



DEPARTMENT OF THE ARMY  
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APVG-CG

21 NOV 2023

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: 25th Infantry Division (25ID) Policy Letter #2 – Pregnancy and Postpartum Family Wellness

1. References:

- a. All Army Activities (ALARACT) 018/2023, Expansion of the Military Parental Leave Program (MPLP) Implementation Guidance, dated 6 March 2023
- b. ALARACT 076/2022, Implementation procedures for deployment deferment based on parenthood or fertility treatment, reassignment stabilization based on fertility treatment, and compassionate reassignment based on fertility treatment, 14 November 2022
- c. Army Directive 2023-05, Administrative Absence for Non-covered Reproductive Health Care, 27 February 2023
- d. Army Directive 2023-04, Command Notification of Pregnancy, 27 February 2023
- e. Army Directive 2022-06, Parenthood, Pregnancy, and Postpartum, 19 April 2022
- f. Army Regulation (AR) 600-8-10, Leave and Passes, 3 June 2020
- g. AR 600-20, Army Command Policy, 24 July 2020
- h. AR 600-9, The Army Body Composition Program, 16 July 2019
- i. AR 614-30, Overseas Service, 22 December 2016
- j. Field Manual (FM) 7-22, Holistic Health and Fitness, October 2020
- k. Office of the Secretary of Defense Memorandum, Administrative Absence for Non-Covered Reproductive Health Care, 16 February 2023

2. Applicability. This policy applies to all Soldiers in 25ID.

3. Intent. Incorporate evidence-based health and wellness guidance to improve quality of life, promote flexibility, and enable all Soldiers to safely continue their duties, return to

readiness, perform critical assignments, and advance in their careers while growing their Families.

4. Policy. Commanders will familiarize themselves and abide by the references listed. Brigade-level commanders will publish a policy letter on pregnancy and postpartum Family wellness that will establish brigade procedures for lactation, Family Care Plans (FCP), duty away from home, and convalescent leave.

a. Pregnancy Notification.

(1) Pregnancy Notification. Soldiers who have confirmed their pregnancy will make every effort to meet with a healthcare provider at a military medical treatment facility, Reserve medical unit, or Guard medical unit or with a TRICARE-authorized provider no later than 12 weeks gestation.

(2) Notification to Commanders. Soldiers are encouraged to notify appropriate command authorities on confirmation of pregnancy, validated through a healthcare provider. This notification should include the healthcare provider's assessment of whether the pregnancy impacts the Soldier's ability to safely accomplish the mission, the potential impact of official duties on the pregnancy, and any limitations recommended by the healthcare provider. Soldiers receiving care from a licensed non-DoD healthcare provider are required to submit any limitations recommended by the healthcare provider to appropriate command authorities.

(3) Delayed Notification to Commanders. Soldiers who have confirmed their pregnancy and choose to delay pregnancy notification to appropriate command authorities will notify the appropriate command authorities no later than 20 weeks gestation unless notification must be made prior to 20 weeks gestation in the circumstances of special duties, occupational health hazards and acute medical conditions interfering with duty.

b. Physical Fitness.

(1) It is mandatory that all pregnant and postpartum Soldiers enroll in Pregnancy Postpartum Physical Training (P3T). Soldiers who experienced perinatal loss will follow recommendations from their provider and have the option to attend postpartum physical training.

(2) Soldiers are exempt from taking a record physical fitness test while pregnant and for 365 days after the conclusion of pregnancy.

(3) Soldiers are also exempt from other regular unit physical readiness training requirements (such as timed distance runs, timed distance ruck marches, and order of

merit list (OML)-generating physical requirements) outside of the P3T program for 180 days after the conclusion of pregnancy. After 180 days, Soldiers will return to regular unit fitness training. Modified activities within a Soldier's limits, and as noted on the Soldier's profile, are encouraged within the 180 days.

(4) Soldiers may elect an early release from the P3T program and return to their regular unit physical readiness training. Soldiers can volunteer to take any record physical fitness requirement within their 365-day exemption period without ending the exemption earlier or being subjected to negative consequences for a failed test.

c. The Army Body Composition Program (ABCP)

(1) Soldiers are exempt from ABCP standards for the duration of the pregnancy plus the period of 365 days after the pregnancy ends. All postpartum Soldiers who do not meet the Army body composition standard after 365 days following the conclusion of pregnancy will be entered into the ABCP.

(2) Commanders whose Soldiers become pregnant while enrolled in the ABCP will:

(a) Have their flags removed as erroneous if they were enrolled for fewer than 30 days before the start of pregnancy (the estimated date of conception as noted by a medical provider).

(b) Have their flags removed as erroneous if they were enrolled for fewer than 90 days before the start of pregnancy, and have been demonstrating satisfactory progress every month.

(c) Maintain their flag if they were enrolled for longer than 90 days but will not be held to the ABCP's standards sooner than 365 after postpartum.

d. Uniform.

(1) Commanders and supervisors will not require Soldiers to wear the Army Service Uniform (ASU) or Army Green Service Uniform (AGSU) while pregnant and for 365 days after the conclusion of pregnancy. These Soldiers are authorized the wear of the maternity and non-maternity permethrin-free Army Combat Uniform (ACU) and Improved Hot Weather Combat Uniform (IHWCU) during and after pregnancy.

