



Women's Health Education for Line Leadership

Women's Health: A Guide for Navy and Marine Corps Leadership

*Developed by the Women's Health Education for Line Leadership
Working Group, under the Female Force Readiness Advisory Board*

DISCLAIMER

The views presented in this guide do not reflect those of the Department of Defense and any medical information is not intended to replace advice from a professional healthcare provider. Any mention of specific apps or products does not indicate endorsement.

The following Leadership Guide is intended for Navy and Marine Corps Leadership; however, certain language or resources may be service specific.

This guide provides high-level information on service women's medical needs to support line leadership in maintaining female force readiness and fostering a supportive environment for women to proactively manage their health. Each section includes additional resources on the topic, such as Navy and Marine Corps policies, relevant support services, and patient education resources that leadership can make available to service women. This guide is not intended to be a resource to address every concern related to women's health or to train line leaders to become medical professionals, but rather to provide line leaders with an overview of relevant issues and resources.

Women's Health Knowledge

Know when to encourage female Sailors and Marines to seek medical care for an issue that is unique to women's bodies. Understand common medical conditions and their impact on deployment status.

It is essential for service women to understand their bodies so they can maintain medical readiness. Be proactive in creating opportunities for service women to receive this education. The Deployment Readiness Education for Service Women (DRES) Handbook (link below) empowers self-care; please make sure this is available to service women that work for you. Best practices include organizing women's health educational events or lectures where medical providers can address service women about women's health issues, answer any questions they have, and initiate a positive culture of self-education.

Additional Resources:

- [Deployment Readiness Education for Service Women \(DRES\) Handbook](#) (Found on the Women's Health Webpage under the Deployment Tab)

Health Privacy and Confidentiality

Minimal health information about a service member may be shared with the Commanding Officer or CO's representative, but it is not required in most cases. Service members are entitled to privacy and the protection of their health information.

The Health Insurance Portability and Accountability Act (HIPAA) requires covered entities to implement safeguards to ensure the confidentiality, integrity, and availability of protected health information (PHI). Although there is a Military Command Exception (MCE) to private health information, disclosure of information must be limited to that required to ensure readiness. Commanders do not have direct access to medical records without authorization. This *does not require* disclosure, it *permits* disclosure. Only the minimum amount of information possible should be provided. The MCE does not permit direct access to medical records unless authorized by the service member or HIPAA.

Command will receive notification of a confirmed pregnancy with both the estimated date of confinement (delivery) and the estimated gestational age. Command will receive notification as well as details regarding an unrestricted report of sexual assault. In the event of a restricted report of sexual assault, Command may receive notification that the restricted report has been filed but will not receive the contents of this report.

Command will NOT be notified about a service member's mental health care or substance misuse education unless one of the following circumstances apply: harm to self/others/mission, special personnel status, inpatient mental health/substance abuse treatment, interferences with duty, entered into or discharged from a formal substance misuse treatment program, or through a command directed evaluation. Similarly, Command would not be notified about a service member's plans to use fertility treatments unless the use of these medications/procedures impacts deployability/readiness.

Additional Resources:

- [What is Protected Health Information?](#)
- [DHA Privacy and Civil Liberties Office, 2015, The Military Command Exception and Disclosing PHI of Armed Forces Personnel.](#)

Sexual Health

Encourage female Sailors and Marines to take steps to promote good sexual health and encourage conversations about consent and safe sex. Create healthy environments for Sailors and Marines who identify as LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual) to feel safe. Understand the sexual assault reporting process.

Facilitate conversations about more than just sexual assault. Invite Command Chaplain, Fleet and Family Support Center, Marine Corps Community Center, and command Sexual Assault Prevention and Response (SAPR) representatives to discuss healthy relationships and sexual health. Create an environment that demonstrates commitment to diversity and inclusion.

There are two options for reporting sexual assault: restricted and unrestricted. Both reporting options offer equitable exams and post treatment care and counseling for the victim. Command will receive notification as well as details regarding an unrestricted report of sexual assault. In the event of a restricted report, Command may receive notification that the restricted report has been filed but will not receive the contents of the report.

