



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON DC 20350-3000

MCO 5000.12F
MPO
13 APR 2020

MARINE CORPS ORDER 5000.12F

From: Commandant of the Marine Corps
To: Distribution List

Subj: MARINE CORPS POLICY CONCERNING PARENTHOOD AND PREGNANCY

Ref: See enclosure (1)

Encl: (1) References
(2) Marine Corps Policy Concerning Parenthood and Pregnancy

1. Situation. This Order contains policy and procedures regarding parenthood and pregnancy in the United States Marine Corps in accordance with references (a) through (ak). This Order outlines individual and command roles and responsibilities, administrative requirements, assignments, retention, separation, standards of conduct, and medical management of expecting parents. It also provides specific guidance for single, dual military, and adoptive parents.

2. Cancellation. MCO 5000.12E W/CH 1-2

3. Mission. To implement policy and procedures to ensure the health, welfare, medical, and administrative needs for Marines who become parents through pregnancy or adoption, and their newborn/adopted children in order to optimize job and career performance.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Marines are expected to balance the demands of military service with family plans and responsibilities, in coordination with the chain of command. Commanding Officers (COs), supervisory personnel, and Health Care Providers (HCPs) responsible for pregnant Marines and Sailors serving with the Marine Corps must provide for the health and safety of pregnant service members and their unborn children, while maintaining optimal job and career performance.

(2) Concept of Operations. Parenthood and pregnancy policies are implemented in accordance with this Order.

b. Subordinate Element Missions. Commanders and Officers in Charge (OICs) shall become well versed in the contents of this Order and maintain a command environment that promotes the education of all Marines concerning the enduring individual responsibilities of family care planning and parenthood. Specific roles and responsibilities are as follows:

DISTRIBUTION STATEMENT A: Approved for public release; distribution unlimited.

(1) Deputy Commandant, Manpower and Reserve Affairs (DC M&RA)

(a) Designate Manpower Plans and Policy Division (MP) as the office of primary responsibility for the policies contained in this Order. Coordinate efforts to meet Assistant Secretary of the Navy, Manpower and Reserve Affairs (ASN M&RA) reporting requirements in accordance with reference (a).

(b) Designate Marine and Family Programs Division (MF) as the office of primary responsibility for appropriate family readiness, family care, personal and professional development, and behavioral health education and counseling made available by MCCS Marine and Family Programs throughout the Marine Corps.

(c) Retain, as appropriate, Marines whose periods of non-deployability exceed the 12 consecutive month limit promulgated in reference (ab).

(d) Coordinate with CG MCCDC (C469) and Director, Health Services to develop pregnant and post-partum physical fitness policies and procedures.

(2) Commanding General, Marine Corps Combat Development Command (CG MCCDC)

(a) Ensure curriculum addressing parenthood and pregnancy is delivered during entry-level training for all Marines, officer and enlisted.

(b) Incorporate Marine Corps Policy Concerning Parenthood and Pregnancy into the Values subjects training requirements contained in reference (f).

(c) The above training should address:

1. Core values;

2. Expectations regarding responsible behavior; and

3. The broad range of services available to assist and encourage Marines to make decisions that support service obligations and parental responsibilities.

(d) Ensure physical training considerations for pregnant and post-partum Marines are included in the Force Fitness Instructor Course curriculum.

(e) Coordinate with DC M&RA and Director, Health Services to develop pregnant and post-partum physical fitness policies and procedures.

(3) Deputy Commandant, Aviation

(a) Inform the aviation community of procedures to request flight waivers for pregnant flight personnel.

(b) Manage requests for flight waivers in accordance with reference (t).

(4) Director, Health Services

(a) Collaborate with Bureau of Medicine and Surgery (BUMED) to develop, maintain, change, and promulgate policy regarding the medical management of pregnant service members and its associated administrative issues.

(b) Support DC M&RA and CG MCCDC (C469) in developing pregnant and post-partum physical fitness policies and procedures.

(5) Inspector General of the Marine Corps (IGMC)

(a) Coordinate with DC M&RA regarding the integration of provisions of this Order in the IGMC Automated Inspection Reporting System checklist.

(b) Review implementation, execution, and management of parenthood and pregnancy policy during command inspections with support of DC M&RA.

(c) Provide CMC an annual assessment of parenthood and pregnancy policy execution as part of the annual CMC IGMC report.

(6) Chaplain of the Marine Corps

(a) Ensure chaplains are fully prepared to provide counsel and advice concerning issues of faith and character, parental responsibilities, personal decisions, and core values in accordance with reference (a).

(b) Coordinate chaplain support for COs/OICs.

(7) Staff Judge Advocate to Commandant of Marine Corps. Coordinate the provision of legal assistance services relating to domestic relations and family law consistent with references (ac) and (ad).

(8) Commanding Officers (COs) and Officers in Charge (OICs)

(a) Comply with and execute all requirements of this Order.

(b) Support pregnant Marines and expectant parents as they balance the demands of a military career with family plans and responsibilities.

(c) Inform pregnant Marines of the need to obtain prenatal care from an HCP, primary care manager, or obstetrician.

(d) Educate male and female Marines with regard to the enduring individual responsibilities of family care planning and parenthood.

(e) Counsel each expecting parent, whether expecting through pregnancy or adoption, on the contents of this Order.

(f) Ensure that active duty Marines maintain priority in receiving routine OB/GYN care in DoD direct medical facilities. Ensure that active duty Marines within 90 days of deployment maintain priority over other active duty service members in receiving routine OB/GYN care in DoD direct

medical facilities. Encourage Reserve Marines and Marines serving in remote locations to seek routine OB/GYN care in DoD indirect medical facilities.

(g) Ensure that deploying Marines report to the medical department for pregnancy testing No Earlier Than (NET) 14 and NLT 10 days prior to deployment in order to prevent the deployment of a pregnant Marine.

(h) Arrange for an occupational HCP to evaluate pregnant service members who may have potential exposure to occupational reproductive hazards and ensure completion of Occupational Exposures of Reproductive or Developmental Concern statements in accordance with references (t) through (v). A copy of the appropriate sections of the completed evaluations should be placed in the Marine's medical record and in the Marine's command safety office file.

(i) Ensure that pregnant Marines are not required to perform duties, including physical training that, in the opinion of the HCP, are hazardous to them or the unborn child(ren).

1. Inform pregnant Marines of the need to continue a prenatal and post-partum physical fitness program, and to consult with their prenatal HCPs NLT the end of the first trimester to facilitate continuation.

2. Inform pregnant Marines of the resources available at the installation to support a pregnant and post-partum physical fitness program (e.g., Semper Fit strength and conditioning coaches, force fitness instructors, civilian certified athletic trainers, etc.) in accordance with references (x) and (y).

(j) Ensure that Marines becoming parents are counseled with regard to the availability of government housing. Consider approval of requests by unmarried pregnant service members without dependents to occupy excess family housing, in accordance with chapter 2, paragraph 2 of this Order.

(k) Ensure that Marines who continue to provide breast milk to their child(ren) upon return to duty are supported in accordance with chapter 1, paragraph 6 of this Order.

(l) Ensure that pregnant and post-partum Marines are not adversely evaluated or receive adverse fitness reports or evaluations as a consequence of pregnancy, post-partum complications affecting the health of the mother, and/or nursing. Pregnancy shall not be mentioned in section I of the fitness report. Weight standards exceeded during pregnancy, and for nine months after the date of the birth event, are not cause for adverse fitness reports or evaluations. Pregnant Marines who have recently delivered, who are otherwise fully qualified for and desire reenlistment, but who exceed acceptable weight standards in accordance with reference (r) shall be extended for the maximum of up to nine months after delivery.

(m) Ensure the same support afforded to Marines assigned to the Body Composition Program or Military Appearance Program, to include support from local MCCS, is provided at no cost to pregnant and post-partum Marines and is also available to assist post-partum Marines' return to physical fitness and body composition standards.

(n) Support Marines whose pregnancies terminate prematurely or result in stillbirth or neonatal demise. Ensure Marines provide documentation from their HCPs that identifies when the Marines are able to return to duty.

(o) Ensure all pregnant Marines' data, officer or enlisted, is entered into the MRRS upon official notification of pregnancy.

(p) Ensure the unit LDC is notified of the pregnancy, birth, termination of pregnancy, and return to duty, as appropriate.

(q) Ensure that male and female Marines are afforded the opportunity to take advantage of available legal assistance for advice regarding their options in establishing parentage. Absent a court order or other competent authority, Marines shall not be compelled to establish parentage. Department of the Navy medical facilities do not pay for paternity testing and such expenditures shall be the sole responsibility of the Marine(s) involved.

(r) Authorize pregnant Marines to wear the maternity work uniform and/or the maternity service uniform in accordance with reference (ae). Marines are expected to wear regular uniforms upon returning from MCL; however, COs/OICs may approve the wearing of maternity uniforms up to six months from the date of delivery based on the HCP's recommendation. Reference (ae) prescribes regulations regarding the procurement of the maternity uniform.

(9) Health Care Providers (HCPs)

(a) Ensure the privacy of the pregnant Marine while simultaneously safeguarding her welfare and that of the unborn child(ren).

(b) Be familiar with the requirements of this Order and the administrative and command requirements related to pregnant Marines under the HCP's care.

(c) Review, in its entirety, reference (v) in order to administratively and medically manage pregnant Marines.

(10) All Marines

(a) Familiarize yourself with the requirements of this Order.

(b) Make every effort to plan for pregnancy, adoption, foster care, or the use of surrogate pregnancy services in order to successfully balance the demands of military service and family responsibilities.

(c) Seek routine OB/GYN care in direct medical facilities when assigned to active duty. Seek routine OB/GYN care in indirect medical facilities when serving in remote locations or assigned to the RC. See Appendix E of this Order for definitions of direct and indirect medical facilities.

(d) Seek prompt confirmation of any suspected pregnancy by a military provider, or in case of inaccessibility to a MTF, a civilian provider.

(11) Non-Birthparent Marines and Marines Adopting, Providing Foster Care, or Using Surrogate Pregnancy Services

(a) Notify the CO/OIC of expectant status or intent to adopt, provide foster care, or use surrogate pregnancy services in accordance with chapter 1, paragraph 4a of this Order.

(b) Notify the CO/OIC of any unexpected changes in expectant status.

(12) Pregnant Marines

(a) Report, as soon as possible, to the supporting medical treatment facility to establish a prenatal care program.

(b) Notify the CO/OIC of pregnancy in accordance with chapter 2, paragraph 3a of this Order.

(c) Comply with work site and task related safety and health recommendations made by appropriate occupational health professionals and use personal protective equipment, as required.

(d) Notify the CO/OIC of any unexpected changes in medical status.

(e) Continue to execute a personal physical fitness program throughout pregnancy. Consult with a prenatal HCP NLT the end of the first trimester to facilitate continuation throughout the remainder of the pregnancy.

(f) Be prepared to comply with physical fitness and body composition standards NET nine months after the date of the birth event. Following this nine-month exemption, a Marine birthparent is expected to meet physical fitness and body composition standards at the next regularly scheduled unit physical fitness and/or body composition evaluation.

(13) Post-Partum Marines

(a) Begin a post-partum physical fitness program, in consultation with a post-partum HCP, at approximately six weeks post-partum.

