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

BUMEDINST 6000.23
BUMED-N10
7 Aug 2026

BUMED INSTRUCTION 6000.23

From: Chief, Bureau of Medicine and Surgery

Subj: COMMAND NOTIFICATION OF PREGNANCY

Ref: (a) SECNAV WASHINGTON DC 271542Z Feb 23 (ALNAV 017/23)
(b) CNO WASHINGTON DC 282114Z Feb 23 (NAVADMIN 058/23)
(c) CMC WASHINGTON DC 272350Z Feb 23 (MARADMIN 111/23)
(d) NMCPHC-TM-OEM 6260.01D May 2019
(e) OPNAV M-5100.23 of September 2023
(f) NAVMED P-5055
(g) SECDEF memo of 20 Oct 2022 (NOTAL)
(h) DoD Instruction 6025.19 of 13 July 2022
(i) OPNAVINST 6000.1D
(j) MCO 5000.12F

1. Purpose. To provide guidance to medical providers on procedures related to command notification of pregnancy.

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 Chief, Bureau of Medicine and Surgery (BUMED) and ships and stations with Navy Medical Department personnel.

3. Background. References (a) through (j) provide guidelines for providers and Service members regarding operational considerations for pregnant Service members. References (a) through (c) implement the Command Notification of Pregnancy Policy and provide Service-specific implementation guidance for the Department of War policy mandating the protection and privacy of Service member's reproductive health information. Per references (a) through (c), Service members are provided with the time and flexibility to determine health care decisions by allowing the delayed notification of pregnancy until 20 weeks gestation unless special duty assignments necessitate earlier command notification. References (a) through (c) identify responsibilities of the medical provider in recommending duty status and limitations for pregnant Service members.

4. Policy

a. After pregnancy is confirmed, the health care provider will assess whether the Service member's duties could adversely impact their health or pregnancy, or whether the pregnancy impacts the Service member's ability to safely accomplish their mission, per reference (d), section V. Consultation with Occupational and Environmental Medicine may be useful in assessing risk. Certain military duties, occupational health hazards, and medical conditions necessitate that the Service member must notify the command of pregnancy earlier than 20 weeks gestation, per references (a) through (c).

b. Service members are encouraged to notify appropriate command authorities upon confirmation of pregnancy and allowance for time and flexibility for private health care decisions in the early months of pregnancy. For the command notification of pregnancy that includes suggested considerations for duty limitations the Service member's health care provider may use the optional Navy and Marine Corps Pregnancy Memorandum template which is available at https://esportal.med.navy.mil/bumed/rh/m3/M32/Womens%20Health%20Documents/Navy_MC%20Pregnancy%20Notification%20Memo.pdf. Upon completion by the health care provider, this pregnancy notification memorandum will be given to the member, and the member will submit the memorandum to the appropriate command authority to formally notify command of their pregnancy. At the time of notification, the Service member will be placed in a duty status with limitations specific to pregnancy.

c. If the Service member intends to delay notification to command during the early months of pregnancy, the health care provider will place the pregnant Service member in a light duty status, with limitations appropriate to pregnancy, to include temporary non-deployability and the below limitations, without making any reference to pregnancy, utilizing the existing light duty procedures, not to be extended beyond 20 weeks gestation. Health care providers should use the DD Form 689 Individual Sick Slip.

(1) No standing at attention or parade rest for longer than 15 minutes.

(2) No working in one position or lying in the prone position for a prolonged period.

(3) No exposure to excessive heat or vibration.

(4) No prolonged work at heights (i.e., ladders and step stools).

(5) No participating in weapons training, swimming qualifications, drown-proofing, diving, gas mask confidence or in-chamber training, or physiologic and hyperbaric or hypobaric training.

(6) No activities at altitude greater than 10,000 feet.

(7) No carrying, lifting, or pushing or pulling heavier than 25 pounds.

(8) No command physical training but may physically train at own pace, as able. No wearing of load bearing equipment, plate carrier, or body armor except for authorized second chance vests and law enforcement duty belts.

(9) No wearing of individual protective equipment, including firefighting ensembles, gas masks, or respirators including self-contained breathing apparatus' except for respirators associated with day-to-day occupational requirements.

(10) No carrying or use of chemical protective suit.

(11) Special duty restrictions:

(a) No underway or temporary additional duty periods where medical evacuation capabilities from the platform to definitive care is greater than 6 hours and no deployments unless cleared by medical provider.

(b) No hyperbaric or hypobaric duty.

(c) No firing range duty.

(d) No duty in environments with any potential or actual exposure to radiofrequency above maximum permissible exposure limit, per reference (e).

(e) Ionizing radiation exposure limits for pregnant females is governed per reference (f), chapter 6.

5. Additional Resources. Additional resources and references are available via the Web sites listed in subparagraphs 5a and 5b of this instruction.

a. Military Health System Women's Health topics: https://health.mil/Military-Health-Topics/Womens-Health

b. BUMED Office of Women's Health Web site: Policies and Instruction section: https://www.med.navy.mil/About-Us/Womens-Health-and-Readiness/

6. Privacy Requirements

a. Workforce members and providers will adhere to the privacy and security requirements of protected health information and personally identifiable information (PII) under the Health Insurance Portability and Accountability Act Privacy, Security, and Breach Notification Rules and the Privacy Act of 1974 as amended by the higher authority guidance as applicable: DoD Manual 6025.18, Implementation of Health Insurance Portability and Accountability Act

Privacy Rule in DoD Health Care Programs, 13 March 2019, section 3.1; DoD Instruction 8580.02 of 12 August 2015; SECNAVINST 5211.5F, Department of the Navy Privacy Program, 20 May 2019; and references (a) through (c).

b. Military Command Exception and Consultation: Any disclosure of pregnancy status or reproductive health information to command authorities under the HIPAA "Military Command Exception" in DoD Manual 6025.18 of 13 March 2019 must be restricted to a strict "need-to-know" basis. Commanders and medical personnel must ensure that such disclosures are directly tied to the Service member's fitness for duty, occupational health standards, assignment and operational requirements or the execution of the military mission. Consult with the local privacy office, office of general counsel, or staff judge advocate for any privacy-related guidance, particularly concerning complex disclosures of reproductive health information.

c. Any misuse or unauthorized disclosure of PII or PHI may result in sanctions, criminal and civil penalties. The Department of the Navy (DON) recognizes that the privacy of an individual is a personal and fundamental right that must be respected and protected. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging statutory responsibilities must be balanced against the individuals' right to be protected against unwarranted invasion of privacy. Consult with local privacy office, office of general counsel, or staff judge advocate for any privacy related guidance.

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 the 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 Policy (BUMED-N10C) 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 the guidance in OPNAV Manual 5215.1 of May 2016.

9. Forms. DD Form 689 Individual Sick Slip is available on the DoD Forms Management Program, https://www.esd.whs.mil/Directives/forms/dd0500_0999/DD689/

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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/