Additional Resources:

- [Sexual Health and Responsibility Program \(SHARP\)](#)
- [Navy and Marine Corps Public Health Sexual Health Resources](#)
- [Navy Leadership Guide for Managing Sailors in Distress: Sexual Assault and Rape](#)
- [Marine Corps Community Services: Sexual Health](#)
- [United States Navy Transgender and Gender Transition Commanding Officer's Toolkit](#)
- [Marine Corps Community Services: Human Performance, Sexual Health and Responsibility](#)
- [Men Who Have Sex with Men \(MSM\) and Pre-exposure to HIV Prophylaxis \(PrEP\)](#)
- [Men Who Have Sex with Men \(MSM\) and Sexually Transmitted Infection \(STI\) Risk](#)
- [Women Who Have Sex with Women \(WSW\) and Sexually Transmitted Infection \(STI\) Risk](#)
- [Navy Sexual Assault Prevention and Response \(SAPR\) Program](#)
- [Navy Sexual Assault Reporting Options](#)

Sexually Transmitted Infections

Sexually Transmitted Infections (STIs) are common. They will be present within your command. Untreated STIs compromise readiness, so ensure Sailors and Marines understand when and where to seek treatment.

STI screening is confidential; Sailors and Marines will not face negative consequences for seeking STI screening and treatment. The Preventative Medicine team does not disclose the results of STI testing directly to the command. Discuss with your medical department representative the pros and cons of having a by-name report versus numbers only.

Be aware of nearby locations where service women can seek STI screening and treatment, such as Community Health Clinics or Contraceptive Walk-in Clinics, also called PINC (Process Improvement for Non-delayed Contraception) Clinics. These clinics can be a preferable option for Sailors and Marines as they provide more anonymity than seeking screening or treatment at sick call.

Additional Resources:

- [Clinical Resources: Screening, Testing, and Treatment](#)

Menstrual Suppression

Menstruation can present challenges during deployment, including health, hygiene, and logistic concerns. Ensure your medical department is prepared to educate women about menstrual suppression options that may simplify their healthcare needs while on deployment.

Menstrual suppression (using hormonal birth control to prevent having a monthly cycle) is safe, convenient, and can minimize uncomfortable situations (especially while on deployment) without any long-term effects on health or fertility. Service women should reach out to their healthcare provider to discuss menstrual suppression options and to obtain a prescription with increased supply to support the length of their deployment. Per DHA-PI 6200.02, pharmacies will cooperate with commands to provide enough refills of medications to ensure Sailors and Marines have access to an adequate supply of contraceptives for the entire length of a deployment. This is coordinated through the medical department and does not require any additional authorization by the CO. Menstrual suppression illustrates why some women may seek contraception for reasons other than preventing pregnancy.

Additional Resources:

- [Menstrual Suppression Pamphlet](#) (Found on the Women's Health Webpage under the Menstrual Management Tab)
- [DHA-PI 6200.02 Comprehensive Contraception Counseling and Access to the Full Range of Methods of Contraception](#)
- [DRES Handbook \(p. 65\)](#) (Found on the Women's Health Webpage under the Deployment Tab)

Contraception

Access to contraception is essential to maintaining female force readiness. Foster a proactive culture and encourage conversations about birth control which is not only for contraception but other medical needs. Ensure service women are empowered and encouraged to seek contraceptive counseling.

Discuss contraceptive management before deployment. Consider asking medical providers about their comfort level with contraceptive counseling and facilitate additional training where necessary. Not all medical providers will have the capabilities to perform contraceptive services, so encourage Sailors and Marines to seek alternative options if necessary. Be aware of nearby locations where service women can obtain their preferred method of birth control, such as the Contraceptive Walk-in Clinics, also called PINC (Process Improvement for Non-delayed Contraception) Clinics. PINC clinics are located in many shore-based military clinics. These are walk-in contraceptive clinics available for any active duty female.

Ensure a diverse formulary is available for contraception options and support efforts by medical providers to seek credentialing for many options for menstrual suppression or contraception. Encourage female Sailors and Marines to explore the app "Decide + Be Ready" in preparation of a discussion with her healthcare provider. Medical providers (notably IDCs) with limited experience in women's health and contraception should be encouraged and empowered to shadow or see patients in the women's health department of local Military Treatment Facilities (MTFs). Encourage communication with local MTFs that may have providers interested in hosting educational events for Sailors and Marines.

Additional Resources:

- Decide + Be Ready App (assists service women with choosing a birth control option) *App icon and QR code displayed on the right.*
- [Navy and Marine Corps Public Health Center: Contraceptives](#)
- [Contraceptive Walk-In Clinics](#)
- Article: [Army and Marine recruits are having a hell of a time getting birth control, and experts say it's hurting readiness](#)
- [Health Promotion and Wellness Policies and Instructions: Access to Methods of Contraception \(p. 6\)](#)



Critical Health Screenings

Encourage female Sailors and Marines to obtain appropriate screenings based on age. Allow time for appointments and coordinate with the medical department so appointments can be done at flexible hours convenient for the patients.