(b) Be prepared to comply with physical fitness and body composition standards NET nine months after the date of the birth event. Following this nine-month exemption, a Marine birthparent is expected to meet physical fitness and body composition standards at the next regularly scheduled unit physical fitness and/or body composition evaluation.

c. Coordinating Instructions. Recommendations concerning this Order are invited and will be submitted to the Commandant of the Marine Corps (CMC), Military Policy Branch (MPO) via the appropriate chain of command.

d. Summary of Changes. This revision contains a substantial number of changes. See Appendix D for the major changes to this Order.

5. Administration and Logistics

a. This Order can be accessed online via the Marine Corps homepage at <https://www.marines.mil/News/Publications/MCPEL/Custompubstatus/3000>.

b. Records Management. Records created as a result of this Order shall be managed according to National Archives and Records Administration (NARA) approved dispositions per references (d) and (af) to ensure proper maintenance, use, accessibility and preservation, regardless of format or medium. Refer to reference (ag) for Marine Corps records management policy and procedures.

c. Privacy Act. Any misuse or unauthorized disclosure of Personally Identifiable Information (PII) may result in both civil and criminal penalties. The Department of the Navy (DON) recognizes that the privacy of an individual is a personal and fundamental right that shall be respected and protected. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities shall be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII shall be in accordance with the Privacy Act of 1974, as amended (reference (b)) and implemented per reference (c).

6. Command and Signal

a. Command. This Order is applicable to the Marine Corps Total Force.

b. Signal. This Order is effective the date signed.



M. A. ROCCO
Deputy Commandant for
Manpower and Reserve Affairs

DISTRIBUTION: PCN 10207020800

TABLE OF CONTENTS

<u>IDENTIFICATION</u>	<u>TITLE</u>	<u>PAGE</u>
Chapter 1	PARENTHOOD.....	1-1
1.	General.....	1-1
2.	Family Care Plan and Childcare Options.....	1-1
3.	Training, Education, and Resources.....	1-2
4.	Notification Procedures.....	1-2
5.	Assignments.....	1-3
6.	Support of Marines with Nursing Infants.....	1-3
7.	Foster Care Information.....	1-4
8.	Adoption Reimbursement.....	1-4
9.	Surrogacy.....	1-4
10.	Caregiver Designation.....	1-5
11.	Leave Entitlements.....	1-5
12.	Reserve Marines.....	1-7
Chapter 2	PREGNANCY.....	2-1
1.	General.....	2-1
2.	Billeting.....	2-1
3.	Notification Procedures.....	2-2
4.	Reporting Requirements.....	2-3
5.	Assignments and Operational Deferments.....	2-4
6.	Deployment Limitations.....	2-5
7.	General Limitations.....	2-8
8.	Specific Limitations.....	2-8
9.	Medical Considerations for Work Assignments.....	2-9
10.	Immunizations.....	2-10
11.	Termination of Pregnancy and Complications.....	2-10
12.	Obstetric/Gynecologic (OB/GYN) Care - General.....	2-10
13.	Infants Placed for Adoption.....	2-11
14.	Extension of Active Duty/Reenlistment.....	2-11
15.	Separation from Active Duty.....	2-11
16.	Reserve Marines.....	2-12
17.	Maternity Care after Separation.....	2-13
APPENDIX A	FORMAT FOR COMMANDING OFFICER NOTIFICATION.....	A-1
APPENDIX B	MEDICAL CERTIFICATION OF PREGNANCY.....	B-1
APPENDIX C	FORMAT FOR ACKNOWLEDGEMENT OF NOTIFICATION.....	C-1
APPENDIX D	SUMMARY OF CHANGES.....	D-1
APPENDIX E	GLOSSARY OF TERMS AND ABBREVIATIONS.....	E-1

References

- (a) SECNAVINST 1000.10B
- (b) 5 U.S.C. § 552a
- (c) SECNAV 5211.5E
- (d) SECNAV M-5210.1 CH-1
- (e) MCO 1740.13D
- (f) NAVMC 3500.18D
- (g) MCO P1700.27B CH-1
- (h) MCO 1900.16 CH-1
- (i) MCO 11000.22 CH-1
- (j) DoDI 1342.19, "Family Care Plans," November 30, 2017
- (k) BUMEDINST 6000.14B, "Support of Women in Lactation and Breastfeeding," February 12, 2019
- (l) DoDI 1341.09, "DoD Adoption Reimbursement Policy," July 5, 2016
- (m) MCO 1700.23F
- (n) DoDM 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
- (o) MCO 1610.7A
- (p) BUMEDINST 6320.103, "Patient Services Program," August 8, 2016
- (q) MCO 6100.13A CH-1
- (r) MCO 6110.3A CH-1 and ADMIN CH
- (s) MCO 3000.13A
- (t) NMCPhC-TM OM 6260, "Medical Surveillance Procedures Manual and Medical Matrix (Edition 11)," July 2011
- (u) NMCPhC-TM-OEM 6260.01C, "Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals," April 2010
- (v) OPNAVINST 6000.1D
- (w) MCO 1050.3J
- (x) MCO 6100.14
- (y) MCO 1500.62
- (z) BUMEDINST 6300.16A
- (aa) MCO 1040.31
- (ab) DoDI 1332.45, "Retention Determinations for Non-Deployable Service Members," July 30, 2018
- (ac) JAGINST 5800.7F, "Manual of the Judge Advocate General," June 26, 2012
- (ad) MCO 5800.16
- (ae) MCO 1020.34H
- (af) SECNAV Notice 5210
- (ag) MCO 5210.11F
- (ah) MCTFS PRIUM
- (ai) DoDI 8260.03, "Global Force Management Data Initiative," March 19, 2018
- (aj) MCO 1300.8
- (ak) Title 10 U.S. Code § 1052

Chapter 1

Marine Corps Policy Concerning Parenthood and Pregnancy

Parenthood

1. General

a. Parenthood is compatible with a successful military career. Military responsibilities, including the expeditionary nature of the Marine Corps, add complexities and factors for serious consideration in family care planning decisions.

b. Decisions surrounding parenthood and family matters are best made in an environment of concerned leadership. The chain of command will ensure Marines are aware and have the opportunity to make use of the services available to assist them in making sound and timely decisions regarding their responsibilities as Marines and parents.

2. Family Care Plan (FCP) and Childcare Options

a. Any Marine anticipating the responsibilities associated with parenthood is required to make arrangements for dependent care to cover regular working hours, duty, exercises, operations, and other contingency deployments. This applies to Reserve Marines on active duty or participating in the Selected Marine Corps Reserve (SMCR) or Individual Mobilization Augmentee (IMA) programs.

b. All Marines with dependents, regardless of marital status (single, married, or dual military couples) are responsible for initiating and maintaining a formalized Family Care Plan (FCP) in accordance with reference (e). A validated FCP will certify that arrangements have been made for the care of dependent family members during both the Marine's short- and long-term absences. A FCP will identify the short- and long-term guardians of the dependents, as well as planning for logistical, relocation, and financial needs. Marines are advised to contact their local Marine Corps Community Services (MCCS) Marine Corps Family Team Building for training in developing a FCP.

c. Following confirmation of pregnancy or commencement of an adoption, requests for child care in a Department of Defense (DoD) child development program may be completed online at <https://militarychildcare.com> to place a soon-to-be newborn or adopted child on the waiting list for childcare. The request will advance up the care list during the term of the pregnancy or adoption process. The child will be moved to the unmet need waiting list, when applicable, once the child is born or placed in the home after adoption.

d. MCCS Child and Youth Programs (CYP) consist of Child Development Center, Family Child Care, and School-Age Care programs and vary by location. Marines must establish an account on the Military Child Care website in order to participate in CYP. The Off Base Child Care Fee Assistance program provides support to eligible Marines in paying for community based child care services. The future of this benefit is uncertain beyond Fiscal Year 2019; however, additional information is available through the following website: <https://usa.childcareaware.org/fee-assistancerespite/military-families/marines>.

3. Training, Education, and Resources

a. The Marine Corps will provide training on the policies contained in this Order to all Marines, male and female, upon initial entry. Commanding officers (CO) will reinforce this training by ensuring Marines understand the importance of family care planning and the responsibilities of parenthood. Amplifying guidance is provided in paragraph 4b(1) through (13) of this Order.

b. In accordance with reference (a), active duty Marines maintain priority in receiving routine Obstetric/Gynecologic (OB/GYN) care in DoD direct medical facilities. Moreover, active duty Marines within 90 days of deployment maintain priority over other active duty Service Members receiving routine OB/GYN care in DoD direct medical facilities. Reserve Marines and Marines serving in remote locations should seek routine OB/GYN treatment in DoD indirect medical facilities.

c. Reference (f) contains the initial and sustainment training standards for Marines regarding parenthood and pregnancy. In accordance with paragraph 4b of this Order, COs will ensure training requirements address the broad range of medical, legal, financial, religious, and other services available to assist and encourage all Marines in making family life decisions that are supportive of both service obligations and their parental responsibilities.

d. In accordance with reference (g), appropriate family life education and counseling will be made available at MCCS Marine and Family Programs, specifically Semper Fit Health Promotion, throughout the Marine Corps to assist in planning for and carrying out the responsibilities of parenthood. Staff at Semper Fit Health Promotion, Military Treatment Facilities (MTFs), and chaplains are available to provide counseling for preparation for parenthood and pregnancy. These programs also provide ongoing support and counseling for active duty and active Reserve families to help meet the requirements of the workplace and household. Services such as sexual health education, to include family care planning, Semper Fit Health Promotion, the New Parent Support Program, CYP, marriage preparation workshops, and personal financial management classes are available. Participation in these and similar programs should be highly encouraged.

e. Active duty and active Reserve Marines will be afforded the opportunity to take advantage of legal assistance regarding their options in cases involving establishing paternity, seeking child support, the use of surrogate pregnancy services, or adoption. Services available for Reserve Marines in the SMCR or IMA vary at installations, based on capacity.

4. Notification Procedures

a. Non-birthparent Marines and any Marines fostering a child, adopting a child, or utilizing surrogate pregnancy services, regardless of component/grade (except Individual Ready Reserve (IRR) and Standby Reserve Marines) shall notify their COs/officers in charge (OIC). Notification should be made 60 days prior to the anticipated delivery date or placement of a child in the Marine's home. The notification letter shall be formatted in accordance with Appendix A of this Order. COs/OICs are to protect Marines' individually identifiable health information.

b. The notification letter will be retained in the Marine's Electronic Service Record (ERS) until 12 months following the placement of a child in

the Marine's home via foster care, adoption, or surrogate pregnancy services. In accordance with Appendix A, notification shall include the following:

(1) A statement that the Marine understands the requirement to make arrangements for child care to cover regular working hours, duty, exercises, war, and other contingency deployments. This applies to all Reserve Marines on active duty or participating in the SMCR or assigned as an IMA.

(2) A statement of understanding that the Marine may request separation from the service. If the Marine wishes to request voluntary separation due to extenuating circumstances which preclude the Marine from further service, the notification should include a request for separation in accordance with reference (h). The request for separation may be submitted after the initial notification. SMCR or IMA Marines may be transferred to the IRR to satisfy remaining obligated service when retention is deemed medically inadvisable.

(3) A statement that the expecting/adopting/foster Marine will be available for worldwide assignment and that there is no guarantee of special consideration in duty assignments or duty stations based solely on parenthood or the fact that the Marine will have an eligible family member, except as provided for in this Order. This statement is not applicable to SMCR or IMA Marines.

