



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH VA 22042

BUMEDINST 1050.4  
BUMED-N10  
8 Jun 2026

BUMED INSTRUCTION 1050. 4

From: Chief, Bureau of Medicine and Surgery

Subj: CONVALESCENT LEAVE FOLLOWING CHILDBIRTH AND PERINATAL LOSS

Ref: (a) DoD Instruction 1327.06 of 7 August 2025  
(b) NAVPERS 15560D  
(c) CNO WASHINGTON DC 191946Z Jan 23 (NAVADMIN 008/23)  
(d) CMC WASHINGTON DC 272030Z Jan 23 (MARADMIN 051/23)  
(e) CMC WASHINGTON DC 081100Z Mar 23 (MARADMIN 129/23)

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

1. Purpose. To provide guidance on convalescent leave following pregnancy, birth, and perinatal loss that supports physical recovery and medical readiness.
2. Scope and Applicability. This policy applies to all Budget Submitting Office (BSO) 18 commands and operational activities having medical personnel under the authority, direction, and control of the Surgeon General of the Navy, who also performs the duties of Chief, Bureau of Medicine and Surgery, and ships and stations with Navy Medical Department personnel.
3. Background. Reference (a) and Administrative Absence Policy authorize 12 weeks of parental leave following a period of convalescence for the birthparent, qualifying adoptions, or long-term foster situations. The number of days authorized for convalescent leave is not specified in references (a) through (e). References (c) through (d) provide Service-specific implementation guidance for reference (a). Further, reference (a) and reference (b), Naval Military Personnel Manual, article 1050-180, authorize convalescent leave for the birthparent, as recommended by their health care provider and approval of the unit commander.
4. Policy. To ensure full physiological recovery from pregnancy and birth, 42 days remain an appropriate amount of time for recovery from pregnancy and birth at 20 weeks gestation and beyond. In instances of perinatal loss, providers should utilize enclosure (1) for appropriate convalescent leave guidelines based on gestational age. Parental leave will not be considered by the medical provider when determining the appropriate time for recommended convalescent leave following pregnancy and birth.

## 5. Action

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

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

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

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

## 6. Privacy Requirements

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

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

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules found on Directives and Records Management Division portal page at

<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

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

8. Review and Effective Date. Per OPNAVINST 5215.17A, Secondary and Specialty Care (BUMED-N10C2), will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of War, Secretary of the Navy, Navy policy, and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV manual 5215.1 of May 2016.

  
R. FREEDMAN  
Acting

Releasability and distribution:

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

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

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

Please Note:

1. PFT recommendations specify when fitness assessments should occur and do not correlate to resuming exercise or physical training.
2. Timing should be determined in collaboration with the obstetrical provider; however, after an uncomplicated vaginal delivery, some exercise may resume within days to weeks.
3. A Sailor is deferred from participation in the Physical Fitness Assessment during pregnancy and for 12 months after giving birth, losing a pregnancy, or having a stillbirth as per section 701 of Title 10 U.S. Code.