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FAMILY PREPAREDNESS GUIDE

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This publication is not directive in nature and is intended for informational purposes only. It is intended for all Department of the Air Force (DAF) members, supervisors, and commanders who are seeking guidance with family planning and preparedness policies. This publication is intended primarily for uniformed service members, although appropriate references for civilian DAF employees are provided when available. The Family Preparedness Guide is a secondary source, not a binding source of law and policy. References here reflect the most current regulations at the time of issuance, but members should consult the most current regulations for current and specific guidance. The intent is to consolidate current guidance and resources available, not to replace official guidance or as medical advice. One should always seek official military guidance from respective Chains of Command and installation subject matter experts as well as consult with licensed medical providers prior to starting or continuing any medical treatment(s). Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, Recommendation for Change of Publication; route AF Forms 847 from the field through the appropriate functional chain of command to Colonel Larissa Weir at larissa.f.weir.mil@health.mil and Major Brittaney Nores at brittaney.nores@us.af.mil. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

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INTRODUCTION:
Welcome to the Department of the Air Force Family Preparedness Guide, a comprehensive resource designed to support members and supervisors at all levels. This guide serves as a centralized hub for all DAF policies related to family planning, ensuring that everyone has access to the information and resources necessary to make informed decisions. This publication is intended primarily for uniformed service members, although appropriate references for civilian DAF employees are provided when appropriate. By promoting awareness and a centralized resource, we aim to support family readiness and assist personnel in navigating family preparedness while balancing their professional responsibilities.

Chapter 1: Path to Conception/Health and Wellness

1.1.Pre-Conception Physical/Mental Health Preparations

Preconception health involves assessing habits, risks, and conditions that could affect a woman or her unborn child prior to conception. It is essential for both prospective parents to understand how their health can influence pregnancy outcomes. Key considerations:

- **Understanding Health Factors:** It is important to recognize how various health conditions and lifestyle choices can impact pregnancy. Certain foods, habits, and medicines can affect an unborn baby from the moment of conception.
- **Consulting Healthcare Providers:** Prospective parents should schedule a visit with their Primary Care or Women's Health provider before attempting to conceive. Starting preconception care should be started at least three months before trying to get pregnant.[1]
- Prenatal care includes topics such as quitting smoking, obtaining a healthy weight, taking prenatal vitamins with folic acid, and avoiding contact with hazardous substances. If a service member is concerned about their work environment, they should reach out to their supervisor and/or discuss the issue with Public Health.

1.2. Family Planning & Stress Management

Family planning can be an exciting time; however, it can also be accompanied by many stressors. Members may experience potential side-effects from withdrawal from birth control as well as experience anxiety towards pregnancy, birth, pregnancy loss, infertility, etc. Service members and families may experience infertility. The World Health Organization estimates that 17.5% of the adult population, or roughly one in six worldwide, will experience infertility.[2]

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[1] https://womenshealth.gov/pregnancy/you-get-pregnant/preconception-health

[2] https://www.who.int/news/item/04-04-2023-1-in-6-people-globally-affected-by-infertility

General infertility resources are outlined in section 1.3., but members are encouraged to check into local resources that may be available through the base medical clinic, Military & Family Readiness Center (M&FRC), your First Sergeant, or local chaplain.

If you or your service member are experiencing stress or symptoms of anxiety/depression, reach out to your military health provider or access confidential counseling through Military OneSource or the Veteran's Crisis Helpline (988, press 1); these services are available 24/7 and can help you navigate your concerns and access appropriate support.

1.3. Family Building Options

Individuals and families may seek family building options outside of natural conception for many reasons. Examples of Assisted Reproductive Technology (ART) and other family building options may include:

- Intrauterine Insemination (IUI)
- Intracervical Insemination (ICI)
- In Vitro Fertilization (IVF)
- Reciprocal IVF
- Surrogacy
- Gestational Carriers
- Donor Gametes
- Oocyte Cryopreservation
- Sperm Cryopreservation
- Adoption

Outside of *very limited circumstances*, ART, including in vitro fertilization (IVF), is not a covered benefit. However, TRICARE may cover the diagnosis and treatment of the underlying physical causes of male and female infertility (example: fertility testing, certain medications). Additional information can be found at https://tricare.mil/CoveredServices/IsItCovered/AssistedReproductiveServices.

NOTE: If a service member incurs a serious or severe illness or injury while on active duty leading to the inability to achieve natural conception without ART services, TRICARE may cover the ART procedures.

For more information visit:
Surrogacy: https://tricare.mil/CoveredServices/IsItCovered/Surrogacy?sc_database=web
Donor Gametes: https://www.reproductivefacts.org/news-and-publications/fact-sheets-and-infographics/gamete-eggs-and-sperm-and-embryo-donation/

TRICARE Covered Services:
https://tricare.mil/CoveredServices/IsItCovered/AssistedReproductiveServices

> *NOTE:* Service members or their family members should consult with a legal professional before entering into any reproductive-related contract.

1.3.1. ART Services

There are currently eight Military Treatment Facilities (MTFs) which, in conjunction with civilian partners, provide a range of fertility treatments for the military. Fertility treatment at these locations is on a space-available, priority basis.

These MTFs provide ART services at costs that can range from $3,600 to $7,500 or more per treatment cycle. IUI, a less invasive treatment, is approximately $170 per attempt (price estimates are current as of 2022). Healthcare providers at MTFs will not inseminate surrogates or gestational carriers. Intended parent(s) may use frozen donor gametes obtained through a reputable sperm or egg bank, but not from known donors.