(4) A statement that the Marine is aware of limitations of eligibility for family housing and shipment of household goods, in accordance with references (i) and (j), respectively.

c. COs/OICs shall formally acknowledge receipt of Marines' notification letters. The acknowledgement of notification shall be formatted in accordance with Appendix C of this Order. A copy of the acknowledgement should be placed in the command administration office file.

5. Assignments. Marine birthparents or one parent in a dual military couple may defer overseas assignment or any TAD away from home station for up to 12 months after a child is born or formally placed in the home (in the case of adoption or foster care). The Marine may waive the deferment period; however, this deferment is executed at the Marine's option. Specific instructions relating to Permanent Change of Station (PCS) orders modifications or cancellations will be obtained from CMC (Enlisted Assignments Branch (MMEA)/Officer Assignments Branch (MMOA)/Reserve Affairs Division (RA), as appropriate).

6. Support of Marines with Nursing Infants

a. A Marine who desires to continue breastfeeding upon return to duty shall notify her chain of command at the earliest possible time to allow the command to determine how best to support the Marine and facilitate the prompt evaluation of the workplace for potential hazards.

b. A Marine who continues to provide breast milk to her child upon return to duty shall be afforded reasonable break time to express breast milk and, at a minimum, provided a clean, private space (other than a bathroom or locker room) with an electrical outlet and ready access to a water source for not less than one year after the child's birth. A Marine desiring to provide breast milk to her child beyond one year after the child's birth shall notify her chain of command at the earliest possible time to allow the command to

determine how best to support the Marine. Reference (k) is available to assist COs/OICs in making appropriate support determinations.

c. The time required for breast milk expression varies and is highly dependent upon several factors including the age of the child, amount of milk produced, pump quality, the distance the pumping location is from the workplace, as well as how conveniently located the water source is from the pump location. Marines and their supervisors shall collaborate to ensure that reasonable break time is provided each time the Marine has a need to express breast milk. Lactation consultants are available at MTFs and via MCCS Marine and Family Programs New Parent Support Program to assist in this endeavor.

d. Breastfeeding Marines may store breast milk in an insulated container for up to 24 hours. Breast milk may be refrigerated for up to five days. Breast milk may be stored in communal refrigerators; however, it shall be stored in a sealed container and labeled in order to avoid contamination by other items located in the vicinity.

e. Breastfeeding Marines are exempt from training events and duties that could expose the Marine to harmful chemicals that may in turn be harmful to the child. Breastfeeding Marines are exempt from specific training requirements, including the rifle range, pistol range, and gas chamber, for 12 months after the date of delivery. Marines may be excused from field exercises if, in consultation with the HCP, it is determined the Marine could be exposed to harmful chemicals or appropriate lactation facilities are logistically unfeasible.

f. Duty and watch-standing modifications during nursing are expected and should be managed locally. Consultation with the HCP will ensure individual Marines' medical requirements are met.

g. Local breastfeeding support policies shall prohibit harassment and discrimination of breastfeeding Marines.

7. Foster Care Information. Service members stationed in the CONUS may provide foster care. Foster care rules are governed by the laws of the state in which Marines are stationed. Additional information is available through the following websites: https://www.militaryonesource.mil/family-relationships/parenting-and-children?content_id=286845 and <https://www.adoptuskids.org/adoption-and-foster-care/how-to-adopt-and-foster/state-information>.

8. Adoption Reimbursement. See reference (l) for information regarding adoption reimbursement.

9. Surrogacy. In accordance with reference (a), service members are not authorized to provide surrogate pregnancy services; however, they may utilize surrogate pregnancy services. Marines utilizing surrogate pregnancy services shall provide notification to their COs/OICs in accordance with procedures outlined in paragraph 4 of this chapter. Marines may be authorized Primary Caregiver Leave (PCL) and/or Secondary Caregiver Leave (SCL) as described in paragraph 11 of this chapter.

10. Caregiver Designation

a. Designation as the primary or secondary caregiver shall be made as early as practical and, under normal circumstances, should occur at least 60 days prior to the anticipated delivery date or adoption.

b. The primary and secondary caregiver roles should be mutually determined by dual-military couples.

(1) Only one primary and one secondary caregiver may be authorized for each qualifying birth event or adoption.

(2) The CO/OIC of a Marine who is part of a dual-military couple should make reasonable efforts to de-conflict caregiver designations with the CO/OIC of the Marine's partner.

c. In no case shall a Marine be designated as both primary and secondary caregiver for the same qualifying birth event or adoption. In no case shall a Marine be permitted to receive both Primary and SCL for the same qualifying birth event or adoption.

d. Marines request designation as primary or secondary caregivers via Marine Online Electronic Personnel Administrative Request with the subject: Caregiver Designation.

(1) Marine birthparents are presumed to have primary responsibility for care of the new child and, unless requested otherwise, will be designated as primary caregivers.

(2) Non-birthparent Marines are presumed to have secondary responsibility for care of the new child and, absent sufficient justification, will be designated as secondary caregivers.

(3) Non-birthparent Marines may be designated as primary caregivers when justified and approved by COs/OICs. Justification includes, but is not limited to, incapacitation or unavailability of the birthparent.

(4) Appeals to caregiver designations or disputes regarding the sufficiency of underlying justifications shall be resolved in accordance with reference (m).

e. Approval authority for caregiver designation is the lowest commander with promotion authority. This will typically be the battalion or squadron commander and the authority may not be delegated.

11. Leave Entitlements. Only covered service members are authorized leave entitlements under the MPLP.

a. Maternity Convalescent Leave (MCL). Maternity Convalescent Leave (MCL) is intended to enable a Marine's body to medically recover following delivery and only a Marine birthparent is entitled to MCL. A Marine birthparent is entitled to MCL for each qualifying birth event.

(1) 42 consecutive days of non-chargeable leave, taken in one increment of continuous absence, including weekends and holidays.

(2) Commences on the first full day following the date the Marine is discharged or released from the hospital (or similar facility) where the birth event took place.

(3) Cannot be denied by the commander.

(4) Additional MCL may be granted if it is specifically recommended, in writing, by the Marine's HCP and is approved by the commander. If MCL beyond 42 days is granted, a corresponding reduction in Primary or SCL occurs, as appropriate. Marines may, with the concurrence of their HCPs, elect to receive less than 42 days of MCL.

(5) In cases of miscarriage or stillbirth, convalescent leave other than MCL may be granted. The Marine's commander and HCP will coordinate to determine the best course of action.

(6) Cannot be transferred to create any kind of shared benefit. MCL will be forfeited if unused at separation from active service.

(7) Must commence and terminate prior to any caregiver leave.

b. Primary Caregiver Leave (PCL). PCL is intended only for Marines who are properly designated as primary caregivers as defined in enclosure (2) of this Order.

(1) Limited to 42 consecutive days of non-chargeable leave. A designated primary caregiver may elect to receive less than 42 days of PCL.

(2) Must be taken in one increment of continuous absence, to include weekends and holidays.

(3) May be, but is not required to be, taken consecutively with MCL and/or ordinary (chargeable) leave.

(4) Not authorized for a birth event in which the child is given up for adoption and/or parental rights are terminated or surrendered.

(5) Cannot be transferred to create any kind of shared benefit. PCL will be forfeited if not started within one year of the qualifying birth event or adoption or if unused at separation from active service.

(6) Cannot be taken consecutively with chargeable terminal leave or administrative absence for transition (i.e., transition permissive TAD).

(7) If taken in conjunction with ordinary leave, PCL must commence and terminate prior to ordinary leave. If taken in conjunction with MCL and ordinary leave, the proper sequencing shall be MCL, PCL, and ordinary leave.

(8) Eligibility, or the leave itself if commenced, terminates upon the death of the child. In such cases, Marines may transition to an emergency (chargeable) leave status.

c. Secondary Caregiver Leave (SCL). SCL is intended only for Marines who are properly designated as secondary caregivers as defined in enclosure (2) of this Order.

(1) Limited to 14 consecutive days of non-chargeable leave. A designated secondary caregiver may elect to receive less than 14 days of SCL.

(2) Must be taken in one increment of continuous absence, to include weekends and holidays.

(3) May be, but is not required to be, taken consecutively with MCL and/or ordinary (chargeable) leave.

(4) Not authorized for a birth event in which the child is given up for adoption and/or parental rights are terminated or surrendered.

(5) Cannot be transferred to create any kind of shared benefit. SCL will be forfeited if not started within one year of the qualifying birth event or adoption or if unused at separation from active service.

(6) Cannot be taken consecutively with chargeable terminal leave or administrative absence for transition (i.e., transition permissive TAD).

(7) If taken in conjunction with ordinary leave, SCL must commence and terminate prior to ordinary leave. If taken in conjunction with MCL and ordinary leave, the proper sequencing shall be MCL, SCL, and ordinary leave.

(8) Eligibility, or the leave itself if commenced, terminates upon the death of the child. In such cases, Marines may transition to an emergency (chargeable) leave status.

d. When a Marine is not married to the birthparent, additional documentation (i.e., proof of parentage) is required for primary or secondary caregiver designation. Proof of parentage includes being listed as a parent, with consent, on the child's birth certificate, certificate of live birth, or other government issued document; acknowledgement, in writing, of an obligation to support the child, either by voluntary agreement or court order; or registration, or pending registration, in the Defense Enrollment Eligibility Reporting System (DEERS). DEERS registration must occur within 30 days of the birth event or adoption. A birthparent is not required to establish proof of parentage.

e. PCL or SCL may be taken before or during an operational deployment if approved by the unit commander. PCL or SCL may be deferred if a Marine is within three months of an operational deployment or deployed at the time of a birth event or adoption. The time spent operationally deployed shall not count against the one-year period in which PCL or SCL must be taken.

f. A Marine who uses surrogate pregnancy services and becomes the legal parent or guardian of a child is entitled to PCL or SCL.

g. A Marine whose spouse provides surrogate pregnancy services and gives birth is not entitled to PCL or SCL.

12. Reserve Marines

a. After giving birth, a Reserve Marine in a drilling status may defer active duty or Inactive Duty for Training (IDT) for up to 42 days. This non-chargeable leave entitlement is unrelated to MCL under the MPLP and may be extended if a HCP deems it appropriate due to concern for the Marine birthparent's health.

(1) A Reserve Marine in a drilling status may waive any part of the deferment period. If the deferment is not waived and the unit performs a two-week Annual Training (AT) period, the Reserve Marine must attend an alternate AT period. A Reserve Marine in a drilling status will not be required to perform IDT or AT for up to 42 days after giving birth; however, that Reserve Marine will not receive pay or retirement credit points for any missed IDT or AT periods. Reserve Marines who miss scheduled IDT or AT periods may be afforded the opportunity to earn pay or retirement credit points through alternate IDT or AT periods.

(2) Members of the RC who volunteer for mobilization or are subjected to involuntary active duty recall in support of named contingencies in excess of 12 months are eligible for MCL, PCL, and SCL. RC members who do not complete periods of active duty that exceed 12 months are ineligible to receive MPLP entitlements and shall abide by the policy contained in chapter 2, paragraph 16 of this Order.

b. A Reserve Marine in a drilling status is ineligible for leave entitlements under the MPLP and as such, may not defer active duty or IDT based on PCL or SCL.

c. Reserve Marines on active duty orders may not be extended in order to permit Marines to take Primary or SCL.

