**DEPARTMENT OF THE NAVY**
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BUMEDINST 6000.14C
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BUMED INSTRUCTION 6000.14C

From: Chief, Bureau of Medicine and Surgery

Subj: SUPPORT OF SERVICE MEMBERS IN LACTATION AND BREASTFEEDING

Ref: (a) CNO WASHINGTON DC 251319Z Mar 19 (NAVADMIN 075/19)
(b) CMC WASHINGTON DC 231339Z Mar 22 (MARADMIN 134/22)
(c) OPNAVINST 6000.1D
(d) MCO 5000.12F
(e) DoD Instruction 1010.10 of 28 April 2014
(f) NMCPHC-TM-6260.01D of May 2019
(g) TRICARE Policy Manual 6010.63-M of April 2021
(h) DoD Joint Travel Regulations, May 2026

Encl: (1) Policy Guidance for Support of Service Members in Lactation and Breastfeeding

1. Purpose. To set guidelines for policy development to support commands with Service members in lactation and breastfeeding, per references (a) through (h). This is a complete revision and should be read in its entirety.

2. Cancellation. BUMEDINST 6000.14B.

3. Scope and Applicability. This instruction applies to all ships and stations with Navy medical personnel.

4. Background. The factors which affect breastfeeding are complex, varied, and different in each situation; however, the impact of workplace conditions and health care practices can be major contributors to the success or failure of breastfeeding. References (a) and (b) provide uniform policies for lactating Service members. References (c) and (d) direct commanders to support Service members upon return to work. Reference (e) directs the implementation of programs which promote health and prevent disease in a culture that values actions to achieve optimal health. Reference (f), section VI, addresses occupational exposures to lactating Service members and provides guidance to occupational medicine providers caring for lactating Service members. Reference (g), chapter 8, section 2.6, covers manual and standard electric breast pumps. Reference (h), chapter 2, section 0204, table 2-24, addresses coverage of shipping costs for breast milk.

5. Policy. Commands will provide workplace support to lactating Service members in their decision to breastfeed. Enclosure (1) provides guidance for command policy development.

6. Action. Commands must incorporate policy guidelines outlined in enclosure (1) into their local policies, as appropriate.

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 Office of the Chief of Naval Operations (OPNAV) Records Management Program (DNS-16).

8. Review and Effective Date. Per OPNAVINST 5215.17A, Clinical Operations, Policy, and Standards (BUMED-N10) 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, and 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 guidance in OPNAV Manual 5215.1 of May 2016.

9. Forms. The DD Form 2642 TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment is available at https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2642.pdf.

M. CASE
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/

# POLICY GUIDANCE FOR SUPPORT OF SERVICE MEMBERS IN LACTATION AND BREASTFEEDING

## 1. Background

a. Breastfeeding has many benefits for mothers and infants alike and has been associated with reduced risk for illnesses in both children and mothers. Exclusive breastfeeding for 6 months and continued breastfeeding up to 2 years or longer is recommended by all major professional medical organizations, including the American Academy of Pediatrics (AAP), American Academy of Family Physicians, American College of Obstetricians and Gynecologist and the World Health Organization. Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade. Two objectives of the Healthy People 2030 initiative aim to increase national breastfeeding rates and duration. One objective is to increase the proportion of infants who are breastfed exclusively through age 6 months, with a target of 42.4 percent. Exclusive breast feeding for the first six months is considered the single most effective preventive intervention for reducing child mortality. Another objective is to increase the proportion of infants who continue to receive breast milk at 1 year, with a target of 54.1 percent. The AAP recommends exclusive breastfeeding for approximately 6 months after birth and supports continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired by mother and child for 2 years or beyond.

b. The Department of Veterans Affairs and DoD Clinical Practice Guideline for Management of Pregnancy, available at (https://www.healthquality.va.gov/guidelines/WH/up/VA-DOD-CPG-Pregnancy-Full-CPG_508.pdf), recommends delivering breastfeeding education through open-ended conversations at each health care visit. TRICARE policy incorporates breastfeeding counseling during inpatient labor and delivery care, outpatient obstetric visits, and well-child care visits.

