

**BY ORDER OF THE COMMANDER
OF AIR FORCE RESERVE COMMAND**

**AIR FORCE RESERVE COMMAND
INSTRUCTION 41-104**



15 APRIL 2013

Health Services

**PREGNANCY OF AIR FORCE RESERVE
PERSONNEL**

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RELEASABILITY: There are no releasability restrictions on this publication.

OPR: HQ AFRC/SGP

Certified by: HQ AFRC/SGP
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Supersedes: AFRCI41-104, 15 January 2006

Pages: 11

This instruction implements AFPD 41-1, *Health Care Programs and Resources*. It establishes procedures to carry out the policies of the Air Force Reserve Command in the management of pregnant Reserve members. It assigns responsibilities, explains Reserve participation while pregnant, and defines procedures for accepting pregnant active duty members and members in inactive Reserve status into the active program. It also defines entitlements to military medical care for pregnant Reserve members. This instruction applies to all unit assigned reservists, Individual Mobilization Augmentees (IMA) and those individuals requesting entry into the Reserve program. Any reference to reservists within this instruction refers to both unit assigned reservists and IMAs.

SUMMARY OF CHANGES

This supplement is substantially revised and must be completely reviewed. This revision changes rules governing curtailment of active duty orders of members at the 34th week of pregnancy. Incorporates the use of AF Form 469 for management of pregnancy mobility restrictions and duty limiting conditions.

1. Purpose.

1.1. **Precaution.** When pregnancy occurs, precautions should be taken to minimize risk factors that might adversely affect an otherwise normal pregnancy. Potential exposure to toxic chemicals, gases, ionizing radiation, hypoxia, etc., should be closely monitored. AFI 44-102, *Community Health Management*, paragraph 4.13 describes appropriate measures for monitoring pregnant members, with additional guidance provided in this instruction. Routine immunizations (except the flu vaccine) should be discontinued during pregnancy. Vaccines are given only when

susceptibility and exposure are highly probable and the disease can be prevented. Since pregnant reservists are not monitored on a continuing basis by a military obstetrician, the member, her supervisor, commander, and medical personnel must be especially aware of the appropriate procedures to follow.

2. Responsibilities.

2.1. Air Force Reserve Command Surgeon (HQ AFRC/SG). Establishes Reserve medical policy for the management of pregnant Air Force Reserve members.

2.2. Air Force Reserve Aerospace Medicine Division (HQ AFRC/SGP). Implements policy and establishes procedures for the management of pregnant Air Force Reserve members.

2.3. **Wing Commander.** Ensures all commanders, supervisors, and reservists assigned to the wing are educated and knowledgeable about their responsibilities in the management of pregnant Reserve members.

2.4. **Commanders and Supervisors.** Commanders and supervisors are responsible for ensuring:

2.4.1. Each female member within their unit is knowledgeable of their responsibilities during pregnancy.

2.4.2. The supporting medical squadron is notified of a Reserve member's pregnancy.

2.4.3. The member is seen at the medical squadron.

2.4.4. Pregnant members have been cleared by the medical unit before participating in any military duties.

2.4.5. Workplace environment and activities do not exceed the duty limitations or physical restrictions set by medical personnel.

2.4.6. Continued participation during inactive duty training (IDT) from the 34th week of pregnancy to term is discussed with the member.

2.5. **Flying Squadron Commanders.** Determine if it is safe to allow pregnant aircrew members to continue flying during pregnancy in accordance with AFI 48-123, *Medical Examinations and Standards*. Flying waivers are possible for aircrew during the second trimester (13-24 weeks) and will be submitted to AFRC/SGPA through the electronic waiver system by the medical unit.

2.6. Supporting Reserve Medical Unit/Active Duty Medical Squadron (RMU/ADMS). Educates wing personnel on their responsibilities in the management of pregnant Reserve members. Interviews pregnant reservists and educates them on their responsibilities when performing military duty. Place appropriate physical restrictions on pregnant reservists and, when necessary, prohibits Reserve participation for pay or points. Conducts evaluation of the member's workplace as appropriate according to applicable directives. Follow guidance set forth in this instruction in the management of pregnant Reserve members.