(2) Pregnant and postpartum Soldiers may wear the maternity ACU trousers with the non-maternity ACU or IHWCU coat. Soldiers may voluntarily choose to end this exemption early and wear non-maternity uniforms prior to 365 days postpartum; however, no favorable or unfavorable action will be taken based on Soldiers' choice of



uniform during the full exemption period. Leaders will not pressure Soldiers to end their exemption early.

(3) Soldiers exempt from wearing the ASU/AGSU while pregnant or postpartum will not be prohibited from participating in any personnel action, such as attending a semi-centralized (E-5/E-6) promotion board, due to this exemption.

(4) Soldiers who have profiles authorizing the wear of a “soft shoe” will wear an athletic (running/walking) shoe with the ACU or IHWCU.

(5) Soldiers will not be required to purchase a larger Army Physical Fitness Uniform (APFU) to accommodate the pregnancy. Pregnant Soldiers are authorized to wear the APFU t-shirt outside the trunks when the uniform becomes too small or uncomfortable. Under the same circumstances, pregnant Soldiers may wear equivalent civilian workout clothes.

(6) Child Development Program facilities are “No-Hat, No-Salute” areas.

e. Postpartum / Operational and Training Deferment.

(1) All birthparents (Soldiers who physically give birth) are deferred or excused for 365 days after the birth of their child from all continuous duty events that are in excess of 1 normal duty day/shift. These include but are not limited to Charge of Quarters and Staff Duty.

(2) A 365-day operation and training deferment applies to:

(a) Single Soldiers and one Army member of a dual-military couple in cases of adoption and long-term child placements (such as long-term foster care placement) when the child is a minor (younger than 18 years old) at the time of adoption or placement. This deferment does not apply in cases of stepparent or sibling adoption.

(b) Soldiers who uses a surrogate, and the Soldier becomes the legal parent or guardian of the child, the event will be treated as an adoption, and the operational and training deferment applies.

(c) Soldiers undergoing fertility treatment from a healthcare provider with credential in fertility treatment, starting on the date of their first appointment.

(d) Birthparents still lactating after 365 days are authorized an extension of deferment from deployment. Extensions will be granted in 3-month increments if the Soldier is lactating for up to 730 days (24 month) after the birth. Commanders may verify lactation through the Soldiers profiling provider.

(3) Commanders will coordinate to assist dual-military parents in order to enable both Soldiers to safely continue their duties, return to readiness, perform critical assignments, and advance in their careers. Birthparents may transfer their deferment to their Army spouse or co-parent to ensure that at least one parent is home with their child throughout the 365-day deferment period. If operationally feasible, dual-Army parents can alternate based on mission throughout the 365-day period.

(4) Birth parents, non-birth parents and Soldiers who adopt a minor child are authorized 12 weeks of parental leave, either taken in whole or taken in increments for up to 1-year following the birth or adoption of the child.

(5) Eligible Soldiers may request an administrative absence for non-covered reproductive health care from their normal duty station without being charged leave to access non-covered reproductive health care. Requests must include supporting documentation to certify medical provider validation of the medical condition and location of care. Company-level, or equivalent, commanders may approve an administrative absence for a period of up to 21 days per request for eligible Soldiers to receive or accompany a dependent or dual-military spouse who receives non-covered reproductive health care.

(6) Soldiers will be provided with convalescent leave for physical and emotional recovery after a birth event or in cases of miscarriage or stillbirth. Soldiers (including when the spouse is a Soldier, civilian, or a member of another military service) whose spouse experiences miscarriage or stillbirth will also be provided convalescent leave for emotional recovery.

f. Commanders' responsibilities.

(1) Counsel their Soldiers on the roles and responsibilities including, but not limited to, options as a result of their pregnancy per applicable regulations, enrollment in the P3T program and the Army Breastfeeding and Lactation Support Policy.

(2) Ensure leaders track accountability of their Soldiers enrolled in P3T. Provide updates to the 25ID P3T Program Manager (PM) on their respective Soldier's authorized absence, such as pending leave, duty or hospitalization. Ensure that all eligible pregnant or postpartum service members participate in P3T unless a memorandum for record (MFR) for exemption is submitted by a health care provider or chain of command to the PM. Company commanders can approve any exemptions up to up to 5 days, battalion commanders can approve any absence up to 15 days. Any exemption greater than 15 days must be approved by the brigade commander.

(3) Provide lactation breaks and a designated lactation area for lactating Soldiers. Accommodate lactation breaks at least every 2–3 hours for at least 30 minutes

each break. A child beginning to eat solid foods does not negate a Soldier's individual need for lactation breaks.

(4) Designate a private space, other than a restroom, with locking capabilities for a Soldier to breastfeed or express milk. This space must include a place to sit, a flat surface (other than the floor) to place the pump on, an electrical outlet, a refrigerator to store expressed milk, and access to a safe water source within reasonable distance from the lactation space.

5. Proponent. The 25ID Surgeon Officer is the proponent for this policy. Questions should be directed to the 25ID Surgeon Office at 808-787-5425.



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