Chapter 2

Pregnancy

1. General

a. Pregnancy is compatible with a successful military career. Consistent with the needs of the Marine Corps, COs/OICs shall ensure the health care needs of pregnant Marines are met and shall accommodate the work-life balance of Marines to the greatest extent practicable.

b. Marines who think they may be pregnant are responsible for promptly confirming pregnancy through testing by appropriate HCPs and informing their COs/OICs, as appropriate, in accordance with paragraph 3 of this chapter.

c. The chain of command shall ensure that pregnant Marines are informed of the need to obtain prenatal care and are allowed all reasonable accommodations in order to receive prenatal care as recommended by their HCPs.

d. Confirmation of pregnancy is Protected Health Information (PHI) subject to stringent privacy and confidentiality policies. PHI is only to be provided to COs/OICs as requested to assess the impact of the Marine's health status on the military mission. Disclosure of PHI to military command authorities must be limited to the minimum necessary to address the request, and rigidly controlled on a need-to-know basis only. The governing policies for release of health and dental information are contained in the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (located at 5 CFR Part 160), as summarized in reference (n).

e. Normally, pregnancy should not restrict tasks assigned to Marines; however, determination of task limitations should be based on the contents of this Order and the recommendations of HCPs.

f. Pregnant Marines are non-deployable for operational deployments. See enclosure (2) for the definition of "operational deployment." See paragraph 6 of this chapter for details regarding deployability.

g. Evaluations and fitness reports shall be based on demonstrated performance. In accordance with reference (o), medical limitations and/or assignment restrictions, or periods of absence because of pregnancy, associated medical care, or convalescent leave, in and of themselves, shall not be the basis for downgrading marks or adverse comments.

2. Billeting

a. In accordance with reference (a), pregnant active duty and active Reserve Marines with no family members may reside in bachelor quarters for the full term of pregnancy. Upon request, the host commander may authorize a pregnant Marine to occupy off-base housing up to the 20th week of pregnancy. From the 20th week onward, the host commander must approve a request to occupy off-base housing.

b. In accordance with reference (i), single Marines who are pregnant may request government family housing, based on availability, before the birth of the child; however, they are not authorized to occupy housing until after the child is born (unless there is excess housing), nor are they given special

treatment (i.e., head of line privilege on the base housing list). These policies allow single Marines who are pregnant to have their names on the housing list prior to the birth of the child. See reference (i) for additional details concerning assignment of government or public private venture (PPV) housing to single or pregnant Marines.

c. Payment of Basic Allowance For Housing (BAH) or Overseas Housing Allowance (OHA) shall be in accordance with applicable pay and entitlement regulations. All approvals for allowances before childbirth shall be filed in command files. A Navy/Marine Corps Form 10922 (NAVMC 10922), Dependency Application, shall be completed soon after the childbirth for MCTFS update and ESR filing. NAVMC 10922 is available through the following website: <https://forms.documentservices.dla.mil/order/>.

3. Notification Procedures

a. Pregnant Marines, regardless of component/grade (except IRR and Standby Reserve Marines), shall notify their COs/OICs of their pregnancies. Notification shall be made within two weeks of medical confirmation of pregnancy. This notification requirement is similar to the notification requirement discussed in chapter 1, paragraph 4a, and is specifically designed to ensure command awareness and proper support of pregnant Marines. This notification requirement is separate and distinct from caregiver designation discussed in chapter 1, paragraph 10a. The notification letter shall be formatted in accordance with Appendix A of this Order. COs/OICs are to protect Marines' individually identifiable health information.

b. The notification letter will be retained in the Marine's ESR until 12 months following the birth. In accordance with Appendix A, notification shall include the following:

(1) A statement that the Marine understands the requirement to make arrangements for child care to cover regular working hours, duty, exercises, war, and other contingency deployments. This applies to all Reserve Marines on active duty or participating in the SMCR or assigned as an IMA.

(2) For Marines in the Active Component, active Reserve, or enlisted Marines on active duty for 30 days or more, a statement that conveys the understanding that the Marine remains eligible for reenlistment and will serve on active duty until the expiration of her active service obligation. SMCR or IMA Marines shall provide a statement that conveys they will remain in the Selected Reserve or request transfer to the IRR, as applicable, according to paragraph 16a of this chapter.

(3) A statement of understanding that the Marine may request separation from the service. The Marine may remain eligible for medical care in limited circumstances in accordance with reference (p). If the Marine wishes to request voluntary separation due to extenuating circumstances which preclude the Marine from further service, the notification should include a request for separation in accordance with paragraph 15 of this chapter. The request for separation may be submitted after the initial notification. SMCR or IMA Marines may be transferred to the IRR to satisfy remaining obligated service when retention is deemed medically inadvisable.

(4) A statement that the expecting Marine understands she will be available for worldwide assignment and that there is no guarantee of special consideration in duty assignments or duty stations based solely on her

pregnancy or the fact that she will have an eligible family member, except as provided for in this Order. This statement is not applicable to SMCR or IMA Marines.

(5) A statement that the Marine is aware of limitations of eligibility for family housing and shipment of household goods, in accordance with references (i) and (j), respectively.

(6) A statement that the Marine will advise the command of any unexpected changes in her medical status and will return to duty as soon as medically authorized.

(7) A statement that the Marine understands that she is exempt from physical fitness and body composition standards until at least nine months after the date of the birth event. The Marine shall acknowledge that, following the nine-month exemption, she is expected to meet physical fitness and body composition standards at the next regularly scheduled unit physical fitness or body composition evaluation, in accordance with references (q) and (r).

c. HCPs shall provide medical certification of pregnancy to pregnant Marines under their care (see Appendix B of this Order). Medical certification of pregnancy shall be included as an enclosure to the Marine's notification letter to her CO/OIC. Medical certification of pregnancy shall include the estimated date of delivery and a determination as to whether any medical reasons exist that make remaining in a full duty status or in the Marine Corps Reserve inadvisable. Medical certification of pregnancy by a civilian HCP is acceptable, provided the requirements of this paragraph are satisfied.

d. COs/OICs shall formally acknowledge receipt of Marines' notification letters. The acknowledgement of notification shall be formatted in accordance with Appendix C of this Order. A copy of the acknowledgement should be placed in the command administration office file.

4. Administrative and Readiness Reporting Requirements

a. Marines' pregnancies, once confirmed, shall be reported via MCTFS and the HCP Pregnancy Notification letter shall be the source document for initial MCTFS duty limitations. Duty limitations (TTC 157) for a pregnant Marine will be reported as DULIMIT PREGNANCY (NON DEPLOY) (duty limitation code "N") for the period of pregnancy. DULIMIT POST PARTUM (NON DEPLOY) (duty limitation code "6") identifies Marines in the deployment deferment period up to 12 months following the date the Marine is discharged or released from the hospital (or similar facility) where the birth event took place. Report DULIMIT NONE (duty limitation code "0") when the Marine returns to full duty, or report the duty limitation that was in effect before pregnancy, if still applicable. The unit Limited Duty Coordinator (LDC) shall ensure MCTFS reflects the accurate duty limitation codes. Refer to reference (ah) for reporting procedures.

b. A Marine joined to a Defense Readiness Reporting System - Marine Corps (DRRS-MC) reporting unit and whose pregnancy is confirmed will be reported into DRRS-MC as non-deployable in accordance with reference (s). The Marine will continue to perform normal duties, subject to the provisions of this Order, or until a HCP certifies that doing so is medically inadvisable.

c. Marines who become pregnant while already assigned to a limited duty status will have their limited duty period suspended until the completion of the pregnancy and only the pregnancy duty limitation code will be reported on the unit diary for these Marines. A re-evaluation for any limitations must be initiated upon completion of the pregnancy.

d. Marines who become pregnant while already assigned to the body composition or military appearance programs will be placed in an inactive status for the duration of the pregnancy and for nine months after the date of the birth event. The remainder of body composition or military appearance program assignments shall commence nine months after the date of the birth event, in accordance with reference (r).

(1) Although pregnant and/or post-partum Marines placed in inactive status are temporarily exempt from body composition standards, they remain formally assigned to body composition or military appearance programs.

(2) The promotion restriction associated with formal assignment to the body composition or military appearance program remains intact, whether a Marine's body composition or military appearance program status is active or inactive.

(3) In accordance with reference (r), Marines are ineligible for promotion while they remain in a promotion restriction status.

(4) Marines placed in promotion restriction status while assigned to body composition or military appearance programs will no longer be in promotion restriction status once they are removed from body composition or military appearance programs.

e. COs or OICs are required to ensure the MOL Unit Management Status Report (UMSR) reflects the Marine as "pregnant" along with corresponding start date and expected delivery date.

f. Unit medical personnel are responsible for entering the Marine's pregnancy status into the Medical Readiness Reporting System (MRRS).

5. Assignments and Operational Deferments. MCO 1300.8, Marine Corps Personnel Assignment Policy, contains basic personnel assignment policy for pregnant Marines. This Order provides detailed guidance for the assignment and management of pregnant Marines. It ensures, to the greatest extent practicable, that pregnant Marines' careers are not impacted negatively. Where possible, personnel assigned on PCS or TAD orders to a unit outside of the Marine Corps will comply with Marine Corps policy.

a. Pregnant Marines shall not be assigned to duties that may adversely affect their health, the health of their unborn child(ren), or the health of fellow Marines. In consultation with pregnant Marines' HCPs, COs/OICs shall determine work assignment limitations. Results of the industrial hygiene site survey, evaluation by the occupational HCP, or recommendations by the obstetric HCP may indicate the need for reassignment or work restriction(s) in accordance with references (t) and (u).

b. Whenever possible, a Marine who is transferred from a unit because of pregnancy, shall be reassigned to the same billet in the same command, or an equivalent billet in a command of the same type, following the pregnancy and any related convalescent and parental leave and deferment period to which the

Marine is entitled in accordance with references (a), (v), and (w). PCS or TAD orders for school or special duty (e.g., recruiting, drill instructor, etc.) cancelled due to pregnancy shall be reissued following the pregnancy, convalescent and parental leave period, and the administrative non-deployable period in accordance with paragraph 6 of this chapter, if applicable. A Marine who remains qualified is eligible for assignment as long as the assignment/requirement still exists and a school seat is available.

c. Marine birthparents may defer overseas assignment or any TAD away from home station for up to 12 months following the date the Marine is discharged or released from the hospital (or similar facility) where the birth event took place. The Marine may waive the deferment period; however, this deferment is executed at the Marine's option. COs/OICs may extend this deferment if, in consultation with the HCP, it is deemed necessary for the health of the mother or child(ren).

d. Pregnancy is not a factor in selection for resident year-long professional military education or similar programs. The nature and length of such programs require consistent attendance and interaction with peers to successfully meet program and learning objectives. Pregnancy that occurs during the academic year is not a basis for disenrollment from a resident program; however, assignment to a resident program may be deferred until the next academic year for Marines under the following circumstances:

(1) Pregnant Marines with anticipated due dates that occur within the last three weeks of scheduled classes;

(2) Marines executing MCL that commences (and does not terminate) before or during the last three weeks of scheduled classes; or

(3) Marines executing MCL that terminates after the first two weeks of scheduled classes.