MTFs with available services:

1. Walter Reed National Military Medical Center (WRNMMC), Bethesda, Maryland
   https://walterreed.tricare.mil/Health-Services/Womens-Health-Pregnancy/Reproductive-Endocrinology-and-Infertility
2. Tripler Army Medical Center (TAMC), Honolulu, Hawaii
   https://tripler.tricare.mil/Health-Services/Womens-Health-Pregnancy/Reproductive-Endocrinology-Infertility-REI-Center
3. Womack Army Medical Center (WAMC), Fort Bragg, North Carolina
   https://womack.tricare.mil/Health-Services/Womens-Health-Pregnancy/Reproductive-Endocrinology-and-Infertility-REI
4. Madigan Army Medical Center (MAMC), Tacoma, Washington
   https://madigan.tricare.mil/Health-Services/Womens-Health-Pregnancy/Reproductive-Endocrinology-and-Infertility-Service
5. Brooke Army Medical Center (BAMC), Fort Sam Houston, Texas
   https://bamc.tricare.mil/Health-Services/Womens-Health-Pregnancy/Reproductive-Endocrinology-Infertility
6. Naval Medical Center San Diego (NMCSD), San Diego, California
   https://sandiego.tricare.mil/Health-Services/Womens-Health-Pregnancy
7. IUI ONLY: Naval Medical Center Portsmouth (NMCP), Portsmouth, Virginia
   https://portsmouth.tricare.mil/Health-Services/Womens-Health/Reproductive-Endocrinology-Infertility-clinic
8. 88th Medical Group, Wright-Patterson Air Force Base, Ohio
   https://wrightpatterson.tricare.mil/Health-Services/Womens-Health-Pregnancy/REI

1.3.2. TRICARE Coverage: Assisted Reproductive Technology (ART)

Current as of September 2024, TRICARE only covers ART when a Service member has incurred a serious or severe illness or injury while on active duty (Category II or III) leading to inability to procreate without ART. Further details can be found at https://www.tricare.mil/CoveredServices/IsItCovered/AssistedReproductiveServices

> *NOTE:* If member chooses a non-military clinic for infertility care, consider asking about military pricing on services, medications, or payment plans.

1.3.3. Financial Assistance Considerations for ART

For additional information on grants, scholarships, programs, etc. for military affiliated personnel seeking fertility treatments please visit:

- https://www.militaryfamilybuilding.org/aviatrix-project
- https://www.operationwearehere.com
- https://resolve.org/learn/financial-resources-for-family-building/fertility-treatment-scholarships-and-grants/
- https://www.cnyfertility.com/grant-application/

As mentioned, significant out of pocket costs may be incurred from ART treatments. Many states have an insurance mandate to offer or cover some level of infertility treatment. As the laws continue to change, seek the most up-to-date information by reviewing your state's statutes. For example, the American Society for Reproductive Medicine has a detailed overview and links to state and territory infertility insurance laws. Find more information at: https://www.reproductivefacts.org/patient-advocacy/state-and-territory-infertility-insurance-laws/

1.4. Financial Preparations for Family Planning

The National Defense Authorization Act of 2016 created 12 mandatory touch points for personal and professional life stages, including the birth or adoption of the first child, for which a service member must receive financial literacy training. Mandatory financial readiness training can be completed online via myVector, in a group setting or one-on-one with a certified financial counselor at the M&FRC.

M&FRC offers resources, education, and counseling to help service members and families achieve lasting financial success. Military OneSource also offers free financial counseling. Locate your nearest M&FRC at https://installations.militaryonesource.mil/view-all.

1.5. Travel/Leave for Non-Covered Assisted Reproductive Technology (ART)

As of February 2025, the DAF re-established the authority to travel for non-covered ART. The Joint Travel Regulations (JTR) section 033013 authorizes paid travel and

transportation allowances for service members or their dependents for non-covered ART, when timely access to non-covered ART is not available within the local area of the member's Permanent Duty Station (PDS), Temporary Duty (TDY) location, or the last location the dependent was transported on Government orders when authorized by the appropriate authority.

For additional information visit:

- https://www.af.mil/Portals/1/documents/2025SAF/13_-_Atch_2a_-_UTD_for_MAP_08-25(I)_Reestablish_Travel_for_Non-Covered_Assisted_Reproductive_Technology_(ART).pdf
- https://www.af.mil/Portals/1/documents/2025SAF/13_-_Atch_2b_-_JTR_Revisions_-_08-25(I).pdf
- https://www.airforcemedicine.af.mil/Reproductive-Health/Non-Covered-Reproductive-Health-Care/

Additionally, members may request an administrative absence from their normal duty station without being charged leave to access non-covered ART. According to DoDI 1327.06 *Military Leave, Liberty, and Administrative Absence* (7 August 2025) and DAFI 36-3003, *Military Leave Program* (07 August 2024), both male and female eligible service members may be granted an administrative absence for a period of up to 21 days per request to receive, or to accompany a dual military spouse or a dependent who receives, non-covered ART as defined in the Glossary (DAFI 36-3003, PTDY Rule 25). The period of absence will be limited to the minimum number of days essential to receive the required care and travel needed to access the care by the most expeditious means of transportation practicable.

Airmen and Guardians, who are participating in a fertility treatment program at a military medical treatment facility (MTF) may be authorized Permissive Temporary Duty (PTDY) to undergo fertility treatments. According to DAFI 36-3003 Table 4.3, Rule 24, commanders may authorize up to 35 PTDY days during a PDS assignment, for members who seek fertility treatments at an MTF. This 35-day period should be divided into separate PTDYs as deemed appropriate by medical authorities.

Alternatively, a commander may authorize up to 21-days of administrative absence for male and female service members to receive or accompany a dependent receiving non-covered reproductive health care. However, if a member receives funded travel for non-covered reproductive health care, administrative absence is not authorized IAW DAFI 36-3003, Table 4.3, Rule 25. Air Reserve Component members must be on active-duty orders for 30 or more consecutive days to be eligible for administrative absences.

Policies Referenced:

- The Joint Travel Regulations (JTR) https://media.defense.gov/2022/Jan/04/2002917147/-1/-1/0/JTR.PDF
- DAFI 36-3003, *Military Leave Program* (07 August 2024) https://static.e-publishing.af.mil/production/1/af_a1/publication/dafi36-3003/dafi36-3003.pdf

- DoDI 1327.06 *Military Leave, Liberty, and Administrative Absence* (7 August 2025) https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/132706p.pdf

Chapter 2: Pregnancy

2.1. The Importance of Pregnancy Management and Expectation Management

Pregnancy management is essential for service members, commanders, and supervisors to ensure the health, well-being, and readiness of the individual service member and the unit. The following information is provided to assist members, and their supervisors and commanders, in understanding medical appointments and prenatal requirements when expecting a child via pregnancy. *This information is not all-inclusive and is solely for education purposes*. *The information contained herein should not be used as a substitute for advice from a healthcare professional*. Open communication with members, supervisors, and healthcare providers regarding case-specific requirements and appointments is highly encouraged, as every pregnancy is unique.