Some health screenings, including pap smears and vaccinations, are tracked on the Medical Readiness and Reporting System (MMRS). If these screenings are not up to date, they will impact readiness. The initiation and frequency of Critical Screening elements vary by age, and guidelines may change. Ensure your medical providers understand the guidance.

Additional Resources:

- [Manual of the Medical Department \(MANMED\), Navy Medicine](#)
- [DRES Handbook \(p. 80\)](#) (Found on the Women's Health Webpage under the Deployment Tab)

How to Navigate the Military Health System

The Military Health System can be daunting, especially for junior service women. Know how to direct Sailors and Marines to access proper care and navigate the military health system.

Encourage Sailors and Marines to advocate for themselves and their healthcare needs. Manage the expectations of junior service women regarding the need to be proactive; guide them to make phone calls, to set up appointments, and to follow up with providers if needed. Many resources are available to support service women in accessing the healthcare they need, such as the Nurse Advice Line (24/7 support through phone, video chat, and online chat: 1-800-TRICARE), [secure messaging](#), and Contraceptive Walk-In Clinics (PINC Clinics—available in many locations, no appointment required, same day counseling, prescriptions, and long-acting contraceptives.) Service women have the unique responsibility to follow up on any abnormal pap smear results, and the secure messaging platform is the only safe and consistent way for a provider to notify a patient of such results.

To make medical appointments, service women should go through their primary care provider. Referrals to specialists must come from the primary care provider. For prescriptions, Express Scripts® will ship to a service member's home or forward deployed address. Service members should go through their primary care provider to establish. Refills are written by their provider.

Additional Resources:

- [TRICARE Online Secure Messaging](#)
- [TRICARE Express Scripts](#)
- [DRES Handbook \(p. 88\)](#) (Found on the Women's Health Webpage under the Deployment Tab)
- [MHS Genesis Patient Portal](#)

Physical Health During Deployment

Service women may face unique physical challenges during deployment.

Women are at higher risk for Relative Energy Deficiency in Sports (RED-S). RED-S is a condition where energy from food does not meet the body's needs, leading to numerous health issues. Women are more likely focused on weight loss given the need to meet strict height and weight standards. Highly athletic females, specifically female Marines, are at a higher risk for RED-S based on weight standards and strength requirements, leading to a higher risk for stress fractures, low energy, eating disorders, etc. Be aware of these risks and be prepared to support medical providers in addressing the cultural shifts necessary to mitigate the risks.

Understand that women may be more susceptible to certain musculoskeletal injuries. These injuries may be exacerbated by ill-fitting gear. Ensure service women have access to gear that appropriately fits their bodies.

Additional Resources:

- [Deployment Health Centers](#)

Mental Health During Deployment

Encourage Sailors and Marines to seek mental health treatment when issues are interfering with daily life. Strive to reduce stigma and ensure Sailors and Marines know that seeking treatment will NOT end their careers. Understand women's higher risk of suicide related behaviors.

Gender disparities have been noted in the development and prevalence of depression, anxiety, post-traumatic stress disorder (PTSD), substance use disorders (SUD), and suicide rates. Service women may bear the additional mental health burden of gender isolation, especially in the Marine Corps. For mental health, treatment options include mental health professionals (e.g. psychiatric providers, clinical psychologists, Licensed Clinical Social Workers), deployed resiliency counselors (DRCs), Military One Source, Fleet & Family Support Center (FFSC), and Community Counseling Centers. Individuals do not need a referral from a psychiatric provider to seek services from a DRC, Military One Source, FFSC, or Community Counseling Center. Certain NECs/MOSs are required to see a mental health professional due to the nature of their jobs, and if a diagnosis is made, they will also need to see the psychiatric provider.

Additional Resources:

- [Navy Mental Health Playbook](#)
- [Navy and Marine Corps Public Health Psychological and Emotional Well-Being Resources](#)
- [Navy Leadership Guide for Managing Sailors in Distress](#)
- [Health Promotion and Wellness Policies and Instructions: Suicide Prevention Program \(p. 4\)](#)
- Article: [Women's Mental Health in the US Military](#)

Motherhood and Deployment

Understand how a female Sailor or Marine's ability to deploy is affected after giving birth. Additionally, women with children may face particular challenges during deployment.