6. Deployment Limitations of Pregnant Marines

a. A pregnant Marine is non-deployable. A Marine assigned to a deployed Marine unit, including aboard ship, who is confirmed pregnant shall be sent to the closest U.S. MTF that can provide OB/GYN care as soon as reasonably possible. The Marine will be returned to her unit's home base at the earliest opportunity via a medically authorized mode of transportation.

b. With direct approval from her HCP, a pregnant Marine may participate in unit readiness training and field exercises, up to the 20th week of pregnancy, when the mode of transportation does not involve transport aboard naval vessels and the training does not have the potential to lead to a contingency operation.

c. A Marine on an unaccompanied overseas tour who is subsequently confirmed pregnant during the tour, shall be reassigned if there are inadequate civilian/military medical facilities with obstetric capabilities and family housing. The new assignment may be to another overseas location in order to receive credit for an overseas tour. The billeting guidelines at paragraph 2 of this chapter shall apply.

d. Marines will not normally be transferred to deploying units from the time of pregnancy confirmation up to 12 months following the date the Marine is discharged or released from the hospital (or similar facility) where the

birth event took place. Pregnant Marines are afforded up to a 12-month deployment deferment that commences on the date the Marine is discharged or released from the hospital (or similar facility) where the birth event took place. The Marine may waive the deferment period; however, this deferment is executed at the Marine's option. COs/OICs may extend this deferment if, in consultation with the HCP, it is deemed necessary for the health of the mother or child(ren).

e. A pregnant Marine will not be ordered to a family member restricted tour and shall not be assigned to a family member restricted tour for a deferment period of 12 months following the date the Marine is discharged or released from the hospital (or similar facility) where the birth event took place. This same opportunity will be afforded to a single parent, or one parent of a dual service couple in the case of adoption. In the case of adoption, the deferment period is 12 months following the placement of a child in the Marine's home. The Marine may waive the deferment period; however, this deferment is executed at the Marine's option. COs/OICs may extend this deferment if, in consultation with the HCP, it is deemed necessary for the health of the mother or child(ren).

f. Pregnant Marines will be deferred from overseas duty if they are in an advanced stage of pregnancy. The start of the 28th week of pregnancy constitutes an advanced stage of pregnancy. Marines between the 28th and 32nd week of pregnancy may waive the overseas duty deferment if the pregnancy is not high risk, the Marine is medically qualified for overseas duty, the HCP approves travel during the relevant period, and all necessary medical care is available at the gaining location.

g. Pregnant Marines stationed in CONUS and Hawaii shall not be detached after the start of the 28th week of pregnancy. Marines between the 28th and 32nd week of pregnancy may waive this restriction if the pregnancy is not high risk, the HCP approves travel during the relevant period, and all necessary medical care is available at the gaining location. Specific instructions relating to PCS orders modifications or cancellations will be obtained from CMC (MMEA/MMOA/RA), as appropriate.

h. Pregnant Marines serving overseas may be detached at their normal Rotation Tour Date (RTD), provided they do not have to fly after the 28th week of pregnancy. Marines between the 28th and 32nd week of pregnancy may waive this restriction if the pregnancy is not high risk, the HCP approves travel during the relevant period, and all necessary medical care is available at the gaining location. Where apparent that the overseas tour of a pregnant Marine will be involuntarily extended because of pregnancy (e.g., delivery date approximates RTD), CMC (MMEA/MMOA/RA) may authorize early termination of her tour. Normally, CMC (MMEA/MMOA/RA) will not approve early termination of an overseas-restricted tour because of pregnancy where the Marine has completed less than nine months of her tour unless determined medically necessary by a HCP.

i. Shipboard/Aviation Assignment

(1) Shipboard. Pregnant Marines may not embark upon naval vessels after the 20th week of pregnancy, even when the naval vessel is tied to a pier. Prior to the 20th week of pregnancy, and with HCP approval, a pregnant Marine assigned to a ship as part of ship's company may remain onboard ship if the time for medical evacuation of the Marine to a treatment facility capable of stabilizing obstetric emergencies is less than six hours. The

six-hour rule is not intended to allow pregnant women to operate routinely at sea, but rather to provide the CO flexibility during short underway periods such as changes in ship's berth, ammo anchorages, and transits to and from local shipyards. COs/OICs shall not assume that service up to 20 weeks onboard ship is acceptable and shall consult with ship's medical staff prior to embarking any known pregnant Marines onboard a Navy vessel. Refer to paragraph 6a of this chapter if a Marine discovers she is pregnant while underway.

(2) Aviation

(a) Reference (v) discusses the considerations and requirements regarding pregnant flight personnel. It is imperative that flight personnel who suspect they may be pregnant consult their flight surgeons so appropriate action can be taken to coordinate necessary prenatal care and ensure the safe conduct of flight.

(b) Pregnancy is considered disqualifying for designated flight personnel unless a medical clearance (waiver) to continue on flight status is granted by CMC (Aviation Manpower and Support Branch (ASM)). Waivers may be requested and considered for uncomplicated pregnancies and are valid only until the start of the 28th week. After the start of the 28th week, all flight personnel are grounded for the remainder of the pregnancy. See paragraph 6i(2)(f), below, for air traffic controllers. Flying during pregnancy is prohibited in single-piloted aircraft, ejection seat aircraft, high performance aircraft that will operate in excess of two G, aircraft involved in shipboard operations, or flights in aircraft with cabin altitudes that will exceed 10,000 feet. This essentially limits waivers to flight personnel who will be flying in transport, maritime, or helo-type aircraft with a cabin altitude of less than 10,000 feet. Additionally, flight personnel who become pregnant during aviation training shall be grounded until delivery and HCP certification that the Marine may return to full duty. Pregnant flight personnel are prohibited from flying as instructors. Participation in aviation physiology and aviation water survival is not permitted during pregnancy; any flight personnel whose qualifications expire during pregnancy shall not be cleared to fly beyond the date of expiration of such qualifications. Flight personnel who have an uncomplicated pregnancy may be considered for waivers on a case-by-case basis.

(c) A request for a flight medical waiver shall be originated by the pregnant Marine and submitted, in accordance with reference (v), to CMC (ASM) via Naval Operational Medicine Institute, Naval Aerospace Medical Institute (NAVOPMEDINST DET NAVAEROMEDINST (Code 342)), 220 Hovey Road, Pensacola, Florida 32508-1044.

(d) As part of the waiver review process, a local board of flight surgeons may issue a temporary Navy Medical Form 6410/2 (NAVMED 6410/2), Clearance Notice (Aeromedical), to flight personnel following their evaluation and recommendation to CMC for a waiver. A clearance notice is valid until the waiver request is granted or denied by CMC (ASM). Even when a waiver is granted, changes in pregnant flight personnel's clinical status or ergonomic factors that impact the ability to perform safely within the confines of the aircraft may require a flight surgeon to alter the decision and ground flight personnel in the best interests of the Marine Corps, the pregnant Marine, and the unborn child(ren). NAVMED 6410/2 is available through the following website: <https://forms.documentservices.dla.mil/order/>

(e) Following a Marine's delivery, recovery, and return to duty status by the obstetric HCP, a flight surgeon shall submit a post-grounding physical exam to the Naval Medical Operational Training Center (NMOTC) to clear flight personnel for return to full-flight status.

(f) Air Traffic Controllers. An uncomplicated pregnancy of an air traffic controller is not considered physically disqualifying. Duty modifications during pregnancy are expected and should be managed locally to accommodate circumstances and the individual Marine's medical requirements.

7. General Limitations

a. After confirmation of pregnancy, a pregnant Marine shall be exempt from:

(1) Unit physical training required for Marines who are in a full duty status, the Physical Fitness Test (PFT) and Combat Fitness Test (CFT), and Marine Corps body composition and military appearance standards until at least nine months after the date of delivery. Marines are encouraged to participate in exercise programs upon consultation with their obstetric HCPs.

(a) Despite exemption from unit physical training required for Marines who are in a full duty status, the PFT, and CFT, physical fitness training adapted for the physiology of pregnancy is strongly recommended for Marines who are classified as uncomplicated pregnancies by their obstetric HCPs.

(b) Pregnant Marines should make use of available physical fitness resources (e.g., Semper Fit, unit force fitness instructors, etc.) in accordance with references (x) and (y). Additional resources are available through the following website: <https://www.fitness.marines.mil>.

(c) Pregnant Marines shall consult with their prenatal HCPs No Later Than (NLT) the end of the first trimester in order to facilitate ongoing participation in a personal physical fitness program.

(d) Post-partum Marines must be evaluated by HCPs and formally assigned to a period of light or limited duty if physical fitness exemption is required beyond nine months.

(2) Exposure to chemical or toxic agents/environmental hazards that are determined unsafe by the cognizant occupational health professional or HCP.

(3) Standing at parade rest or attention for longer than 15 minutes.

(4) Participation in weapons training, water survival qualifications, drown-proofing, sky-diving, contact sports, and activities with a high risk of falling, or any other physical training requirements that may affect the health of the Marine and/or the unborn child(ren). Diving duty is hazardous and carries an increased hyperbaric risk to the unborn child(ren). Accordingly, any type of diving during pregnancy is prohibited.

b. A pregnant Marine may be allowed to work shifts.

8. Specific Limitations. After the start of the 28th week of pregnancy, pregnant Marines shall be:

a. Allowed to rest comfortably for up to 20 minutes every two hours. Sitting in a chair with one's feet elevated is acceptable.

b. Limited to a 40-Hour Work Week. The 40-hour work week may be distributed amongst any seven-day period, but hours are defined by the Marine's presence at the duty station, and not by the type of work performed. Pregnancy does not remove a Marine from watch standing responsibilities, but all watch standing hours performed at the unit spaces shall count as part of the 40-hour work week limitation. Pregnant Marines should not stand any type of watch in which they are expected to be first responders. For purposes of this Order, Marines required to monitor duty cell phones from their residences are not considered to be standing watch. In instances in which the unit's work week/watch standing requirements exceed 40 hours, COs/OICs, in consultation with HCPs, must be informed of and approve, on a case-by-case basis, extensions of pregnant Marines' work week in excess of 40 hours. Pregnant Marines may request work waivers to extend their hours beyond the 40-hour limitation, if they are physically capable and their obstetric HCPs concur. For the purposes of this Order, the 40-hour work week includes time for meals, medical appointments, and any other duties performed by Marines regardless of gender or medical circumstances (e.g., administrative business, physical training, etc.).

9. Medical Considerations for Work Assignments

a. General. Few restrictions are required during the normal pregnancy of a physically fit, well-trained Marine working in a safe environment.

b. Work Reassignment. The Marine shall not be assigned to duties where she may be exposed to a reproductive/developmental hazard to herself or her unborn child(ren). A pregnant Marine's duties/occupation may cause or exacerbate symptoms such as lightheadedness or nausea. In consultation with the appropriate HCP, the CO/OIC shall determine work assignment limitations. The results of the industrial hygiene site survey, evaluation by the occupational HCP, or recommendations of the OB HCP may indicate the need for reassignment or work restriction(s) in accordance with reference (t). Common restrictions from duty fall into the following categories:

(1) Medical. Clinical conditions as identified by the Marine's OB HCP.

(2) Environmental. The work environment may expose a pregnant Marine to potential health hazards. The occupational HCP shall determine appropriate restrictions as detailed in references (t) and (u).

(3) Ergonomic. Instances in which no obvious medical contraindications exist; however, the individual's physical configuration/abilities prohibit participation (such as lying in a prone position for weapons qualifications, certain duty aboard ships, etc.) or where nausea or fatigability would be hazardous to the Marine, the unborn child(ren), or other Marines in the unit.