Importance of Pregnancy Management for Service Members – Effective pregnancy management allows service members to balance their military duties with the physical and emotional demands of pregnancy. It ensures that service members are aware of their legal rights and protections against discrimination and that they receive fair treatment in the workplace as well as access to necessary accommodations. Lastly, it provides access to resources and support services including medical care, counseling, and guidance on physical fitness and uniform regulations which are tailored to the needs of pregnant service members.

Importance of Pregnancy Management for Commanders and Supervisors – Effective pregnancy management ensures that commanders can take care of their service members and maintain mission readiness by appropriately managing the deployment status and duties of pregnant service members. This involves making the necessary adjustments to ensure the unit's operational effectiveness while supporting the well-being of the pregnant service member. For civilian employees, pregnancy discrimination and pregnancy-related disability discrimination laws include Title VII of the Civil Rights Act of 1964, the Pregnant Workers Fairness Act, and the Americans with Disabilities Act and are available at https://www.eeoc.gov/pregnancy-discrimination. For uniformed service members, Air Force medical policies may impact how commanders and supervisors approach pregnancy-related issues. In all instances, commanders should consult their servicing legal office if questions arise as to accommodation of pregnancy issues.

Commanders and supervisors play a crucial role in supporting pregnant service members by providing guidance, resources, and accommodations as needed. Effective leadership during pregnancy management demonstrates care for the well-being of their personnel and fosters a positive command climate. Further discussion can be found in Section 2.9, Pregnancy Discrimination.

2.2. Prenatal Healthcare/Wellness

Throughout the duration of the pregnancy, individuals have regular appointments with a healthcare provider. During these appointments, the health care provider monitors the health of the pregnant individual and baby through a variety of techniques, which may include monitoring vitals, uterine growth measurements, imaging, weight management and

detailed questions regarding daily activities, feelings, eating patterns, and fetal movements.

Additional resources on prenatal wellness:

- DoD/VA Purple Book: https://www.healthquality.va.gov/guidelines/WH/up/2023-Pregnancy-Purplebook_19Jan2024.pdf
- Office on Women's Health: https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what
- Office on Women's Health: Prenatal care and tests: https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/prenatal-care-and-tests

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The Department of Defense and the Veterans Association have published an extensive guide for pregnant personnel, including information on expected visits, wellness topics, birth plans, and other important information and can be accessed at: https://www.healthquality.va.gov/guidelines/WH/up/2023-Pregnancy-Purplebook_19Jan2024.pdf

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2.3. Pregnancy Confirmation and Notification

2.3.1. Pregnancy Confirmation

A service member who believes that they are pregnant should confirm their pregnancy as soon as possible through testing and counseling by a DoD health care provider, or through a licensed non-DoD health care provider from whom the service member is receiving care.

Early confirmation of the pregnancy ensures that the member receives the benefits of prenatal care and occupational health counseling. Once the pregnancy is confirmed, the member should make every effort to meet with a DoD healthcare provider at a MTF or with an authorized TRICARE provider, at no later than 12 weeks gestation. For members of the Guard and Reserve, meet with your medical unit to ensure accurate profile status.

The provider assesses whether the service member's duties could adversely impact their health, or pregnancy, or whether the pregnancy could impact the service member's ability to safely accomplish their mission. Service members working in an industrial environment, will have an individual workplace hazard assessment done by Bioenvironmental Engineering and Public Health. This assessment will be utilized to make any additional recommendations regarding working around industrial chemicals that could affect the pregnancy.

Civilian members may request an optional Medical Qualification Exam through Public Health in accordance with DAFMAN 48-146, *Occupational Health Program Management* (1 December 2022).

2.3.2. Pregnancy Notification

A service member who intends to carry their pregnancy to term is encouraged to notify the appropriate command authorities upon confirmation of pregnancy. This should be validated by a DoD health care provider or licensed non-DoD health care provider from whom the service member is receiving care.

A service member who has confirmed their pregnancy is entitled to delay pregnancy notification to appropriate command authorities up to 20 weeks gestation unless notification must be made prior to 20 weeks gestation in the cases of:

1. a position pre-identified by military service regulations that significantly risks mission accomplishment or is subject to occupational health hazards that could affect the pregnancy
2. acute medical conditions or circumstances related to the member's pregnancy that would interfere with their ability to safely accomplish their mission
3. any other case-by-case basis in which a DoD healthcare provider or other authorized healthcare provider deems notification necessary for the health and safety of the member and their unborn child(ren)

This notification should include the DoD health care provider's assessment of whether the pregnancy impacts the service member's ability to safely accomplish their mission, the potential impact of their duties on the pregnancy, and any limitations recommended by the health care provider. A service member receiving care from a licensed non-DoD health care provider is required to submit any limitations recommended by the health care provider to appropriate command authorities, in accordance with applicable military department/Service guidelines.

When a service member chooses to delay notification, the DoD health care provider will, after consultation with the service member, place the pregnant service member in a medical temporary non-deployable status and limited or light duty status without referencing the service member's pregnancy. This will remain in effect for up to 20 weeks gestation.

NOTE: Service members who are assigned to remote locations, away from a military installation, who receive care from a licensed non-DoD health care provider, are responsible for coordinating their individual medical readiness status with their nearest DoD health care provider, or Reserve/Guard medical unit, in accordance with applicable military department/Service guidelines.

References:

- https://media.defense.gov/2023/Feb/16/2003163306/-1/-1/1/MEMORANDUM-CHANGES-TO-COMMAND-NOTIFICATION-OF-PREGNANCY-POLICY.PDF

2.3.3. Required Pregnancy Testing

When pregnancy testing is included as part of health screenings for pre-deployment, specific job training, theater entry requirements, or other authorized reasons, test results are first reviewed by the DoD health care provider and are not automatically sent to the appropriate command authorities.

2.3.4. Deployed or Underway

If a service member is confirmed to be pregnant while deployed or underway, as defined in military department/Service policies, the treating DoD health care providers consults with the service member regarding an available course of action.