Encourage conversations about the unique difficulties faced by deployed mothers. Ensure service women have access to mental health resources associated with deploying, and foster relationships between deployed women with children. Make sure female Sailors and Marines know how to craft a family care plan and have access to legal resources associated with deploying. Encourage service women to begin developing a family care plan early, before your unit launches. Raise awareness of available services, such as reimbursements for shipping breast milk (available up to \$1,000), that can ease challenges of motherhood while deployed.

Additional Resources:

- [DACOWITS Report: Women's Reintegration \(p. 93-98\)](#)
- [Pregnancy and Parenthood Policies and Instructions](#)
- [Navy Personnel Command: Navy Family Care Plan](#)
- [Military One Source: How to Create a Family Care Plan for Caregivers](#)
- [Joint Travel Regulations Revision: Reimbursement for Shipment of Breast Milk](#) (expenses will be reimbursed up to a maximum of \$1,000 when authorized).

Pregnancy

As the number of active duty women continues to rise, it is imperative that pregnancy becomes normalized as a reproductive right that does not adversely impact career aspirations and forward advancement.

Many service women feel there is a stigma against pregnancy and believe that having a baby will be detrimental to their career. Create a supportive command culture that encourages an open dialogue surrounding pregnancy, one that includes women, men, and birthing partners in the discussion, in order to decrease unplanned loss in manning and maintain long term mission readiness.

Female Sailors and Marines are required to report their pregnancy to the Commanding Officer. It is protected medical information. *The two-week rule no longer applies.* In 2023, the Navy and Marine Corps released the Delayed Pregnancy Notification to Command Policy which provides service members the time and flexibility to make private healthcare decisions. Service members may **delay command notification of pregnancy to 20 weeks gestation**; however, certain military duties, occupational hazards, and medical conditions require notification earlier than 20 weeks. These instances include Special Personnel such as Naval Aviators, Naval Flight Officers, Aircrew assigned to duty involving flight operations, Sailors or Marines assigned to diving duty, Sailors on submarine duty, Sailors or Marines assigned or selected to other special duty assignments requiring completion of a Special Duty Assignment physical exam, and Sailors or Marines with acute medical conditions interfering with duty.

If earlier notification is required, the service member will notify their commander upon confirmation of pregnancy by a military healthcare provider and will be placed in a **temporary non-deployable status**, with limitations specific to medically confirmed pregnancy.

If the previously mentioned special circumstances do not apply, DoD healthcare providers are not to disclose a service member's pregnancy status prior to 20 weeks gestation. If a service member chooses to delay command notification, the medical provider will place the service member in a **non-deployable, light duty status without reference to pregnancy**. This allows service members to maintain privacy and have time to make private health care decisions in a manner consistent with the responsibility of commanders to meet operational regulations.

By instruction, female Sailors shall detach from operational platforms at 20 weeks of pregnancy. Maternity Convalescent Leave (MCL) lasts for six weeks and begins the day after a female Sailor or Marine is discharged from the MTF following childbirth. Primary Caregiver Leave (PCL) is an additional six week period. Reintegrating with the unit after pregnancy is challenging. Welcome new mothers like a newly reporting Sailor/Marine when they return. Female Sailors and Marines are eligible to deploy 12 months after the six-week postpartum period. However, they can request to deploy earlier if cleared by the obstetrical team.

Up to one in four pregnancies end in miscarriage. Treatment may require surgical intervention, convalescent recovery time as well as grief support is needed. Length of convalescent recovery time will vary depending on the medical situation.

Additional Resources:



- Navy Pregnancy and Parenthood App (available in the Apple, Android, and Google Play app store) *App icon displayed on the right.*
- [Marine Corps Administrative Message \(MARADMIN\) on Delayed Pregnancy Notification Policy](#)
- [All Navy Message \(ALNAV\) on Delayed Pregnancy Notification Policy](#)
- [Navy Administrative Message \(NAVADMIN\) on All DoD Reproductive Health Care Policies](#)
- [Fact Sheet: Delayed Pregnancy Notification](#)
- [Instructions and Guidance Surrounding Pregnancy](#)
- [DACOWITS Report: Pregnancy Policies \(p. 87-93\)](#)
- [21st Century Sailor: Parenthood and Pregnancy](#)
- [MCO 5000.12F Marine Corps Policy Concerning Parenthood and Pregnancy](#)
- [Career Intermission Program](#)
- Article: [Air Force Takes First Step to Buy Maternity Flight Suits](#)
- Article: [How the military is losing its top talent because of pregnancy discrimination and what we can do about it](#)

Abortion

Considering whether to terminate a pregnancy is a difficult decision. Be aware of the military's policies surrounding abortion and be prepared to support and provide resources to service women who express interest in learning about their options.