2.7. **Flight Surgeon.** Immediately places a pregnant aircrew member in duty not including flying (DNIF) status. If requested by the member, and there is no contradiction to flying safety or the members personal safety, requests a flying waiver according to AFI 48-123.

(The request to continue flying duties during pregnancy is entirely voluntary and must be initiated by the pregnant aircrew member.)

2.8. Member. Immediately notifies commander, supervisor, and supporting medical unit of pregnancy. Provides medical unit with all available civilian medical documentation relating to the pregnancy and any other documentation deemed necessary by appropriate medical personnel. Observes physical restrictions and duty limitations set by civilian obstetric care providers and appropriate military medical personnel. Aircrew members may voluntarily requests a waiver to continue flying duties according to AFI 48-123 and the AFRC supplement.

3. Participation.

3.1. Restrictions. Most pregnancies are uncomplicated and ordinary physical activities require little or no restriction before delivery. However, a limited number of Air Force jobs involve activities requiring strength, agility and exposure beyond the capabilities of a pregnant member to do safely or effectively, such as climbing poles or ladders, crawling through aircraft passageways, or walking on aircraft wings during maintenance procedures. In such cases, it is extremely important that appropriate physical restrictions be indicated on AF Form 469, Duty Limiting Condition Report. Unless medically indicated, complete excusal from military duties is seldom indicated before the 34th week of pregnancy.

3.1.1. Pregnant members may volunteer to participate during IDT from the 34th week of pregnancy to term, provided the member's home is located within 50 miles of the IDT location and the decision to continue participation is supported by the member, unit commander/program manager, and the member's personal obstetric care provider.

3.1.2. Members residing within the continental United States (CONUS) are restricted to active duty (AD), mandatory tours or inactive duty training (IDT) participation in the 48 contiguous states.

3.1.3. Members who reside outside of the continental United States (OCONUS) are restricted to active duty and man-day tours OCONUS.

3.1.4. Overseas deployments or training is prohibited. Because of the small number involved and sometimes limited training opportunity, members assigned in Alaska, Guam, or Hawaii may perform school tours within the CONUS when a requirement exists. Transoceanic deployment or training is specifically prohibited at any time during pregnancy and includes a prohibition on OCONUS aircrew duties.

4. Scheduling. A member will not be scheduled for AD or IDT until she obtains a letter from her obstetric care provider documenting her expected date of delivery, possible or actual medical complications, restrictions regarding physical activities, approval for travel, or any other factor that the attending physician deems relevant to the care of the patient. Letters from obstetric care providers and military medical officer evaluations must be accomplished within 30 days of any AD when the tour of duty is to be conducted away from home station. A military medical officer evaluates the member and approves/disapproves military participation on AF Form 469. A military physician may excuse members from all military duties before the 34th week of pregnancy or limit military participation to home duty station only for those members who experience complications of pregnancy or other medical problems.

4.1. Members may retrain or perform school tours if the Air Force specialty code (AFSC) physical requirements for the course of training are met, member is otherwise qualified, and the course can be completed before the 34th week of pregnancy and the military school allows pregnant member to attend. If this is not possible, schedule class or course start dates after delivery and when the member presents a letter from her obstetric care provider stating there are no restrictions to strenuous activities. Approval for retraining is not applicable to those members applying for retraining into a new aircrew AFSC since they cannot meet the initial qualifications and are not considered fully qualified for the new AFSC until member has been returned to full duty following delivery.

4.2. Participation in AD tours within the CONUS but performed away from the home station is dependent on available medical facilities at the training site, physical condition of the member, and approval of the medical squadron physician. At collocated bases, an AD physician assigned to the host base facility may approve an active duty tour when a Reserve medical squadron physician is not available.

4.3. In accordance with SAF/MR letter, 26 Jul 2012 members who have been determined to be pregnant prior to the start of an active duty tour are not to be placed on active duty orders that will take them beyond the 34th week of pregnancy. Reservists who become pregnant after starting a period of active duty may continue on active duty beyond the 34th week of pregnancy and will not have active duty orders automatically curtailed.

5. Medical Evaluations.

5.1. Military Evaluation. The pregnant member presents documentation from her private obstetric care provider to her supporting RMU every 60 days. The RMU physician examines the member and completes an AF Form 469. The RMU physician then refers the pregnant member to the RMU public health (PH) technician for a medical pregnancy interview and education. In the absence of a PH technician, the medical interview and education is accomplished by an Aerospace Medical Service Technician (4N0X1) or nurse corps officer in consultation with the servicing Bioenvironmental Engineering section.

