



ISSUE

Pregnancy and military operations

AND'S POSITION

In order to ensure that a military member's pregnancy does not have a negative impact on military operations, the Department of Defense (DoD) and the individual military services should ensure that they have robust training programs in place to educate both men and women on their responsibilities as potential parents, the options to prevent unplanned pregnancies, and their obligations to meet their service commitments. Additionally, each Service must prepare assignment policies that will allow quick filling of billets, including for reasons of pregnancy.

DISCUSSION

Pregnancy of service women has been a "hot button" issue since women became part of the armed forces. From the 1940s into the mid-1970s, pregnancy and motherhood were considered incompatible with military service. Women, whether married or not, were automatically discharged if found to be pregnant, and many lost benefits they would have accrued had they been able to remain in service. Additionally, unwed mothers were sometimes punished under the Uniform Code of Military Justice, and dishonorably discharged. It is important to note that single fathers were never subject to disciplinary action if involved in an unwed pregnancy, nor were they discharged.

With the advent of the All-Volunteer Force, and the realization that the military services needed "womanpower" in order to maintain sufficient personnel levels, in addition to the efforts of a few brave women who challenged the policy of automatic discharge, the policy was changed in the mid-1970s. This did not automatically, however, change military attitudes towards the policy change, and the debate has continued ever since. While many people believe that private sexual behavior is a personal matter, the consequences of pregnancy may have an impact on military operations if a woman is assigned to an operational and/or deployable unit. That impact is properly the concern of the military services.

The military services have extensive policies in place addressing pregnancy (see MCO 5000.12 E of 8 Dec 04, Army Regulation 40-501 Profiling Pregnant Soldiers, Air Force Instruction 44-102 Community Health Management (includes pregnancy policies), COMMANDANT INSTRUCTION 1900.0 Pregnancy in the Coast Guard, and OPNAVINST 6000.1B of 4 Mar 2003 for examples). These policies stress that "By itself, pregnancy should not restrict tasks normally assigned to servicewomen (OPNAVINST) and that it is the servicewoman's responsibility to try to plan her pregnancies with regards to her military duties [around operational necessities] (MCO). Service women also must notify their commanders of their medical condition immediately in order to ensure the command can carry out its responsibilities. Army Regulation 600-20 states,

“Soldiers have a responsibility to ensure their unit commander is made aware of problems which effect the discipline, morale, and effectiveness of the unit-chapter 2-1 Chain of Command.”

Service guidance stresses that service women should receive appropriate pre-natal care for their own physical well being and that of their child. Service women would not normally be assigned to duties that would adversely impact her health. Emphasis is placed on not being exposed to environmental hazards in the work place. The Navy’s “Six Hour Rule” (pregnant service women must be within six hours of emergency medical care) is one policy specified to address a service’s specific operational environment.

There are assignments in the military where being pregnant has no impact on one’s ability to perform the mission. But many military assignments are in remote, sometimes hostile, environments. Deployments are a fact of military life and being pregnant while deployed often results in less medical support, in addition to the unit having to send the servicewoman to a less remote area, causing an unplanned loss.

The vast majority of American service women are in their prime “child bearing years.” An October 2007 article in the Virginian-Pilot stated that two-thirds of Navy enlisted women who became pregnant had not planned to do so. While the military does not prohibit women from pursuing what is an important part of the life cycle, it is critically important that commands encourage their service members to plan their pregnancies around operational requirements.

Department of Defense statistics (Defense Manpower Data Center statistics prepared for DACOWITS) indicate that the numbers of women released from active duty prior to their completing their obligations has remained steady over recent years as has the number released for the reason of pregnancy:

	2004	2005	2006	2007
Women released prior to end of obligated service				
Total Number	11,492	10,851	10,49	10,312
Per cent of total	5.41 %	5.34%	5.19	5.26%
Women released for reason of pregnancy				
Total Number	2,635	2,663	2,476	2,711
Per cent of total	1.24%	1.31%	1.22%	1.38%

The Navy has studied the impact of pregnancy on operations and has found that the pregnancy rate varies across ship types and across individual ships. It was noted in a 1999 NPRDC study that the presence of strong female leadership on the ships (E-7 and above) was significant in keeping the pregnancy rates low. There are also indications that leadership is an important factor in preventing losses due to pregnancy.

There is a pervasive sense that if a woman has to be removed from a deployment due to pregnancy, it can cause that military unit to be “under manned” if that member is in a critical billet. The loss may create hardship on the remaining

members of the unit if they must perform the work of the pregnant woman, and resentment can result.

However, studies have shown that pregnant military women lose no more work time than military men (U. S. Navy Work Loss Studies-NPRDC), who lose more time due to sports injuries and disciplinary reasons. Of course, individual situations vary, which provides anecdotal fodder for misinformation.

The military services do have some training programs designed to educate their members on birth control, preventing sexually transmitted diseases (nearly half of STIs each year occur among 15 to 24 year olds-Guttmacher Institute) and responsible sexual behavior, but it varies. Access to quality birth control, and education to its proper use, can support a quality training program.

RECOMMENDATIONS

Each Service should review their training programs on pregnancy prevention, prevention of sexually transmitted diseases, responsible sexual behavior, and on meeting one's obligations to the military. These should be evaluated for clarity, accuracy and comprehensiveness. Pregnancy prevention training must include information on "emergency contraception." Training should emphasize the partner's mutual responsibility for pregnancy prevention and the transmission of diseases.

The Services should track the incidence of pregnancy by unit and should use the information gained to help reinforce those training programs that appear to be under performing. Additionally, the Services should monitor the performance of their medical services to ensure that they are providing quality pregnancy prevention care in a confidential manner.

Each Service experiences "gapped billets" for many reasons. It is in the operational unit's best interest to have such billets filled in an expeditious manner. The services should jointly review their procedures for filling gapped billets and establish a "best practice" that addresses this need.

Finally, the Services should consider the impact of allowing a break in service to allow for parental or other leave, in order to ensure the military women understand that their families matter as much as their male peer's families. The Coast Guard has had such a program in place for years, and the Navy is in the process of testing a similar plan. This will ensure that women can plan pregnancies around both the military's needs and their own.