Abortions are only covered by TRICARE under certain situations; TRICARE-covered abortion care includes abortions for a pregnancy that is the result of rape or incest or a pregnancy that endangers the life of the pregnant person. Non-TRICARE covered abortion care includes all other situations of pregnancy termination.

The recent overturn of *Roe v. Wade* dictated that access to abortion care will be dependent upon individual state laws. The Supreme Court ruling does not prohibit the DoD from continuing to perform and pay for covered abortions, as is consistent with federal law. Therefore, the DoD does not need to comply with state laws restricting access to covered abortion care. For a TRICARE-covered abortion, convalescent leave for medical care and Temporary Additional Duty (if travel is necessary) will be recommended by the referring physician. If there is no local access to abortion care, then service members will be placed on government funded official travel orders and receive expeditious transport to the nearest location to provide the necessary abortion services.

If a service member chooses to end a pregnancy for a reason other than rape, incest, or life endangerment, the service member must pay out-of-pocket for this care and access abortion services outside of the MHS. Service members may need to travel to obtain a non-covered abortion based on local access and state laws on abortion. In 2023, the Navy and Marine Corps released a new policy granting service members travel allowances (i.e., funding) and administrative leave to seek non-TRICARE covered reproductive healthcare. Non-covered reproductive health care includes Assisted Reproductive Technology (ART) and non-covered abortion services. ART includes treatments and procedures to achieve pregnancy such as in-vitro fertilization (IVF). Non-covered abortions include all situations of pregnancy termination outside of abortions for a pregnancy that is the result of rape or incest or a pregnancy that endangers the life of the pregnant person. These policies support service members by increasing access to care by providing the following benefits.

For a non-TRICARE covered abortion, service members may request an administrative absence from their normal duty stations without being charged leave, ensuring service members are able to access reproductive healthcare regardless of where they are stationed. The period of absence will be limited to the minimum number of days essential to receive the required care, and travel needed to access the care, by the most

expeditious means of transportation practical. Requests for administrative absence should be given all due consideration and should be granted to the greatest extent practicable, unless, in the commanding officer's judgement, the service member's absence would impair proper execution of the military mission.

Service members and authorized dependents are eligible for travel and transportation allowances to receive non-covered reproductive healthcare services when timely access to non-covered reproductive healthcare services is not available within the local area. The service member or dependent must certify in writing the location of the closest available, capable medical facility for the non-covered reproductive health care services. If a service member or dependent is incapable of traveling alone, standard travel and transportation allowances are authorized for one or more necessary escorts. Under specific conditions, an accompanying dependent who is neither an attendant nor an escort may be authorized.

The recently released policies on reproductive health care support the Navy and Marine Corps' ability to recruit, retain, and maintain the readiness of a highly qualified force. Further, TRICARE will cover any relevant follow-up care, including mental health services related to abortion, regardless of whether the abortion was TRICARE-covered or not.

Lastly, medication abortion pills are available via mail in states without restrictions for tele-medication abortion. Service women should be aware of safe, reputable services of this kind (including [Women on the Web](#), [Plan C](#), [Hey Jane](#), or [Three for Freedom](#)).

Additional Resources:

- [ALNAV on Administrative Absence and Travel Policies](#)
- [MARADMIN on Administrative Absence and Travel Policies](#)
 - [Fact Sheet: Administrative Absence](#)
- [NAVADMIN on all DoD Reproductive Healthcare Policies](#)
- [Non-Covered Reproductive Health Care Policy Fact Sheet](#)
- [Navy and Marine Corps Public Health Abortion Resources](#)
- [United States Abortion Policies and Access After Roe](#)
- [What to Know: Abortion Care in the Navy](#)
- [20 October Memorandum on Access to Abortion Care from the Secretary of Defense](#)
- [Ensuring Access to Reproductive Health Care | Health.mil](#)