5.2. Pregnancy Interview. The interview includes the briefing statement at attachment 2 and the supervisor's letter at attachment 3. The interviewer signs both documents and the member signs the briefing statement. File the original briefing statement in the member's medical record and give a copy to the member. The letter to the supervisor is given to the member to pass on to her commander or supervisor.

5.2.1. If the interview indicates that the pregnant member does not work in a potentially hazardous environment (for example, industrial workplace) the interviewer annotates the Standard Form 513, Medical Record-Consultation Sheet, and gives it, the briefing statement, and commander's letter to the RMU physician. The physician reviews all information, documents appropriate comments on the SF 513, and gives the briefing statement and commander's letter to the member if she is found medically qualified for continued participation.

5.2.2. If the interview indicates that a potentially hazardous situation exists, the RMU Air Reserve Technician (ART) requests an evaluation of the pregnant member's work area by the active duty PH office (for collocated units) or Aeromedical Medical Services Technician (4N0X1) or nurse corps officer in consultation with the servicing

Bioenvironmental Engineer (for non-located units) and provides a copy of the AF Form 469, and SF Form 513. Use AFRC Form 20, Pregnancy Workplace Evaluation, to record the results of the work area evaluation.

5.3. Non-located Bases. On non-located bases, the assigned bioenvironmental engineering or PH personnel conducts the required interview and workplace evaluation. The medical commander may also assign an aerospace medical service technician (4N0X1) or nurse corps officer to conduct the interview and workplace evaluation in consultation with servicing bioenvironmental engineering.

5.4. Military Physician. Upon receipt of the completed package (AFRC Form 20, SF Form 513, AF Form 469, briefing statement, and the member's job description obtained from the member's supervisor by the active duty PH office), the military physician documents any additional restrictions on the AF Form 469 and gives the member a copy of the briefing statement and the supervisor's letter. The completed package is filed in the member's medical record.

5.5. Medical Squadron. Each medical unit sets up a suspense file to ensure pregnant members are adequately monitored and periodic progress reports from the member's civilian health care provider are received. Periodic progress reports detailing any special medical problems, complications, restrictions, etc. are provided to the medical unit at least every 60 days. Individuals who do not submit required progress reports should be restricted from Reserve participation.

5.6. Profile Officer. The designated profile officer in the medical unit monitors all pregnancy profiles utilizing AF Form 469 IAW AFI 10-203, *Duty Limiting Conditions*.

5.6.1. The estimated date of delivery and medical recommendations concerning specific physical restrictions are included on AF Form 469 under "Physical Limitations/Restrictions." Administrative instructions and other comments from the military physician may be recorded in this section. The Mobility Restriction box will be checked

5.6.2. Member should be verbally advised of all necessary restrictions and a note included in the medical record that the member was advised. Advise member to carry the AF Form 469 on their person when participating in Reserve training activities.

6. Return to Duty.

6.1. Return to Duty. After delivery, the member may return to full duty once cleared by their obstetric care provider. The member will provide the medical unit with a statement from her civilian obstetric care provider indicating her current health and any physical restrictions. The military physician reviews the letter and determines if the member's profile will be revised to what it previously was or if other action is appropriate. If the member had medical complications from her pregnancy, the member's supporting RMU takes the appropriate action to determine the member's medical qualifications for continued military duty according to AFI 48-123.

6.2. Failure to Comply. The medical units will manage members who fail to return to the RMU 180 days after the date of delivery. They are referred to their commanders in writing IAW AFI 36-2254, V1, Para 1.6.2.

6.2.1. Revise the member's AF Form 469 appropriately.

7. Fitness Programs.

7.1. **Exemptions.** Reference AFI 36-2905, *Fitness Program*. Pregnant women are temporarily exempted from Air Force fitness assessments until 180 days after delivery. Pregnant reservists should discuss their fitness program with their personal care provider.

8. Military Medical Care.

8.1. **Military Care.** Pregnancy and complications of pregnancy are not considered to be a medical condition for the purposes of a Line of Duty determination.