2.4. Duty-Limiting Condition Report

When a service member has a confirmed positive pregnancy test, Public Health will be notified via direct referral from the provider or clinic staff, using AF Form 469, Duty-Limiting Condition Report, IAW AFI 44-102*, Medical Care Management* (22 April 2020)*,* or will identify a member through a positive pregnancy lab result.

Pregnancy profiles serve as official documentation outlining any restrictions or limitations on a pregnant service member's duties and physical activities during pregnancy. These profiles are issued by medical professionals and are based on the individual's medical condition and specific needs. Pregnancy profiles may include restrictions on physical activities to minimize risks and promote a healthy pregnancy.

Primary Care Manager (PCM) and, if applicable, the Woman's Health provider, will issue an initial AF Form 469 within 5 duty days of notification to Public Health (PH) or Medical Standards Management Element (MSME) being notified of the positive pregnancy test.

To maintain privacy until 20 weeks, the AF Form 469 does not include a diagnosis of the pregnancy. The initial (weeks 0-20) AF Form 469 restrictions are minimal and do not disclose pregnancy. The limitations are updated at 20 weeks with additional restrictions by the Airmen Medical Readiness Office (AMRO). The AF Form 469 traditionally includes standard duty restrictions (DRs), mobility restrictions (MRs), and fitness restrictions (FRs).

NOTE: Specific AFSCs (ex: flyers, security forces, etc.) may need additional duty restrictions for the safety of the mother and fetus. These will be coordinated in collaboration with the members PCM, Women's Health provider, and/or Public Health. For

> *NOTE:* For ARC, the AF Form 469 is processed prior to the next unit training assembly (UTA).

Pregnant Aircrew, additional details can be found in the United States Air Force Aerospace Medicine Waiver Guide Compendium, accessible through the U.S. Air Force School of Aerospace Medicine webpage (https://www.afrl.af.mil/711HPW/USAFSAM/).

2.5. Physical Conditioning Restrictions or Modifications

Pregnant service members may need to request physical conditioning restrictions or modifications if they are unable to meet certain physical fitness requirements due to

their pregnancy. The process for requesting such modifications requires submission of an AF Form 469 from a healthcare provider outlining the medical necessity and the restrictions or modifications needed. Commanders and supervisors are responsible for reviewing these requests and ensuring that pregnant service members are not unfairly penalized for medical restrictions or modifications related to pregnancy.

Physical fitness restrictions exempting service members from completing a physical fitness assessment (PFA) during and following pregnancy will be documented on an AF Form 469. The duration of the exemption will be dependent on the duration of the pregnancy, as outlined in AFI 48-133, *Duty Limiting Conditions* (7 August 2020), para 3.5.3.

NOTE: Any medical conditions complicating the pregnancy may warrant adjustment of the Physical Fitness Assessment Exemption. Providers will use clinical judgement for these situations as indicated.

Pregnancy Duration	**0-12 Wks**	**12 Wks 1 Day – 20 Wks**	**20+ Wks**
Length of Exemption	Up to 60 Days	180 Days	365 Days

Unit PT/Physical Fitness During Pregnancy. Being on a pregnancy profile does not exempt the pregnant member from organized PT sessions. Physical Fitness Centers may have prenatal and postpartum group fitness classes. Check with local installation for programs and services tailored to pregnant and postpartum individuals such as Guardian Resilience Teams or FSS.

Everyone's body reacts differently throughout pregnancy. No pregnancy is the same and symptoms such a fatigue, nausea, nerve and joint pain, etc. can impact endurance, energy and overall fitness. It is important for service members to keep an open line of communication with their supervisors, leadership, and PCM if they feel they need extra accommodations for PT. Resources, such as physical therapy, may be beneficial for education and to address pregnancy related pain.

2.6. Maternity Entitlements (Uniforms/Benefits/etc.)

DAFI 36-2903, *Dress and Personal Appearance of Department of the Air Force Personnel* (29 February 2024), specifies the types of maternity uniforms authorized for wear by pregnant service members through the duration of their pregnancy and six months postpartum. These may include maternity versions of the service dress uniform, physical training uniform, utility uniform, and other authorized uniform items. Maternity uniforms must fit properly and be worn according to Department of the Air Force regulations. There is no mandated maternity PT gear. Pregnant members participating in unit PT, may be authorized to wear the colors of blue, black, white, or gray civilian clothing. Commanders determine the required PT gear configuration during organized PT events.

2.6.1. Procedures for Obtaining Maternity Uniforms:

When to switch to the use of the maternity uniform varies by individual. Certain military uniforms, such as OCPs, may be treated with permethrin (an insect repellant). Some medical providers may recommend that pregnant and breastfeeding women not wear uniforms treated with permethrin. If a service member wishes to obtain non-permethrin treated uniforms, they can contact their Military Clothing Sales store. Maternity OCPs are not treated with permethrin. However, if a pregnant service member is still wearing traditional OCPs during the early stages of pregnancy or while breastfeeding, the uniform could have been treated with permethrin. For additional information on special order uniforms visit: https://www.af.mil/News/Article-Display/Article/3695244/special-order-uniforms-provide-accomodations/

Clothing Monetary Allowance

DoD 7000.14-R, *Financial Management Regulation,* Volume 7A, Chapter 29, Clothing Monetary Allowance, covers reduced and full maternity uniform allowance amount and frequency (once in 3 years) for enlisted members only. This needs to be coordinated with the First Sergeant and finance office. The First Sergeant creates a memorandum for supplemental maternity clothing allowance for the member. This MFR and the AF Form 469 are then brought to finance office to be processed. Rates can be found at: https://www.dfas.mil/militarymembers/payentitlements/Pay-Tables/CMA7/

2.6.2. Ordering a Breast Pump

TRICARE beneficiaries are entitled to receive a standard electric breast pump and certain breast pump supplies (i.e. valves/membranes and milk storage bags) under TRICARE coverage. Individuals must be 27 weeks pregnant to receive a prescription from their PCM to apply and receive the pump. There are two routes an individual can utilize to purchase a breast pump:

1. Purchase a pump and be reimbursed by TRICARE by filing a claim. Many choose this route when they want a hands-free option to recoup some of the costs. Up-to-date reimbursement rates can be found under the breastfeeding supplies and reimbursement tab at: https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/TRICARE-Health-Plan/Rates-and-Reimbursement/Durable-Medical-Equipment-Prosthetics-Orthotics-and-Supplies
2. Go through an online company who will contact their medical team on their behalf, or they can upload their prescription and choose their pump from a standard selection to be sent to their home.