International Abortion Restrictions

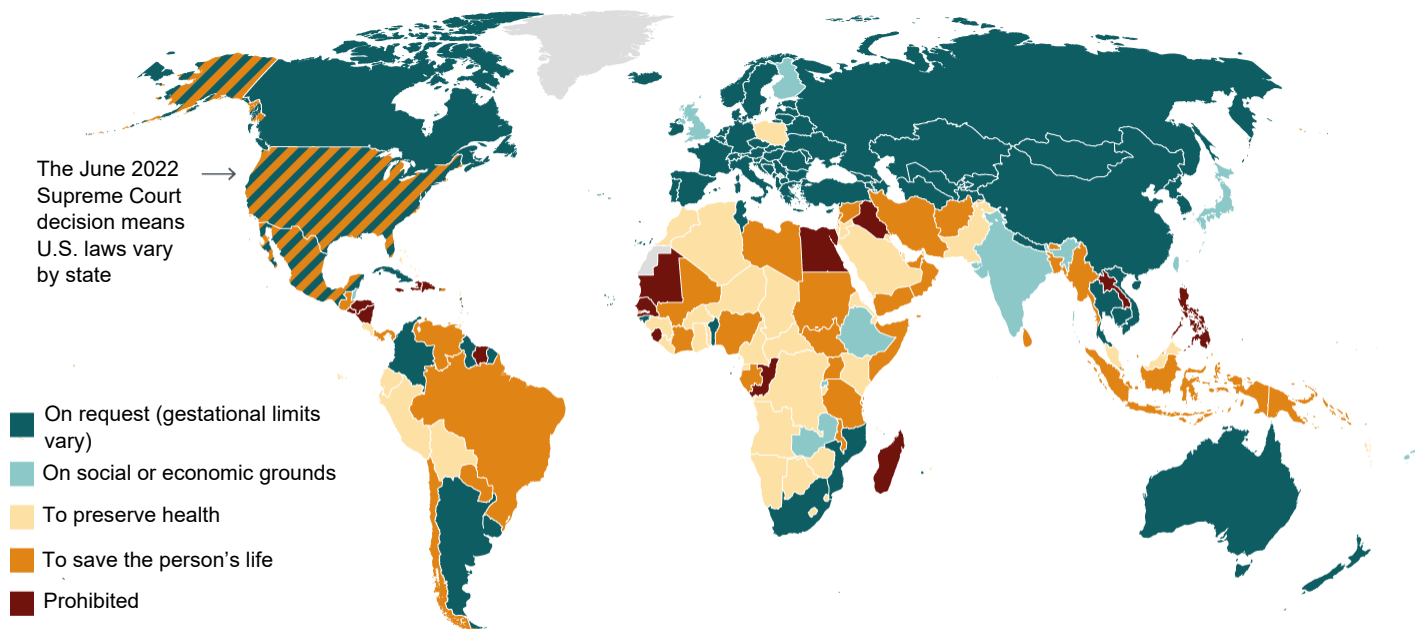
For service members stationed Outside of the Continental United States (OCONUS), abortion access may be significantly limited due to host country laws, travel required to access care, need for translators, and additional challenges creating increased barriers to abortion care. If stationed OCONUS, host nation laws are observed at MTFs.

Varying abortion care restrictions across the globe can impact service members' ability to receive abortion care when stationed abroad. For example, in Guam and Guantanamo Bay, there are no civilian providers available, meaning there are no medical capabilities to provide abortions in these countries other than the military hospitals, which can only provide TRICARE-covered abortions. Service members will have to leave the country for non-TRICARE covered abortions.

Navy MTFs in Japan may perform TRICARE-covered abortions up to the 21st week of gestation; due to Japanese law, spousal consent is required for married individuals. Surgical abortions provided outside of an MTF can cost upward of \$700 if conducted in the first eight weeks but can double in cost starting at 12 weeks gestation; medication abortions cannot be self-administered and must be taken at a clinic. In comparison to Japan, service members stationed at OCONUS Naval bases such as Naval Air Station Sigonella or Naval Station Rota, have fewer gestational weeks to access abortion care (as few as 90 days gestation in Italy).

Additionally, service members stationed in Japan can typically access abortion care under 100 miles from their base; however, considering many service members may not have a personal vehicle, travel through public transportation may be arduous and circuitous. **If stationed OCONUS, it is critical to take the time to understand current abortion restrictions in your area and communicate them to service members, so individuals are aware of accessible and safe resources and care options. Additionally, maintaining awareness of abortion restrictions is critical to equip you to support service members who may need to take leave urgently to travel to access abortion care.**

Access to Abortion as of March 2023



Source: [Center for Reproductive Rights](https://www.crr.org/)

Postpartum Support

Women may face physical- or mental-health related postpartum challenges. These challenges may require additional support from leadership. Ensure you are aware of available resources for these service women.