c. Data from a systematic review demonstrates that 2020 breastfeeding initiation and duration rates among active-duty Service members were below the national average (Bridget A Owens, Diane DiTomasso, Practices and Policies That Support Breastfeeding Among Military Women: A Systematic Review, *Military Medicine*, Volume 189, Issue 1 and 2, January/February 2024, pages e119 through e126, https://doi.org/10.1093/milmed/usad128). This is concerning given strong evidence that breastfeeding is associated with a multitude of health benefits for both moms and babies (Eve E. Stoody, Joanne M Spahn, Kellie O Casavale, The Pregnancy and Birth to 24 Months Project: A Series of Systematic Reviews on Diet and Health, The American Journal of Clinical Nutrition, Volume 109, Supplement 1, 2019, pages 685S-697S which is available at: https://pubmed.ncbi.nlm.nih.gov/30982878/). Given the evidence of the direct relationship between breastfeeding and illness reduction, efforts to increase breastfeeding rates can decrease health care costs and increase workplace productivity through reduced absenteeism, improved morale, and Service member retention (Feltner C, Weber RP, Stuebe A, et al., Breastfeeding Programs and Policies, Breastfeeding Uptake, and

Maternal Health Outcomes in Developed Countries. Agency for Healthcare Research and Quality, 2018, Comparative Effectiveness Review No. 210 which is available at: https://www.ncbi.nlm.nih.gov/books/NBK525106/).

d. Individuals face a variety of challenges with the initiation and continuation of breastfeeding. Significant barriers to lactation and breastfeeding include social norms, lack of social or family support, employment, childcare issues, and health services. Health care providers are particularly influential as individuals make decisions about whether to breastfeed, as they learn how to breastfeed, and as they prepare to re-enter the workplace while continuing to breastfeed.

2. Definitions

a. Lactation. The secretion of milk from the mammary glands of the breast.

b. Breastfeeding. Feeding a child human breast milk, either directly from the breast or pumped from the breast.

c. Breast Pump. A mechanical device, approved by the Food and Drug Administration, used by lactating mothers to express and maintain human breast milk, aiding in milk production or feeding when direct breastfeeding isn't possible.

3. Breastfeeding Support Program. Per references (c) and (d), commanding officers (CO) must develop command policies to delineate support of lactating Service members, and must ensure the availability of a private, clean and comfortable room for expressing breast milk. Conditions of the breastfeeding and breast pumping areas are delineated in paragraph 5 of this enclosure.

a. Occupational Exposures. COs must provide lactating Service members with information about and training on any potential occupational exposures to ensure they can reduce or eliminate their exposure to occupational toxicants as much as possible. Occupational health and industrial hygiene personnel are available to interpret the Navy Occupational Safety and Health Program, as necessary, and to collaborate with shore and Fleet COs and officers in charge to ensure a NAVMED 6260/8 Occupational Exposures of Reproductive or Developmental Concern - Supervisor's Statement, and NAVMED 6260/9 Occupational Exposures of Reproductive or Developmental Concern - Workers' Statement have been completed, and the current industrial hygiene site survey identifies potential environmental and occupational hazards that may impact an individual's decision to breastfeed.

b. Marine Corps Policy. Per reference (d), COs must arrange for an occupational healthcare provider 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. 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.

c. TRICARE Childbirth and Breastfeeding Support Demonstration. The TRICARE Childbirth and Breastfeeding Support Demonstration expands childbirth and breastfeeding coverage for eligible TRICARE beneficiaries. Eligibility requirements are available at https://tricare.mil/Plans/SpecialPrograms/CBSD. This program extends coverage to include support from certified non-medical professionals, including labor doulas, certified lactation consultants, and certified lactation counselors.

d. Use of Relief Organizations. Healthcare providers should integrate a process by which the health care staff and breastfeeding individuals can interface with local relief organizations (e.g., Navy and Marine Corps Relief Society, The Special Supplemental Nutrition Program for Women, Infants, and Children, La Leche League, etc.) through screening for program eligibility and connecting eligible patients with relief organization contacts or licensed social workers.