NOTE: Bank Donor Breast Milk is also covered under special circumstances. For additional information visit: https://www.tricare.mil/CoveredServices/IsItCovered/BankedDonorMilk

2.7. Maternal Mental Health

Maintaining mental health during pregnancy is important for the overall well-being of pregnant persons and their unborn children. This section addresses common mental health challenges experienced during pregnancy and provides resources and support for maintaining mental well-being.

Common Symptoms – Pregnancy can cause various mental health challenges, including anxiety, depression, mood swings, and stress, and may be influenced by hormonal changes, physical discomfort, relationship dynamics, and concerns about the future. Common indicators include persistent feelings of sadness or hopelessness, changes in appetite or sleep patterns, difficulty concentrating, and withdrawal from social activities. By recognizing these challenges early, service members can take proactive steps to address them and prevent escalation.

Supervisor Involvement – Supervisors play a crucial role in supporting pregnant service members' mental health by fostering an environment of understanding, empathy, and support. Supervisors at all levels should be knowledgeable about mental health resources, such as counseling, support groups, chaplain services, and referrals to mental health professionals.

Resources – The Department of the Air Force provides numerous resources and support services to assist pregnant service members in maintaining their mental well-being during pregnancy:

1. **Military OneSource**
   Website: www.militaryonesource.mil
   Phone: 1-800-342-9647
   Description: Military OneSource offers a wide range of resources and support services for service members and their families, including counseling, financial assistance, and educational resources.
2. **National Guard Family Program**
   Website: https://www.militaryonesource.mil/resources/millife-guides/national-guard-family-program/
   Phone: Varies by state (Contact your local National Guard Family Program office for assistance)
   Description: The National Guard Family Program provides support services and resources to National Guard members and their families, including counseling, deployment support, and financial assistance.
3. **Air National Guard Family Readiness Program**
   Website: https://www.ang.af.mil/airmanandfamilyreadiness/
   Phone: Varies by unit (Contact your local Air National Guard Family Readiness office for assistance)

Description: The Air National Guard Family Readiness Program offers support services and resources to Air National Guard members and their families, including deployment support, crisis intervention, and educational resources.

4. **Air Force Reserve Command Psychological Health Program**
   Website: https://www.afrc.af.mil/About-Us/AFRC-DPH/
   Phone: Varies by unit
   Description: Reservists can engage with their Wing Director of Psychological Health (DHP) for assistance. on mental health issues and guidance for civilian resources in the area.
5. **Military and Family Life Counselors (MFLCs)**
   Website: https://www.militaryonesource.mil/benefits/military-family-life-counseling-program/
   Phone: 1-800-342-9647 (Contact Military OneSource for assistance) or contact the installation Military and Family Readiness Center.
   Description: MFLCs provide confidential, non-medical counseling services to service members and their families to address a variety of issues, including stress, relationship problems, and deployment-related concerns.
6. **Chaplain Services**
   Website: Varies by branch (Contact your unit chaplain for assistance)
   Phone: Varies by location
   Description: Chaplains offer spiritual and emotional support to service members and their families, providing confidential counseling, religious services, and crisis intervention as needed.
7. **TRICARE Mental Health Services**
   Website: www.tricare.mil/mentalhealth
   Phone: 1-800-874-2273
   Description: TRICARE provides mental health services for service members and their families, including counseling, psychiatric care, and substance abuse treatment.
8. **Veterans Crisis Line**
   Website: www.veteranscrisisline.net
   Phone: 1-800-273-8255 (Press 1) or text 838255
   Description: The Veterans Crisis Line provides confidential support to veterans and service members in crisis, offering immediate assistance and referrals to local resources.
9. **Key Support Program**
   Website: Varies by location
   Phone: Varies by location
   Description: The U.S. Air and Space Force Commander's Key Support Program (CKSP) is an official Unit Family Readiness Program designed to enhance readiness and establish a sense of community. This Commander's program promotes partnerships with the unit, the Military & Family Readiness Center (M&FRC) and community agencies to foster a sense of

community among Airmen, Guardians, and their families through a network of volunteers who help alleviate the stresses of military life and promote family readiness.

10. **Military and Family Readiness Centers**
    Website: Varies by location (Contact your nearest military installation for assistance)
    Phone: Varies by location
    Description: Military and Family Readiness Centers offer a variety of programs and services to support military families, including counseling, financial assistance, and educational resources.
11. **Family Assistance Centers (FACs)**
    Website: Varies by state (Contact your state National Guard or Reserve office for assistance)
    Phone: Varies by location
    Description: FACs provide support and resources to service members and their families during times of deployment, offering assistance with financial matters, legal issues, and emotional support.
12. **National Maternal Mental Health Hotline**
    Website: https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline
    Phone: 1-833-TLC-MAMA
    Description: 24/7 free and confidential counseling for pregnant or postpartum individuals or their partners/families. Offer connections to local support groups/organizations or referrals to other health care professionals.
13. **Pregnancy Purple Book**
    Website: https://www.healthquality.va.gov/guidelines/WH/up/2023-Pregnancy-Purplebook_19Jan2024.pdf
    Phone: Varies by location
    Description: A resource created by the VA and DoD that provides guidelines for pregnancy.

2.8. Pregnancy Separation from Military Service

A pregnant service member may request voluntary separation based on pregnancy or childbirth if the member finds pregnancy or childbirth incompatible with continued military service. The separation request may be made before or after childbirth.

If the member requests separation before childbirth, the separation date will be before delivery. If the member requests separation after childbirth, the application is submitted no later than 12 months after the date of delivery, and the requested Date of Separation (DOS) can be no more than 12 months after the date of the application.