(4) Other. Areas of questionably harmful effects such as Chemical, Biological, Radiological and Nuclear (CBRN) training, prolonged exposure to radio frequency, a regular unit physical training program, and certain unit qualification tests or hands-on elements of skills qualification tests.

10. Immunizations

a. Pregnant Marines are exempt from all routine immunizations except as indicated in reference (v). In accordance with reference (v), live virus immunizations may be hazardous to an unborn child if conception occurs within three months of vaccination.

b. Medical personnel shall ask Marines whether they are pregnant; however, lab testing is not required in every case.

(1) If the answer is "Yes", defer the immunization.

(2) If the answer is "Maybe", refer the Marine for evaluation by appropriate HCPs.

(3) If the answer is "No", immunize the Marine.

c. Marines attempting to conceive should consult their HCPs prior to immunization in order to minimize risks to conception or early pregnancy.

11. Termination of Pregnancy and Complications

a. Marines whose pregnancies terminate prematurely, whether by stillbirth, miscarriage, or abortion, shall inform their commands in accordance with paragraph 3b(6) of this chapter.

(1) In accordance with reference (z) the DoD prohibits the use of DoD funds to perform abortions except when the life of the service member would be endangered if the fetus were carried to term, or in cases in which the pregnancy is the result of an act of rape or incest.

(2) Marines are strongly encouraged to consult with a military HCP prior to obtaining an abortion. Additional information is available at <https://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/Abortion-Information.aspx>. Additional information on state laws that may limit abortion is available at <https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>.

(3) In the interest of confidentiality and to protect private health information, Marines are authorized to communicate directly with their COs/OICs to notify them of a termination of pregnancy and any associated limitations.

b. Marines whose pregnancies are brought to term, but result in neonatal demise, shall inform their commands as soon as reasonably possible.

c. In certain cases, Family Servicemembers' Group Life Insurance (FSGLI) offers a benefit for Marines who experience stillbirth. Additional information on FSGLI coverage, benefits, and claims is available at <https://www.benefits.va.gov/INSURANCE/docs/ProceduralGuide.pdf>.

12. Obstetric/Gynecologic (OB/GYN) Care - General. Local MTFs shall designate the location for prenatal care and delivery upon confirmation of pregnancy. Marines shall consult a MTF prenatal HCP when out-of-hospital birth (e.g., freestanding birth center or homebirth) is desired. Consultation shall include discussion of the associated risks and benefits, as well as requirements for TRICARE coverage.

13. Infants Placed for Adoption

a. Pregnant Marines intending to place their infant(s) for adoption are not eligible for assignment Outside the Continental United States (OCONUS) until delivery and adoption requirements are completed. Initial guidance and assistance for placing infants for adoption can be obtained from local Marine Corps Legal Assistance Offices. Marines intending to place their infants for adoption shall meet with appropriate legal counsel and placement agencies to ensure specific state requirements are met.

b. Neither PCL nor SCL may be authorized in the case of a birth event in which a child is placed for adoption, and/or parental rights are terminated or surrendered.

14. Extension of Active Duty/Reenlistment

a. Enlisted Marines, including Active Reserve (AR) Marines, who are pregnant, may reenlist or extend, provided they are otherwise qualified in accordance with reference (aa).

b. A Reserve Marine's period of active service may not be extended in order to permit the Marine to take leave authorized under the MPLP; however, a Marine may be extended on active service following a qualifying birth event when determined medically necessary by competent medical authority.

c. Reserve Marines shall not be recalled to active service for the use of any category of leave (either singly or in combination) under the MPLP.

15. Separation from Active Duty

a. Upon medical certification of pregnancy, a Marine may request separation using an Administrative Action form to the appropriate separation authority as defined by reference (h). Reference (h) provides for separations for the convenience of the Government by reason of parenthood or by reason of dependency or hardship when a Marine is unable to fulfill military obligations or remain available for worldwide assignment. NAVMC 10274 is available through the following website:
<https://forms.documentservices.dla.mil/order/>.

b. A pregnant Marine may voluntarily request separation; however, the request will normally be denied unless there are extenuating circumstances (which the Marine can substantiate by demonstrating overriding or compelling factors of personal need) or there are extraordinary circumstances of a humanitarian nature that exist.

c. A pregnant Marine may not be involuntarily separated on the basis of pregnancy; however, pregnancy does not bar processing for separation for other reasons under the appropriate paragraph of reference (h). For example, a pregnant Marine may be processed for separation based on commission of a serious offense. The care and management of pregnant Marines who are confined to a brig shall conform to the requirements of this Order, with the exception that MCL and Primary or SCL shall not be authorized. Pregnancy, per se, does not preclude confinement in a brig, so long as appropriate prenatal care is provided and a nearby MTF can provide for labor, delivery, and the management of OB emergencies.

d. If a HCP determines that a Marine is pregnant during the separation physical examination process, no additional examination pertaining to pregnancy (i.e., obstetric exam) is required. Pregnancy does not disqualify a Marine from separating from the military. Refer to paragraph 17 of this Order for details concerning maternity care after separation from active duty.

e. A pregnant Marine (active duty, AR, and Reserve on active duty for 30 days or more) shall provide a statement of understanding acknowledging eligibility for maternity care following release from active duty/discharge. Additionally, in accordance with reference (h), a separated Marine loses her entitlement to civilian maternity care at government expense regardless of the circumstances. Refer to paragraph 17 of this Order for details concerning maternity care after separation from active duty.

f. Separation for pregnancy must be effected NLT four weeks prior to the estimated date of delivery; however, an earlier separation date may be requested. All such requests must include specific justification for separation, in accordance with reference (h).

g. A pregnant Marine officer's request for resignation/release from active duty shall comply with references (h) and (v).

h. COs/OICs shall forward requests for separation to the separation authority with a recommendation for separation or retention on active duty.

i. The separation authority shall screen Marines being separated for pregnancy and consider their transfer to the IRR instead of separation in order to prevent the loss of potential mobilization assets in accordance with reference (h).

16. Reserve Marines

a. A pregnant Reserve Marine serving in the SMCR or IMA without a service obligation may transfer to the IRR upon request. A pregnant Reserve Marine with a mandatory service obligation must submit a request to transfer to the IRR, via the appropriate chain of command, to the Commander, Marine Forces Reserve as applicable. A SMCR or IMA Marine (either obligor or non-obligor) or a Marine of the IRR who desires to be separated from the Service must submit a written request in accordance with reference (h) to the separation authority. Note that Marines who drop to the IRR will lose their eligibility for TRICARE Reserve Select.

b. A pregnant Reserve Marine will be able to participate in scheduled periods of IDT until 30 days before the anticipated date of delivery and may be issued Active Duty for Training orders (with or without pay) up to the start of the 28th week of pregnancy. Pregnant Reserve Marines may also execute voluntary active duty orders until the start of the 28th week of pregnancy. Alternate Annual Training (AT) and rescheduled IDTs are authorized and encouraged to facilitate the Marine's satisfactory anniversary year (for retirement purposes). Prior to the issuance of orders, including voluntary, active duty operational support (ADOS) orders, pregnant Reserve Marines shall notify their COs/OICs of their pregnancies in accordance with paragraph 3a of this chapter. Notification shall specifically include whether complications have arisen during the pregnancy.

c. A Reserve Marine who becomes pregnant after being selected for the AR program, but before the effective date of her orders, may have orders to active duty delayed until four months after the date of the birth event. A pregnant Reserve Marine who has been selected for the AR program, but has not yet accessed into the program, may decline to accept orders.

17. Maternity Care after Separation

a. Regardless of the circumstances requiring the use of civilian facilities, neither the Marine Corps nor TRICARE has fiscal authority to expend funds for the civilian maternity care of non-retiree Marines separated from active duty while pregnant, except as provided in paragraphs 17b(1) or 17b(2)(b) of this chapter. Such Marines lose their entitlements to all civilian maternity care, at military expense, upon the effective date of separation as shown on Department of Defense Form 214 (DD 214), Certificate of Release or Discharge from Active Duty. Prior to separation, a pregnant Marine should be encouraged to consult with a health benefits advisor for current information regarding health benefits available to former active duty personnel. A sample DD 214 is available at the following website: <http://www.dtic.mil/whs/directives/infomgt/forms/>.

b. Active duty and Reserve Marines who are pregnant upon separating from active duty under honorable conditions with a DD 214 have several options available for maternity benefits.

(1) Pregnant Marines who are separating from active duty may purchase temporary civilian health insurance through the Continued Health Care Benefit Program (CHCBP). CHCBP is a DoD-sponsored health insurance program that is available to honorably discharged service members and can provide coverage for 18 to 36 months following separation. CHCBP provides health care coverage for pre-existing conditions, which include pregnancy. The service member must enroll in the program within 60 days following discharge from active military service. Additional information on CHCBP is available at <https://www.humanamilitary.com/chcbp>.

(2) In accordance with reference (p), the Secretary of the Navy (under special administrative authority) may allow non-retiree active duty Marines, who are pregnant and separate under honorable conditions (including a general (under honorable conditions) characterization of service), to receive maternity care through the Ex-Service Maternity Care Benefit. This benefit provides for prenatal care, delivery, and up to six weeks of postnatal care at a MTF. The decision to grant the Marine this benefit is determined by the MTF CO and is based on the capability of the MTF to provide maternity care on a space available basis. Marines must present their DD 214 to the Health Administration Office of the MTF when applying for maternity care. The following criteria should be considered when making the decision:

(a) The Marine must present evidence reflecting a physical examination given at a MTF that documents the Marine was pregnant prior to separation from active duty.

(b) The MTF to which the non-retiree Marine applies for care is capable of providing maternity care. Many MTFs cannot provide maternity care. A pregnant Marine who elects to leave the service must first consider the distance between her home and the nearest MTF that does have maternity care capability. The non-retiree Marine must consider the possibilities of premature delivery or other emergency maternity care needs. These factors

could unexpectedly force the former Marine to use a civilian source of care. Should that happen, neither the Department of the Navy, TRICARE, nor the Department of Veterans Affairs (VA) has authority to pay civilian maternity care expenses, regardless of the circumstances necessitating use of civilian care for either the non-retiree Marine or the infant. The non-retiree Marine should be aware that, if the infant requires care beyond that which is available at the MTF, it may be necessary to transfer the infant to a civilian source of care (e.g., neonatal intensive care) and any associated expenses shall be the non-retiree Marine's personal financial responsibility.

(c) Before deciding to separate from active duty, a pregnant Marine should contact the Health Benefits Advisor of the MTF she plans to use, to determine whether:

1. The facility provides maternity care;
2. The facility is close enough to the Marine's planned place of residence that, barring emergency requirements, the Marine can reach it expeditiously at the time of birth; and
3. The facility will accept the Marine's case.

(3) Pregnant service women separating from active service, under honorable conditions, are eligible for maternity care through the VA health system. Reserve Marines not exceeding the active service threshold of 90 days to rate a DD 214 may use a DD 214 from a previous release from active duty. Pregnant active duty and Reserve Marines separating from active duty under honorable conditions with a DD 214, or who possess a DD 214 from prior military service, are eligible for maternity care through the VA health system. VA facilities are using enhanced sharing authority to contract for obstetric services to include prenatal care, childbirth, and post-partum care. In some cases, some of the expenses incurred may be the responsibility of the Marine. This benefit does not, at this time, cover care of the newborn. Prior to separation, Marines should contact the women veterans' coordinator for the area in which they will be residing to expedite the administrative process for eligibility. The women veterans' coordinators directory, eligibility requirements, and other benefits are available at the following website: <http://www.va.gov/womenvet/>.