8.2. Should a member go into labor while on IDT, the provisions of AFH 41-114, *Military Health Services system (MHSS) Matrix*, paragraph 5.3.15 go into effect. The member is to be transferred to a civilian medical facility as soon as it is safe to do so, and member incurs any medical costs associated with delivery at the military medical treatment facility (MTF).

8.3. Maternity care is not authorized past the period of AD or AD including IADT orders. Refer pregnant members to a private health care provider or facility after termination of orders.

8.4. Pregnant members on extended active duty (EAD) who are discharged or relieved from EAD under honorable conditions are eligible for maternity care IAW AFI 41-114. Issuance or extension of orders for obtaining maternity or obstetrical care is prohibited. Activated/mobilized members will follow appropriate activation/mobilization guidance. Absent such guidance AFH 41-114 will apply.

9. Assignment Actions.

9.1. Assignment to the Reserve Program. Pregnancy is considered a temporary condition and, therefore, is an exception to the general medical disqualification procedures. Although considered a limiting factor, pregnancy does not permanently alter a member's medical qualification for worldwide duty and is not considered a disqualifying medical condition for continued military assignment. This is, of course contingent upon a member being otherwise medically qualified and who has no complications which would prevent satisfactory participation. Although the possible mobilization of a unit is of primary consideration, allowing a pregnant member to transfer immediately from active duty into the Reserve program serves to provide continuity of training. A pregnant member serving on active duty while pregnant is no less qualified to participate in the Reserve program.

9.2. An active duty member going through an uncomplicated pregnancy who transfers to the Reserve program immediately upon discharge or separation, has a completed DD Form 2697, Record of Medical Assessment, showing the member is otherwise medically qualified for military duty, is eligible for entry into the Reserve program. This does not apply to those members who have a break in service and did not initiate enlistment processing prior to discharge or separation who do not meet other administrative requirements.

9.3. Pregnant members desiring transfer from the inactive Reserve to active Reserve status should have a current letter from their private obstetric care provider documenting an uncomplicated pregnancy and showing that they meet other administrative requirements for transfer. The necessity for an accession or initial physical is determined by the periodicity of physical examinations as found in AFI 48-123, Medical Examinations and Standards.

10. Aircrew Members. To prevent loss of trained resources, female active duty members currently serving in an aircrew AFSC or other special occupation should not be considered disqualified for entry into the Reserve program due to pregnancy. The assignment of pregnant aircrew members must have the prior approval of the gaining flying squadron commander. This does not apply to those members applying for retraining or initial entry into a new aircrew AFSC since they cannot meet the initial qualification requirements for the flying position and are not considered fully qualified.

11. Non-flying Retraining. Active duty members requesting retraining into a new AFSC in the Reserve program must obtain prior approval from the gaining commander since pregnant reservists cannot participate beyond the 34th week of pregnancy (unless they volunteer, live within 50 miles of the IDT location and the member, the unit commander, and the obstetric care provider support the decision to continue participation). In cases such as this it could be as long as 6 weeks after the date of delivery before the member would be eligible to attend formal training.

12. Appointment or Enlistment. Commission and enlistment physicals will not be accomplished on pregnant applicants (except transfers from active duty with no break in service).

12.1. Physicals may be accomplished after delivery when the individual presents a letter from her obstetric care provider stating there are no restrictions to strenuous physical activity.

12.2. Enlistees will not be cleared for basic military training until after delivery and clearance from the individual's private obstetric care provider stating there are no restrictions to strenuous physical activity.