Members who separate prior to childbirth are not entitled to continued medical or maternity care unless approved for Secretarial Designated Status (see guidance provided in AFMAN 41-210, *TRICARE Operations and Patient Administration* (10 September 2019)) or authorized health care benefits in the military health care system. Members will also not be

retained for the sole purpose of taking parental/convalescent leave. For additional information reference DAFI 36-3211, *Military Separations* (24 June 2022), para 5.12.

2.9. Pregnancy Discrimination

The Equal Opportunity (EO) Program aims to promote equal opportunity and eliminate discriminatory practices within the military. This program ensures that all service members, including pregnant service members, are treated fairly and have equal access to opportunities for advancement and career development. DoDI 1350.02, *DoD Military Equal Opportunity Program* (4 September 2020), and DAFI 36-2710, *Equal Opportunity Program* (23 May 2024), outline policies and procedures for preventing discrimination, addressing complaints of discrimination, and promoting diversity and inclusion throughout the armed forces. DAFI 36-2710 specifically outlines responsibilities for commanders, supervisors, and Airmen/Guardians regarding EO training, complaint resolution processes, and the implementation of EO policies throughout the Department of the Air Force.

Reporting and addressing discriminatory practices are critical components of the Military Equal Opportunity (MEO) and EO programs. Service members who experience or witness discrimination, including pregnancy discrimination, may report it through appropriate channels. This typically involves informing their chain of command or filing a formal complaint with the EO office in accordance with DAFI 36-2710.

Policies Referenced:

- DAFMAN 48-146, *Occupational Health Program Management* (1 December 2022) https://static.e-publishing.af.mil/production/1/af_sg/publication/dafman48-146/dafman48-146.pdf
- AFI 44-102, *Medical Care Management* (22 April 2020) https://static.e-publishing.af.mil/production/1/af_sg/publication/afi44-102/afi44-102.pdf
- AFI 48-133, *Duty Limiting Conditions* (7 August 2020): https://static.e-publishing.af.mil/production/1/af_sg/publication/afi48-133/afi48-133.pdf
- DAFI 36-2903, *Dress and Personal Appearance of Department of the Air Force Personnel* (29 February 2024) https://static.e-publishing.af.mil/production/1/af_a1/publication/dafi36-2903/dafi36-2903.pdf
- DoD 7000.14-R, *Financial Management Regulation* https://comptroller.war.gov/FMR/
- AFMAN 41-210, *TRICARE Operations and Patient Administration* (10 September 2019) https://static.e-publishing.af.mil/production/1/af_sg/publication/afman41-210/dafman41-210.pdf
- DAFI 36-3211, *Military Separations* (24 June 2022) https://static.e-publishing.af.mil/production/1/af_a1/publication/dafi36-3211/dafi36-3211.pdf
- DoDI 1350.02, *DoD Military Equal Opportunity Program* (4 September 2020) https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/135002p.pdf

- DAFI 36-2710, *Equal Opportunity Program* (23 May 2024) https://static.e-publishing.af.mil/production/1/saf_mr/publication/dafi36-2710/dafi36-2710_ic_1.pdf

Chapter 3: Birth

The arrival of a new family member is a momentous occasion that requires thoughtful preparation and planning. Birth and non-birth persons should have a comprehensive reproductive strategy and clear understanding of the resources available within Department of the Air Force. This chapter aims to equip personnel with essential information and tools to assist in navigating the birthing process for military families.

NOTE: The usage of the terms "pregnant person," "birthing person," and "non-birthing person" acknowledges those members who may be a surrogate or placing their infant into an adoption as well as the non-birthing parent.

3.1. TRICARE: Labor & Delivery

TRICARE covers medically necessary services during labor and delivery, including anesthesia, monitoring, required cesarean section, and other required services. Of note, if a TRICARE beneficiary chooses to have a cesarean section for personal reasons, they may have to pay for some of the costs.

Facility and Providers:

An individual may deliver at a military hospital, civilian hospital, freestanding facility, or home birth depending on their TRICARE coverage.

The AF/SG endorses the policy of ACOG and *AAP Guidelines for Perinatal Care* "Although the Committee on Obstetric Practice believes that hospitals and birthing centers are the safest setting for birth, it respects the right of a woman to make a medically informed decision about delivery,"[3] *If an individual is considering an in-home birth:*

- There are associated costs, referral, and pre-authorization requirements
- Home births aren't covered in overseas locations
- Contact the regional overseas contractor for specific guidance

The individual may also have options for the type of provider who delivers their baby. Hospital providers could include: obstetrician, family medicine physician, or certified nurse midwife. The birthing person and their provider will make these decisions at their prenatal visits.

Length of stay:

The birthing person will usually stay in the hospital for at least 24-48 hours after a vaginal delivery and 48-72 hours after a cesarean section. However, the length of stay may vary based on the individual's pregnancy outcomes and/or circumstances surrounding the delivery.

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[3] https://static.e-publishing.af.mil/production/1/af_sg/publication/afi44-102/afi44-102.pdf

Overseas Delivery:

Individuals delivering overseas should contact the TRICARE Overseas Program (TOP) Regional Call Center to notify them of pregnancy. This allows them to learn more about covered services, referral and pre-authorization requirements, and other care coordination needed overseas. If individuals have other health insurance (OHI), including travelers and overseas national health insurance programs, the OHI is the primary payer.

Regional Call Centers can be found at the following link: https://tricare.mil/PatientResources/ContactUs/CallUs/OverseasResources

TRICARE Childbirth and Breastfeeding Support Demonstration

The TRICARE Childbirth and Breastfeeding Support Demonstration (CBSD) covers certified non-medical labor doulas, certified lactation consultants, and certified lactation counselors. Referrals are not needed. However, TRICARE Prime enrollees require a referral from their primary care physician or manager if seeing a non-network provider. Point-of-service charges may apply without the referral.

> NOTE: The CBSD is only for TRICARE Prime or TRICARE Select enrollees. The CBSD will run from January 1, 2022, to December 31, 2026 and will expand overseas on January 1, 2025.