(4) Pregnant active duty and Reserve Marines separating, retiring, demobilizing, or deactivating from active duty after completing a minimum of 180 days or more of continuous active duty are required to complete the Transition Readiness Program. This program ensures Marines are prepared to transition from military to civilian life and provides Marines and their families specific tools and resources.

(5) Pregnant active duty and Reserve Marines separating, retiring, demobilizing, or deactivating from active duty after completing a minimum of 180 days or more of continuous active duty may be eligible for the Transitional Assistance Management Program (TAMP). This program offers transitional TRICARE coverage for eligible beneficiaries for up to 180 days after separation. Marines are encouraged to consult a health benefits advisor for current information regarding this health care benefit. Additional information is available at the following website: <http://www.tricare.mil/tamp>.

APPENDIX A

Format for Commanding Officer (CO) Notification

For Official Use Only - Privacy Sensitive

5000
DD MMM YY

From: Marine's Rank, Full Name, EDIPI/PMOS, USMC(R)
To: Commanding Officer

Subj: NOTIFICATION OF PREGNANCY/ADOPTION TO COMMANDING OFFICER

Ref: (a) MCO 5000.12F
(b) MCO 1740.13D
(c) MCO 1900.16 CH-1
(d) BUMEDINST 6320.3B

Encl: (1) Medical Certification of Pregnancy¹
(2) Separation Request¹

1. I have been fully counseled and understand the contents of reference (a) and provide the following information:

a. This is to notify the command of my [pregnancy][intent to adopt][intent to foster][expectant status as a non-birthparent].² [A medical certificate of pregnancy is provided as enclosure (1) and includes the estimated date of delivery and whether any medical reasons exist which make remaining in a full duty status inadvisable.]³

b. [I understand that I am responsible for making arrangements for child care during regular working hours, duty, exercises, war, or other contingency deployment, etc., and will develop a FCP in accordance with reference (b).]⁴ [I understand that I am responsible for making arrangements for child care during periods of Active Duty/Inactive Duty for Training (AD/IDT) and upon mobilization.]⁵

c. [I understand that I remain otherwise eligible for reenlistment and will serve on active duty until the expiration of my active service obligation.]^{4,6} [I understand that I will remain in the Selected Reserve.]^{5,6}

d. [I understand that I may request separation in accordance with reference (c) and may remain eligible for maternity care until the birth of my child, in limited circumstances, in accordance with reference (d).]⁶ [If I feel that extenuating circumstances exist which preclude my further service, I understand that I must request for separation in accordance with chapter 2, paragraph 15 of reference (a).]^{6,7} [Extenuating circumstances exist which preclude my further service. Enclosure (2) is my request for separation, in accordance with chapter 2, paragraph 15 of reference (a).]^{6,8}

e. I understand that I remain available for worldwide assignment and there is no guarantee of special consideration in duty assignments or duty stations based solely on pregnancy, parenthood, or the fact that I will have a dependent, except as provided for in reference (a). I understand that if pregnant, I must notify my unit Limited Duty Coordinator (LDC) and senior medical department representative of my child's date of birth and my return

to duty status so that my information can be updated in the Marine Corps Total Force System (MCTFS).

f. [I am aware of the limitations of eligibility for dependent housing and shipment of household goods.]⁹

g. [I will inform my chain of command, as soon as possible, with regard to my plan to breastfeed, in order to allow the command time to determine support requirements and identify a suitable breastfeeding location.]¹⁰

2. I will inform the command of any unexpected changes in [my medical status and will return to duty as soon as medically authorized] [my expectant status as a non-birthparent].²

3. I understand that I must be prepared to pass the Marine Corps Physical Fitness Test (PFT) or Combat Fitness Test (CFT) and conform to acceptable weight standards no earlier than nine months after the date of the birth event. I will commence physical training as soon as medically authorized.³

Marine's Signature

Counselor's Signature

Note 1 - Include only if applicable

Note 2 - Include the appropriate basis for notification

Note 3 - Include only if pregnant

Note 4 - Applies to Active Component, AR, and Reserve Marines serving on active duty for 30 days or more

Note 5 - Applies to Selected Marine Corps Reserve (SMCR) and Individual Mobilization Augmentee (IMA) Marines

Note 6 - Include only if enlisted

Note 7 - Include if administrative separation is not desired

Note 8 - Include only if administrative separation is desired

Note 9 - Applies to Active Component, AR, and Reserve Marines in the grade of E-3 and below

Note 10 - Does not apply to non-birthparents

For Official Use Only - Privacy Sensitive
Any misuse or unauthorized disclosure can result in
both civil and criminal penalties.

APPENDIX B

Medical Certification of Pregnancy
For Official Use Only (Privacy Sensitive When Filled In)

Date _____

From: _____
MTF/Health Care Provider

To: _____
Commanding Officer/Officer-in-Charge

Subj: _____
Marine's Name

Ref: (a) MCO 5000.12F

1. This is to notify you that a Marine in your command, _____, is pregnant. Using current dating information, her estimated date of conception is _____. This would make her 20th week approximately _____ and her 28th week approximately _____. The estimated date of delivery is _____ and the following medical reasons make remaining in a full duty status or in the Marine Corps Reserve inadvisable: _____.

2. Please refer to reference (a) which provides current administrative guidance concerning pregnant Marines. This guidance is intended to promote uniformity in the medical-administrative management of pregnancies in the Marine Corps.

3. Pregnancy is a condition that includes a range of physiological changes that can potentially lead to clinical findings that could result in your command having to modify the Marine's job function and/or working hours. Additionally, certain unforeseen conditions related to the pregnancy may arise that could warrant specific medical interaction and further physical limitation of the Marine's activities.

Signature/Rank

For Official Use Only - Privacy Sensitive
Any misuse or unauthorized disclosure can result in
both civil and criminal penalties.

APPENDIX C

Format for Acknowledgement of Notification of Pregnancy/Adoption

For Official Use Only - Privacy Sensitive

5000
DD MMM YY

From: Commanding Officer
To: Marine's Rank, Full Name, EDIPI/PMOS, USMC(R)
Subj: ACKNOWLEDGEMENT OF NOTIFICATION OF PREGNANCY/ADOPTION
Ref: MCO 5000.12F

1. I hereby acknowledge your notification of [pregnancy][intent to adopt][intent to foster][expectant status as a non-birthparent] of DD MMM YY.¹

2. In accordance with reference (a), you have been fully counseled and understand the policies contained therein. [You are specifically aware of the following information:]²

a. [The importance of prenatal and post-partum physical fitness, your requirement to adapt physical fitness training for the physiology of pregnancy in consultation with your obstetric Health Care Provider (HCP), and your requirement to consult with your prenatal HCP NLT the end of the first trimester to facilitate ongoing participation in a personal physical fitness program.]³

b. [You may defer overseas assignment or any Temporary Additional Duty (TAD) away from home station for up to 12 months after the date of delivery.]⁴

c. [You may waive deferment of overseas assignment or any TAD away from home station for up to 12 months after the date of delivery.]⁴

d. [You are non-deployable.]³

e. [You may participate in unit readiness training and field exercises up to the beginning of the 20th week of pregnancy.]³

f. [You may defer deployments for up to 12 months after the date of delivery.]³

g. [You may waive the deployment deferment for up to 12 months after the date of delivery.]³

h. [The deployment deferment period may be extended due to medical necessity.]³

i. [You may defer assignment to dependent restricted tours for up to 12 months after the date of delivery.]³

j. [You may waive the dependent restricted tour deferment period.]³

k. [You are deferred from overseas duty from the beginning of the 28th week of pregnancy.]³

- l. [You may waive the overseas duty deferment between the 28th and 32nd weeks of pregnancy with HCP approval.]³
 - m. [You are restricted from detaching CONUS and Hawaii assignments after the beginning of the 28th week of pregnancy.]³
 - n. [You may waive the detachment restriction between the 28th and 32nd weeks of pregnancy with HCP approval.]³
 - o. [You are restricted from detaching outside CONUS assignments at your Rotation Tour Date (RTD) if you must fly after the beginning of the 28th week of pregnancy.]³
 - p. [You may waive the RTD restriction between the 28th and 32nd weeks of pregnancy with HCP approval.]³
 - q. [You may not embark upon naval vessels after the beginning of the 20th week of pregnancy.]³
 - r. [You are restricted from serving as flight personnel after the beginning of the 28th week of pregnancy.]³
 - s. [You are restricted from participation in aviation training from medical confirmation of pregnancy until delivery.]³
 - t. [Prior to separation, you are encouraged to consult a health benefits advisor for current information regarding health benefits available to former active duty personnel.]³
3. You will inform this command of any unexpected changes in [your medical status and will return to duty as soon as medically authorized][your intent to adopt][your intent to foster][your expectant status as a non-birthparent].¹

C. O. SIGNATURE

Copy to: File

Note 1 - Include the appropriate basis for notification

Note 2 - Include only when the recipient is a Marine birthparent or one parent in a dual-military couple

Note 3 - Include only if pregnant

Note 4 - Applies to Marine birthparents or one parent in a dual-military couple

For Official Use Only - Privacy Sensitive
Any misuse or unauthorized disclosure can result in
both civil and criminal penalties.

APPENDIX D

Summary of Changes

This revision contains a substantial number of changes. The major changes to this Order are as follows:

1. Naming Convention. The naming convention of this Order was modified to align to SECNAVINST 1000.10B; accurately describe the contents and organization of this Order; emphasize the relevance of parental responsibilities to all Marines, regardless of gender; and allow for greater search results whenever the search terms "parenthood" or "pregnancy" are queried in the Marine Corps Publications Electronic Library or other internet search engines.

2. Organization. The general organization of this Order was modified to create separate chapters that address two distinct topics: (1) Parenthood and (2) Pregnancy.

3. Chapter 1, paragraphs 1a and 1b, and Chapter 2, paragraph 1a. Modifies verbiage and tone to establish a descriptive policy that directs greater command support to Marines becoming parents through birth, adoption, foster care, or the use of surrogate pregnancy services.

4. Paragraph 4b(8)(b), (8)(d), (8)(e), and (8)(j) of this Order and Chapter 1, paragraphs 2a through 2d. Incorporates a deliberate effort to educate Marines and support informed family care planning.

5. Paragraph 4b(8)(h) of this Order; Chapter 1, paragraphs 2c, 2d, 7, and 8; Chapter 2, paragraphs 2c, 6i(2)(d), 7a(1)(b), 11a(2), 11c, 15a, 17a, 17b(1), 17b(3), 17b(5). Offers specific references and provides updated information, including online resources.

6. Chapter 1, paragraphs 3a and 3c. Establishes a requirement to create the 5000.12 functional area checklist.

7. Chapter 1, paragraph 4a, and Chapter 2, paragraph 3a. Establishes notification requirements for pregnant and expectant Marines, regardless of gender or birthparent/non-birthparent status.

8. Chapter 1, paragraphs 6a through 6g. Clarifies breastfeeding and lactation support policy and implements federal standards under the Fair Labor Standards Act, as amended by the Affordable Care Act. Establishes that locker rooms are insufficient workplace locations for breastfeeding or lactation support rooms.

