intervention
Early Second Trimester 12+1 – 16+0	14 days	180 days no PFT	With or without surgical intervention
Mid Second Trimester 16+1 – 19+6	21 days	180 days no PFT	If neonate has a fetal weight of 350 grams or more, patient should receive 42 days of convalescent leave. (In cases of multiples pregnancies (i.e., twins, triplets, etc.), if one fetus meets the fetal weight of 350 grams or more, patient should receive 42 days of convalescent leave).
Late Second Trimester 20+0 – 27+6	42 days	365 days no PFT	None
Third Trimester 28+0 – term	42 days	365 days no PFT	None
Baby born alive at any gestation	42 days	365 days no PFT	None

*Please Note: PFT recommendations specify when fitness assessments should occur and do not correlate to resuming exercise or physical training. Timing should be determined in collaboration with the obstetrical provider; however, after an uncomplicated vaginal delivery, some exercise may resume within days to weeks.