Returning to duty postpartum can be a challenging transition for service women. Postpartum follow-up can require multiple outpatient medical visits depending on the woman's delivery outcome and the needs of the baby. These visits require time away from the workspace.

Many women experience abdominal weakness, abdominal separation, or pelvic floor dysfunction following childbirth. Encourage your female Sailors and Marines to seek information from their provider about medical interventions and exercises, such as pelvic floor physical therapy, to address these issues. Every woman responds to her pregnancy, the delivery, and the postpartum experience differently; after giving birth, some women may find it difficult to rebuild and maintain their fitness, some may struggle to balance their career with the responsibilities of motherhood, and some may experience postpartum depression or other mental-health issues. Know the resources available to new mothers and be prepared to connect service women to them. Encourage service women to seek help from a medical provider if needed. Furthermore, be aware that service members are exempt from physical fitness and body composition standards during pregnancy and for nine

months following delivery. Be cognizant of the need for the Sailor or Marine to have multiple postpartum medical appointments. Pending any obstetrical/mental health pathology, she will be world-wide deployable at 12 months and at six weeks after delivery and need to have a family care plan in place.

Additional Resources:

- [Postpartum Return to Duty Transition Guide](#) (Found on the Women's Health Webpage under the Pregnancy & Postpartum Tab)
- [Marine Corps Pregnancy and Postpartum Physical Training Handbook](#)
- [Marine Corps Pregnancy and Postpartum Physical Training Guidebook](#)
- [Fleet and Family Support Program: New Parent Support Home Visitation Program](#)
- [Marine Corps Community Services New Parent Support](#)
- [Marine Corps Family Team Building](#)
- [Postpartum Depression Guide](#)
- [OPNAVINST 6110.1J - Physical Readiness Program](#)
- [Department of Health & Human Services Recovering from Birth](#)
- [Postpartum Pelvic Floor Physical Therapy](#)
- [Army Pregnancy and Postpartum Physical Therapy Program](#)
- [BUMED Instruction 6000.14B](#)
- [Best Practices for Breastfeeding, Pumping, Lactation Rooms, and Nursing Mothers Programs](#)
- [Lactation Room Rules and Expectations](#)

Lactation

Military mothers face unique challenges while breastfeeding. Leadership needs to support lactating mothers, which begins with knowledge of current lactation policies.

There is a [BUMED Instruction](#), [OPNAV Policy](#), and [Marine Corps Orders](#) surrounding breastfeeding. Service women have reported issues with lactation rooms, including lack of running water, refrigeration, and privacy, and some women reported using closets, restrooms, conference rooms, colleague's offices, or personal vehicles for lactation. Be aware of existing lactation policies and if your command is not in compliance, escalate this concern to your leadership to identify space options. Though not a requirement for ships or other operational commands, any command that has postpartum Sailors or Marines is required to have a lactation room that meets standards according to [BUMED Instruction 6000.14B](#). Create an environment in garrison where breastfeeding service women feel supported.

Service members often express that there is a lack of command support for the frequency of mothers' lactation (e.g., pumping) needs. When service members feel more comfortable utilizing lactation/pumping resources, there is [noted](#) increased workplace productivity (through reduced absenteeism), improved morale, and increased service member retention. **Be sure to provide support on this issue by promoting awareness of the available lactation rooms and encouraging your command to utilize the spaces. Further, normalize the use of these spaces and regular lactation breaks.** Also, notify service members of the [breast pump supplies covered under TRICARE](#), including power adapters, tubing adapters, storage bags, bottles, etc.

Additional Resources:

- [DACOWITS Report: Breastfeeding and Lactation Support \(p. 79-87\)](#)
- [The Marine Corps Order on Parenthood and Pregnancy Just Got a Revamp](#)
- [BUMED Instruction 6000.14B Supporting of Women in Lactation and Breastfeeding](#)
- [Breastfeeding in the Navy](#)
- [Lactation Room Checklist](#)
- [Best Practices for Breastfeeding, Pumping, Lactation Rooms, and Nursing Mothers Programs](#)
- [Lactation Room Rules and Expectations](#)