Childbirth Support and Certified Labor Doulas

To qualify, the individual must:

- Be enrolled in TRICARE Prime or TRICARE Select
- Be at least 20 weeks pregnant
- See a TRICARE-authorized provider
  - There are two types of TRICARE-authorized providers: network and non-network

The individual cannot plan to give birth in a military hospital or clinic as part of the CBSD. They can give birth with a certified midwife at home, if that midwife is a TRICARE-authorized provider. However, the CBSD does not cover services with a midwife that is not certified.

What types of doula services are covered?

TRICARE will cover up to six visits by a certified labor doula. Labor doulas are trained, non-medical professionals who provide support for the birthing parent before, during, and a short time after labor. These visits can be before or after giving birth. In addition, one visit during birth will be covered. The CBSD will cover certified network doulas at no additional cost. Non-network doulas must meet the CBSD qualifications.

Lactation Counselors/Consultants and Breastfeeding Support

To qualify, the individual must:

- Be enrolled in TRICARE Prime or TRICARE Select
- Be at least 27 weeks pregnant
- Qualify for TRICARE's breastfeeding support benefit

If the individual or their provider do not qualify for breastfeeding support services under the demonstration, they may qualify under TRICARE's existing breastfeeding support benefit. Additional information can be found at https://tricare.mil/CoveredServices/IsItCovered/BreastfeedingCounseling

The following services are covered *__in the network__* *at no additional cost :*

- **Lactation counselors.** Non-medical professionals who have received certification to provide breastfeeding counseling to support normal lactation and breastfeeding parents. Non-network lactation counselors must meet certain qualifications. Can provide either individual or group breastfeeding support services under the demonstration.
- **Lactation consultants.** Medical professionals who completed the highest level of breastfeeding training in order to provide a full range of breastfeeding care, including support for breastfeeding complications. Non-network lactation consultants must meet certain qualifications. Can provide either individual or group breastfeeding support services under the demonstration
- **Group breastfeeding counseling.** Individual breastfeeding counseling by other TRICARE providers may already be covered under TRICARE's breastfeeding benefit.
    - Group breastfeeding must be run by a:
        - Lactation consultant
        - Lactation counselor
        - TRICARE-authorized provider
    - Group breastfeeding counseling also includes prenatal breastfeeding education.

<u>How to enroll in the CBSD</u>
Eligible individuals are automatically enrolled when they submit claims covered under the CBSD. Persons may check with their TRICARE regional contractor to see if they qualify.

<u>TRICARE Resources:</u>
General Guidelines of Covered Benefits:
https://tricare.mil/CoveredServices/IsItCovered/MaternityCare.aspx

TRICARE CBSD Support Services:
https://tricare.mil/Plans/SpecialPrograms/CBSD

3.2. Supervisor Considerations for Birth & Non-Birth Parents

Though not directed by policy, the authors felt it appropriate to share birth considerations for supervisors in the event this is a new process/realm for those individuals.

A few key considerations:

- Understand the "due date" is approximate. Birth can be expected 2-3 weeks prior to the due date or even 1-2 weeks after. This is the normal "window" for child birth. This can be helpful when considering working within reasonable mission flexible conditions wherever possible to avoid added stress in the work schedule.
- Consider regular or special passes.
- Following a birth or adoption, encourage full utilization of family medical and caregiver leave.
- Not all pregnancies end in live birth. This is a sensitive topic, and highly deserving of respect and human dignity for the pregnant person. Please see **Chapter 4: Pregnancy Loss** for more information.

3.3. Childbirth Education

MTF and Community Hospital Resources: Many hospital resources exist to support childbirth education goals, to include infant and child CPR, newborn care courses, father or birth partner support groups, breastfeeding courses, sibling classes, and support groups for families. Check with local hospitals and pediatrician offices nearby, as different dates/times and course offerings may be available and are in most cases open to anyone in the community usually for free or a small fee.

Local Resources: Multiple community programs and the M&FRC offer additional resources that may include certified car seat installation services, "Bundles for Babies"(or other organizations hosting baby showers for service members), "New Parent Support", "Boot Camp for Dads", and additional courses and programming. These programs are discussed in depth in **Chapter 7: Dependent Actions**.

Additional Options: Local hospitals and communities may have online options to allow flexibility to meet schedules. This American Pregnancy Association website offers information on Childbirth Education Classes and finding the right class for each individual: https://americanpregnancy.org/healthy-pregnancy/labor-and-birth/childbirth-education-classes/.

3.4. Creating a Birth Plan

A birth plan is a structured communication tool that outlines the patient's preferences for labor, delivery, and immediate postpartum care. It is developed collaboratively between the patient and healthcare provider to ensure that expectations, medical considerations, and contingency planes are clearly defined and align with the standard of care.

Selecting A Birth Location: In locations where the MTF has obstetrics services, a service member will typically receive their care at the MTF (unless the level of care required is greater than what the MTF can provide). In locations where MTFs do not offer obstetrics care, they will be referred to the TRICARE network.

Alternative Birth Locations/Homebirth:
According to AFI 44-102:

4.8.3. The HAF/SG endorses the policy of ACOG and AAP Guidelines for Perinatal Care, "Although the Committee on Obstetric Practice believes that hospitals and birthing centers are the safest setting for birth, it respects the right of a woman to make a medically informed decision about delivery. Women inquiring about planned home birth should be informed of its risks and benefits based on recent evidence. Specifically, they should be informed that although the absolute risk may be low, planned home birth is associated with a twofold to threefold increased risk of neonatal death when compared with planned hospital birth. Importantly, women should be informed that the appropriate selection of candidates for home birth; the availability of a certified nurse-midwife, certified midwife, or physician practicing within an integrated and regulated health system; ready access to consultation; and assurance of safe and timely transport to nearby hospitals are critical to reducing perinatal mortality rates and achieving favorable home birth outcomes." Due to the two-to-three-fold increased risk of neonatal death referenced above, the Air Force does not favor home delivery. If an elective home delivery on base is planned nonetheless, the installation Commander, in consultation with the MTF/CC, will first ascertain to his/her satisfaction whether the provider participating in the delivery is properly licensed by the host jurisdiction to perform the procedure and that the welfare of personnel on base is not jeopardized.