JOSEPH B. ANDERSON, Colonel, SG
Command Surgeon

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

SAF/MR Letter, 26 Jul 2012

AFI 10-203, *Duty Limiting Conditions (25 Jun 2010)*

AFI 36-2905, *Fitness Program (01 Jul 2010)*

AFI 36-2910, *Line of Duty (Misconduct) Determination (04 Oct 2002)*

AFI 36-2254, Vol 1, *Reserve Personnel Participation (26 May 2010)*

AFI 44-102, *Community Health Management (20 Jan 2012)*

AFI 48-123, *Medical Examination and Standards (24 Sep 2009)*

AFPD 41-1, *Health Care Programs and Resources (15 Apr 1994)*

AFI 41-210, *Tricare Operations & Patient Administration Functions (6 Jun 2012)*

AFRC Form 20, *Pregnancy Workplace Evaluation, (01 May 1997)*

Forms Prescribed

AFRC Form 20, *Pregnancy Workplace Evaluation*

Forms Adopted

AF847, *Recommendation For Change Of Publication*

AF469, *Duty Limiting Condition Report*

SF Form 513, *Medical Record-Consultation Sheet*

Abbreviations and Acronyms

AD—active duty Active Duty

ADMS—Active Duty Medical Squadron

ADSW—Active Duty Special Work

AFSC—Air Force Specialty Code

ART—Air Reserve Technician

CONUS—Continental United States

CWDE—Chemical Warfare Defense Ensemble

DAV—Duty Availability

DOA—Date of Availability

DNIF—Duties Not Including Flying

EAD—Extended Active Duty

HAWC—Health and Wellness Center

IADT—Inactive Duty Training

MPF—Military Personnel Flight

PH—Public Health

PT—Physical Training

RMU—Reserve Medical Unit

Attachment 2

BRIEFING STATEMENT

1. While pregnant, you may participate in a restricted status until your 34th week of pregnancy or you may volunteer to participate in UTA status from the 34th week of pregnancy to term, provided your home is located within 50 miles of the IDT location, you, the unit commander/program manager, and obstetric care provider all support the decision for continued participation.
2. A military physician may restrict you from Reserve participation at any time the physician determines such action is appropriate.
3. You must bring in a letter from your obstetric care provider summarizing your current health, physical restrictions and expected date of delivery.
4. A periodic medical progress report from your private physician will be required every 60 days or more often if needed to determine continued fitness for military duties.
5. Military duty within CONUS performed away from home station must be cleared through this medical unit by a military physician.
6. For military duty away from home station, a statement from your private physician, accomplished within 30 days of departure, must be submitted through this medical unit to a military physician for approval of travel.
7. The letter from your private physician must include potential or actual medical complications, restrictions regarding physical activities, approval for travel, or any other facts deemed relevant to your care.
8. Should you go into labor while on IDT, you will be transferred to a civilian medical facility as soon as it is safe to do so, and you will incur any medical costs associated with delivery at the medical treatment facility. Pregnancy is not considered to be a medical condition for the purposes of a LOD determination.
9. After delivery and when cleared by your obstetric care provider you must come back to the medical squadron for evaluation by a military physician to be cleared for return to military duty.

Member's signature

Date

Medical Interviewer

Date

Attachment 3**LETTER TO MEMBER'S SUPERVISOR**

1. Subject member may participate in a restricted status while pregnant (see attached AF Form 469) unless restricted earlier by a military physician. She may participate until (enter date; her 34th week of pregnancy) or volunteer to participate in UTA status until term provided her home is within 50 miles of the IDT location, the member, her commander/program manager, and obstetric care provider all support the decision for continued participation.
2. Any duty away from home station will require a statement of the member's current medical status from her private physician. This statement must be submitted 30 days prior to departure to the medical unit and travel approved by a military physician.
3. After delivery, and when cleared by her obstetric care provider, the member must return to the medical unit for evaluation by a military physician and to be cleared for return to military duty.
4. Subject member is deferred from the fitness program for a period of 180 days after the date of delivery.
5. Member will not participate in mask confidence training.
6. Wear of the CWDE will be dependent upon the ambient temperature until 20 weeks gestation age or until the CWDE no longer fits.
 - a. If the ambient temperature is below 70 Fahrenheit, full participation is allowed.
 - b. If the temperature is greater than 70 degrees Fahrenheit, only mask, hood, and helmet are worn. The flak vest is not worn or carried.
7. After 20 weeks gestation, the member will demonstrate proficiency in donning the mask at the commencement of an exercise or training. After completing the proficiency demonstration, the member will carry the mask but is not required to use it. The helmet, flak, vest, web belt, and chemical protective suit will not be carried or worn.

Note: Members who have been determined to be pregnant are not to be placed on active duty orders that will take them beyond the 34th week. For those who are on ADT or ADSW orders and subsequently become pregnant, they are not to be automatically released from active duty by the 34th week. Pregnancy is not considered to be a medical condition for the purpose of a LOD determination.

Medical Interviewer Signature

Attachment
AF Form 469