4. TRICARE Coverage of Breast Pumps, Supplies, and Breastfeeding Counseling

a. Manual and Standard Electric Breast Pumps. Per reference (g), chapter 8, section 2.6, TRICARE covers manual and standard electric breast pumps. One manual or standard electric breast pump and supplies are covered per birth event. The coverage is extended to all TRICARE beneficiaries, as well as for a female beneficiary who legally adopts an infant and intends to personally breastfeed the adopted infant. Prior authorization is not required. A prescription from a TRICARE-authorized physician, physician assistant, nurse practitioner, or nurse midwife is required for coverage of the breast pump and should be submitted with the claim. The prescription must, at a minimum, indicate the type of breast pump prescribed (manual or standard electric). If a request is determined to be a duplicate, the claim may be denied. Cost shares and copays do not apply to manual or standard electric breast pumps and supplies.

b. Hospital Grade Breast Pumps. Per reference (g), chapter 8, section 2.6, a hospital grade breast pump and supplies are covered for premature infants when hospitalized during the immediate postpartum period. Additionally, a hospital grade breast pump and supplies are covered when required to support initiation of lactation for mothers and infants who are separated due to illness or who are unable to feed directly from the breast due to maternal or infant medical complications, congenital anomalies, induced lactation, re-lactation, adoption, or other medical conditions for mother or infant which preclude effective feeding at the breast. A prescription from a TRICARE-authorized physician, physician assistant, nurse practitioner, or nurse midwife is required for coverage of a hospital grade breast pump. Cost-shares, copays, and deductibles do not apply to hospital grade breast pumps and associated supplies. For additional information, Service members should reach out to their TRICARE health benefits advisor. Service members can find information on their health benefit advisor on the “Patient Resources” tab of their local or regional TRICARE Web site.

c. Breast Pump Supplies

(1) Covered Supplies. Standard power adapters, tubing and tubing adapters, locking rings, bottles, bottle caps, splash protectors, and storage bags used with the breast pump are

covered as necessary for up to 36 months following the birth event. Up to two breast pump kits are also covered per birth event. The breast pump and supplies must be obtained from a TRICARE- authorized provider, supplier, vendor, or any civilian retail store or pharmacy for the breast pump, supplies, and kits to be covered. The beneficiary may request reimbursement from the managed care support contractor if they have paid out-of-pocket by submitting an approved and properly completed DD Form 2642 with a copy of the prescription for the breast pump and itemized receipt(s). Cost shares and copays do not apply.

(2) Non-Covered Supplies. The breast pump benefit does not include coverage for several items, including: breast pump batteries, battery-powered adapters, and battery packs; regular "baby bottles" (bottles not specific to pump operation), including associated nipples, caps, and lids; travel bags and other similar carrying accessories; breast pump cleaning supplies; baby weight scales; garments and other products that allow hands-free pump operation; ice packs, labels, labeling lids and other similar products; nursing bras, bra pads, breast shells and other similar products; and over-the-counter (non-prescription) creams, ointments, and other products that relieve breastfeeding related symptoms or conditions of the breasts or nipples. These items are excluded from coverage, are not reimbursable by TRICARE, and are the patient's responsibility.

d. Breastfeeding and Lactation Counseling. Per reference (g), chapter 8, section 2.6, TRICARE covers breastfeeding and lactation counseling. Breastfeeding and lactation counseling must be the only service being provided during the visits and billed using one of the preventive counseling codes: 99401 to 99404. Breastfeeding and lactation counseling is only covered when rendered by a TRICARE-authorized individual professional provider, outpatient hospital, or clinic. The only exception to this coverage is under the TRICARE Childbirth and Breastfeeding Support Demonstration for TRICARE Prime and TRICARE Select beneficiaries. These counseling sessions are in addition to the lactation counseling that may be provided during an inpatient maternity stay, outpatient visit, or well-child visit. Copays and cost shares do not apply.