9. Chapter 1, paragraph 7. Provides amplifying guidance for parenthood through foster care.

10. Chapter 1, paragraph 8. Provides amplifying guidance for parenthood through adoption.

11. Chapter 1, paragraph 9. Provides amplifying guidance for parenthood through the use of surrogate pregnancy services.

12. Chapter 1, paragraphs 10a through 10e. Implements the Military Parental Leave Program (MPLP) and clarifies caregiver designation procedures.

13. Chapter 1, paragraphs 10d(4). Clarifies Marines' recourse for grievances arising from primary or secondary caregiver designations.
14. Chapter 1, paragraphs 11a through 11g. Implements the MPLP and clarifies maternity and caregiver leave entitlements.
15. Chapter 1, paragraphs 12a(1) and 12a(2). Clarifies post-partum Reserve Component (RC) Marines' entitlement to pay, benefits, or retirement credit points.
16. Chapter 2, paragraph 4a. Clarifies changes to Marine Corps Total Force System (MCTFS) duty limitation codes and the proper sequencing of MCTFS duty limitation codes.
17. Chapter 2, paragraphs 5, 5a, 5b, 5d, 6a, 6c, and 6f through 6i. Clarifies constraints and restraints in the assignment process for pregnant Marines.
18. Chapter 2, paragraph 5c. Expands the Temporary Additional Duty (TAD) deferment timeline from six to 12 months.
19. Chapter 2, paragraph 6d. Expands the post-partum deployment deferment timeline from six to 12 months.
20. Chapter 2, paragraph 6e. Expands the dependent restricted tour deferment timeline from six to 12 months.
21. Chapter 2, paragraph 6f. Establishes overseas duty assignment restrictions for pregnant Marines after the start of the 28th week.
22. Chapter 2, paragraph 6g. Establishes Continental United States (CONUS) and Hawaii detachment restrictions for pregnant Marines after the start of the 28th week.
23. Chapter 2, paragraph 6h. Establishes overseas duty detachment restrictions for pregnant Marines after the start of the 28th week.
24. Chapter 2, paragraphs 6f, 6g, and 6h. Establishes waiver criteria for assignment restrictions affecting pregnant Marines.
25. Paragraph 4b(8)(i), (12)(f), and (13)(b) of this Order and Chapter 2, paragraph 7a(1). Clarifies changes to applicable physical fitness and body composition standard timelines from six months after a Marine's return to full duty to nine months after the date of delivery. Aligns MCO 5000.12F with MCO 6100.14, MCO 6100.13A CH-1, and MCO 6110.3A CH-1 and ADMIN CH.
26. Paragraph 4b(8i) of this Order and Chapter 2, paragraphs 7a(1)(a) through 7a(1)(c). Promotes physical fitness for pregnant and post-partum Marine populations.
27. Paragraph 4b(1)(c) of this Order. Delegates authority to Deputy Commandant, Manpower and Reserve Affairs (DC M&RA) to retain, as appropriate, Marines who exceed 12 consecutive months of non-deployability due to pregnancy or post-partum considerations.

28. Paragraph 4b(1)(d), (2)(e), and (4)(b) of this Order. Formalizes coordination amongst DC M&RA; Commanding General (CG), Marine Corps Combat Development Command (CG MCCDC); and Director, Health Services to develop pregnant and post-partum physical fitness policy.
29. Paragraph 4b(5)(a) through (5)(c) of this Order. Formalizes coordination between DC M&RA and Inspector General of the Marine Corps (IGMC) to develop an inspection checklist.
30. Paragraph 4b(8)(a) through (8)(r) of this Order. Assigns specific roles and responsibilities to commanders.
31. Paragraph 4b(9)(a) through (9)(c) of this Order. Assigns specific roles and responsibilities to HCPs.
32. Paragraph 4b(10)(a) through (10)(d), (11)(a) and (11)(b), (12)(a) through (12)(f), and (13)(a) and (13)(b) of this Order. Assigns specific roles and responsibilities to individual Marines.
33. Appendix E. Defines operative words and phrases.

APPENDIX E

Glossary of Terms and Abbreviations

1. Birth Event. Any live birth of a child(ren) to a Service Member (or spouse). Multiple births resulting from a single pregnancy (e.g., twins or triplets) will be treated as a single birth event so long as the multiple births occur within the same 72-hour period. Multiple births that do not occur within the same 72-hour period will be treated as separate birth events (in this case, Maternity Convalescent Leave (MCL) and Primary or Secondary Caregiver Leave (SCL) must run concurrently but before the expiration of the leave).
2. Birthparent. The parent who gives birth.
3. Contingency. A situation requiring military operations in response to natural disasters, terrorists, subversives, or as otherwise directed by appropriate authority to protect United States interests.
4. Covered Service Member. Active Component, Reserve Component (RC) on active duty (Full Time Support/Active Reserve), and RC Service Members performing duty under a call or order to active service in excess of 12 months.
5. Direct Medical Facility. Hospitals and clinics that are operated by military medical personnel.
6. Dual Military Couples. Covered Service Member married to another Covered Service Member.
7. Health Care Provider (HCP). An appropriately credentialed medical officer, nurse practitioner, independent duty corpsman, physician assistant, or certified nurse midwife.
8. Indirect Medical Facility. Civilian hospitals or clinics, or physician or provider offices where healthcare is provided to TRICARE beneficiaries.
9. Maternity Convalescent Leave (MCL). A non-chargeable six-week convalescent period for a military member immediately following pregnancy and childbirth. It shall commence beginning on the first full day following the date of discharge or release from a hospital (or similar accredited facility) following childbirth, or the first full day after a planned home delivery under the care of a certified nurse midwife.
10. Military Parental Leave. Any combination of the three types of non-chargeable leave associated with childbirth or adoption to include MCL, Primary Caregiver Leave (PCL), and SCL. The collective program under which these types of non-chargeable leave occur is known as the Military Parental Leave Program (MPLP).
11. Neonatal Demise. Infant death that occurs within 28 days of birth.
12. Officer in Charge (OIC). Any commissioned officer who is designated Officer in Charge (OIC) of a unit by departmental orders, tables of organization, manpower authorizations, orders of a flag or general officer in command (including one in command of a joint command to which members of the naval service are attached), orders of the senior officer present, or

designated as a special court-martial convening authority.

13. Operational Deferment. The period of time from official notification and placement of pregnant Service Members from operational commands to non-operational commands for the duration of gestation, delivery, and post-delivery. During this period, Service Members are deferred from all transfers.

14. Operational Deployment. An operational deployment begins when the majority of a unit or detachment, or an individual not attached to a unit or detachment, departs home port, station, or base, or departs from an 'en route' training location to meet a Secretary of Defense-approved operational requirement.

a. An event is an operational deployment if it is recorded in the Joint Capabilities Requirement Manager or Fourth Estate Manpower Tracking System and is contained in the annual Global Force Management Data Initiative compliant tool under the Global Force Management Data Initiative reporting structure specified in reference (ai).

b. Forces deployed in support of execute orders, operational plans, or concept plans approved by the Secretary of Defense are also considered operationally deployed. An operational deployment ends when the majority of the unit or detachment, or an individual not attached to a unit or detachment, arrives back at their home port, station, or base. Forces operationally employed by Secretary of Defense orders at their home station or in "prepare-to-deploy" status at home station are not operationally deployed.

15. Primary Caregiver. The parent with the primary responsibility for caring for a child, in most cases the non-military birth parent. In some cases, the Covered Service Member may be designated as the primary caregiver. Such cases may include, but are not limited to: situations where the Covered Service Member is the birthparent; dual military couples where one member of the couple is designated as the primary caregiver; the unavailability or incapacity of the birthparent if the birthparent is not a military member; the death of one of the parents; or other circumstances where the Covered Service Member must act as primary caregiver.

16. Primary Caregiver Leave (PCL). A six-week period of non-chargeable leave granted to a designated primary caregiver for the care of a child obtained through a qualifying birth event or qualifying adoption.

17. Secondary Caregiver. The parent who is not designated as the primary caregiver. Secondary caregiver designation may be approved for an unmarried, non-birthparent if that member's parentage of the child is established in accordance with criteria prescribed in this Order.

18. Secondary Caregiver Leave (SCL). A 14-day period of non-chargeable leave granted to a designated secondary caregiver for the care of a child obtained through a qualifying birth event or qualifying adoption.

19. Surrogacy. A voluntary arrangement by which a woman agrees to carry a pregnancy to term for the purpose of surrendering the child(ren) to the sole custody of another person or persons.

20. Qualifying adoption. An adoption that is arranged by a "qualified adoption agency" as that term is defined in section 1052 of title 10, United States Code.

Glossary of Terms and Abbreviations (Cont.)

AR	Active Reserve
ASM	Aviation Manpower and Support Branch
AT	Annual Training
BAH	Basic Allowance for Housing
BUMED	Bureau of Medicine and Surgery
CBRN	Chemical, Biological, Radiological, and Nuclear
CFT	Combat Fitness Test
CG	Commanding General
CHCBP	Continued Health Care Benefit Program
CMC	Commandant of the Marine Corps
CO	Commanding Officer
CONUS	Continental United States
CYP	Child and Youth Programs
DD 214	Department of Defense Form 214
DEERS	Defense Enrollment Eligibility Reporting System
DET	Detachment
DoD	Department of Defense
DRRS-MC	Defense Readiness Reporting System-Marine Corps
ESR	Electronic Service Record
FCP	Family Care Plan
FSGLI	Family Servicemembers' Group Life Insurance
HCP	Health Care Provider
HIPAA	Health Insurance Portability and Accountability Act
IDT	Inactive Duty for Training
IGMC	Inspector General of the Marine Corps
IMA	Individual Mobilization Augmentee
IRR	Individual Ready Reserve
LDC	Limited Duty Coordinator
MCCDC	Marine Corps Combat Development Command
MCCS	Marine Corps Community Services
MCL	Maternity Convalescent Leave
MCO	Marine Corps Order
MCTFS	Marine Corps Total Force System
MF	Marine and Family Programs Division
MMEA	Enlisted Assignments Branch
MMOA	Officer Assignments Branch
MP	Manpower Plans and Policy Division
MPLP	Military Parental Leave Program
MPO	Military Policy Branch
M&RA	Manpower and Reserve Affairs
MRRS	Medical Readiness Reporting System
MTF	military treatment facility
NAVAEROMEDINST	Naval Aerospace Medical Institute
NAVMC	Navy and Marine Corps Form
NAVMED	Navy Medical Form
NAVOPMEDINST	Naval Operational Medical Institute
NET	No Earlier Than
NLT	No Later Than
NMOTC	Naval Medical Operational Training Center
OB/GYN	Obstetrics/Gynecology
OCONUS	Outside the Continental United States
OHA	Overseas Housing Allowance

OIC	Officer in Charge
PCL	Primary Caregiver Leave
PCS	Permanent Change of Station
PFT	Physical Fitness Test
PHI	Protected Health Information
PII	Personally Identifiable Information
RA	Reserve Affairs Division
RC	Reserve Component
RTD	Rotation Tour Date
SCL	Secondary Caregiver Leave
SMCR	Selected Marine Corps Reserve
TAD	Temporary Additional Duty
TAMP	Transitional Assistance Management Program
UMSR	Unit Management Status Report
VA	Department of Veterans Affairs