5. Command Breastfeeding and Breast Pumping Areas. Providing accommodations for breast milk expression is essential to the sustainment of breastfeeding and serves as a visible display of institutional support for this healthy behavior. In line with reference (c), COs and officers in charge must provide reasonable break time and ensure the availability of a private space free from intrusion to express breast milk. A toilet space is unacceptable for breast milk expression due to sanitary concerns. Lactation rooms must be clean and comfortable and have ready access to running water for hand washing and cleaning pump equipment near or within the lactation room. The lactation room must also have electrical outlets and be located within a reasonable proximity of the workspace. Breastfeeding individuals may store breast milk in an insulated container for up to 24 hours and it may be refrigerated for up to 5 days. Breast milk should be contained and labeled to avoid contamination by other items located in the vicinity. Service members should be supported by their command to lactate in a manner and location that best

suits their individual needs and duty obligations, per State and Federal policies. Service members should be given the option to pump with discretion outside of provided lactation rooms. COs may approve aircrew in-flight breast pumping if the action does not interfere with flight tasks and in-flight storage is possible.

6. Breast Milk Shipment. Per reference (h), chapter 2, section 0204 breast milk shipment may be authorized as a travel accommodation for a special need during temporary duty (TDY) travel. The TDY must be longer than 3 calendar days and within 24 months from the date the Service member gave birth. Expenses may include reasonable commercial shipping fees, excess baggage, disposable storage bags or non-durable containers, cold shipping packages, refrigeration, and transport. Expenses, submitted through the Defense Travel System, will be reimbursed up to a maximum of $1,000 per TDY when authorized in advance on the travel authorization and accompanied by all valid receipts ($75.00 minimum not applicable).

7. Uniforms While Nursing. To support nursing personnel, specific lactation-friendly uniforms are authorized for wear. Both Navy and Marine Corps policies allow for specialized nursing t-shirts, which are designed to provide convenience and comfort while adhering to uniform and safety regulations, as outlined:

a. Per reference (a), lactating Navy Service members are authorized to wear nursing t-shirts. The nursing t-shirts may be long or short sleeve and must be white when worn with Service uniforms, coyote brown when worn with the Navy working uniform type II and III, and black 100 percent cotton nursing t-shirts when worn with flight suits. Long sleeve nursing t-shirts will be worn with fully extended long sleeve uniform shirts or blouses. The nursing t-shirt will be worn tucked-in unless worn with maternity uniforms. When worn with maternity uniforms, the t-shirt will not extend beyond the hem of the maternity top being worn. Due to safety requirements, only 100 percent cotton nursing t-shirts are authorized for wear in shipboard or organizational clothing environments.

b. Per reference (b), lactating Marine Corps Service members are authorized to wear certified nursing t-shirts. The maternity undershirt is authorized to wear in the same manner as the standard olive drab undershirt. The nursing shirt must be worn as an undergarment and may not be worn as an outer garment.

8. Breastfeeding Education and Training. The Department of Veterans Affairs and the Department of Defense Clinical Practice Guideline for the Management of Pregnancy includes breastfeeding education beginning with the first prenatal visit. These Clinical Practice Guidelines outline that Service members will be educated on breastfeeding throughout their perinatal care. The United States Preventive Services Task Force strongly recommends perinatal care. The United States Preventive Services Task Force strongly recommends structured breastfeeding education and behavioral counseling programs to promote breastfeeding and increase duration rates. Effective programs use individual or group sessions, generally beginning during the prenatal period, led by specially trained nursing or lactation specialists. Healthcare staff caring for lactating and breastfeeding Service members should also be trained in current,

evidence-based medical indications for supplementation and contraindications to breastfeeding and prepared to consider the safety profiles of medications when prescribing to lactating Service members. In addition, healthcare staff must be trained in maternal and infant symptoms of breastfeeding problems that require urgent evaluation and escalation of care.