An individual may choose a private standalone birth center or homebirth option under the care of a medical provider of their choosing. As discussed earlier, there are associated costs, referral, and pre-authorization requirements needed prior to homebirth. Coverage for overseas homebirth is not available. If considering an alternative birth location, provider support and communication is key. The American College of Obstetricians and Gynecologists (ACOG) acknowledges that not all pregnant persons are appropriate for home birth but and with a planned homebirth, it is a wise decision to partner with a local hospital for a possible transfer, and to establish a plan for this early.

Birth Preferences - Using a birth plan or preference sheet may improve the childbirth experience. Although having a birth plan does not guarantee the birth will go according to plan, it allows individuals to communicate their desires with their care team. See https://www.acog.org/womens-health/health-tools/sample-birth-plan for an example birth plan.

Resources:
https://www.acog.org/womens-health/health-tools/sample-birth-plan

3.5. Patient Experience Considerations

Doula & Breastfeeding Support: Under the TRICARE CBSD, qualified service members and dependents will have coverage for in-network resources. See section 3.1. of

this guide or visit https://tricare.mil/Plans/SpecialPrograms/CBSD for additional information.

Specialty Obstetrics Care: Specialty care, such as desire for a vaginal birth after cesarean (VBAC), multiples birth, high risk birth, or a compound presentation/breech birth, may be a consideration when determining an appropriate provider and birth location. These services may be available in the MTF, or patients may be referred to the TRICARE Network if indicated. If individuals have any additional concerns, they should utilize the hospital patient advocate office.

Child Care/Pet Care Plan: Make sure to develop a plan for child care and pet care if necessary. Be sure to ask the chosen birth location what policies and rules they have concerning bringing children and birth support from a partner, family members, or doula.

Labor and Delivery Policies – Consider inquiring about birth location policies and restrictions. Individuals can ask about mask requirements, vaccination requirements, limits on number of support person(s), limits on outside food, and limits on leaving and returning to Labor and Delivery. These policies will vary from hospital/installation/state.

Medical Rights in Pregnancy and Childbirth – When it comes time to give birth, there is the possibility that a pregnant person will be offered or subject to interventions that require their consent. If individuals suspect their rights are being violated, they should immediately notify the appropriate reporting office in the hospital or clinic where they are receiving care.

3.6. Hospital Discharge

Hospital Discharge: Patients should read all discharge instructions thoroughly and, if appropriate, understand how much medical convalescence will be issued. As outlined in AFMAN 41-210, 6 weeks is the standard recommended, however time may vary depending upon the member's individual clinical need and is based upon the recommendation by the delivering provider. See Chapter 6 for additional convalescent and parental leave information.

Typically, within the first six weeks a birthing person will have their first follow up visit with their provider. If there are any concerns before the appointment, the individual should reach out to their provider in accordance with their discharge instructions.

Newborns are seen at approximately 3-5 days of life for routine well-child care. They may need to be seen sooner to check up on feeding and other potential issues (e.g. bilirubin checks, weight check, etc.).

Policies Referenced:

- AFI 44-102*, Medical Care Management* (22 April 2020) https://static.e-publishing.af.mil/production/1/af_sg/publication/afi44-102/afi44-102.pdf
- AFMAN 41-210*, TRICARE Operations and Patient Administration* (10 September 2019) https://static.e-publishing.af.mil/production/1/af_sg/publication/afman41-210/dafman41-210.pdf

Chapter 4: Pregnancy Loss

4.1. Pregnancy Loss

Miscarriage is the sudden loss of a pregnancy before the 20th week, while a stillbirth is loss after the 20th week. About 10% to 20% of known pregnancies end in miscarriage, but the actual number may be higher since many miscarriages can happen prior to confirmation of pregnancy.[4]

4.2. Pregnancy Loss Notification

If an individual experiences a miscarriage or stillbirth, they should contact their Primary Care Manager (PCM) for medical support and care as soon as possible.

4.3. Leave Options After Pregnancy Loss

Convalescent Leave – If a service member experiences a stillbirth or miscarriage, they are entitled to convalescent leave in accordance with DAFI 36-3003 but are not authorized bereavement leave. The amount of time recommended for convalescent leave is based on the weeks of gestation and captured in AFMAN 41-210, Table 2.1.

Non-Chargeable Leave Following a Stillborn or Miscarriage. In cases when a member experiences a stillbirth or miscarriage, neither the member nor their spouse (if a member) is eligible for parental leave in accordance with DAFI 36-3003. However, the DoD health care provider may recommend convalescent leave in accordance with medical practice standards or the member may be authorized emergency leave.

A member will not be authorized bereavement leave in connection with a stillbirth or miscarriage, but may be authorized other forms of leave.

In cases where a baby is stillborn, the member suffers a miscarriage/termination, or where the baby is given up for adoption immediately following birth, unit commanders will grant convalescent leave, other than maternity convalescent leave, up to 42 days, based on the patient-specific time of gestational age of the fetus, as noted in AFMAN 41-210, Table 2.1.

Provider convalescent leave recommendations shall also be guided by best clinical judgment; however, they are recommended to be no less than the time periods as listed in AFMAN 41-210, Table 2.1.

Miscarriage & Convalescent Leave – If a member suffers a miscarriage, the baby is stillborn, or the baby was placed for adoption after birth, their Commander may approve convalescent leave in accordance with the weeks of gestation at the point of the loss.

	0-12 Wks	**12 - 15 wks**	**16 -19 wks**	**20-27 wks**	**27+ wks**
Convalescent Leave	7 Days	14 Days	21 Days	42 Days	42 Days

[4] https://www.mayoclinic.org/diseases-conditions/pregnancy-loss-miscarriage/symptoms-causes/syc-20354298

Partner Leave – Commanders can approve leave for the non-birth parent service member whose partner experiences a miscarriage or stillbirth in accordance with DAFI 36-3003:

- Regular pass (4 days) with no mileage restrictions (paragraph 5.2 and paragraph 5.4.1)
- Emergency leave (chargeable) (paragraph 3.2.3)
- Emergency leave of absence (non-chargeable, no more than 14 days) (paragraph 4.2.6)

4.4. Physical Fitness Exemptions

Service members are exempt from their physical fitness assessment based on the duration of their pregnancy, in accordance with AFI 48-133. It is important to ensure that the Unit Fitness Program Manager (UFPM), Unit Fitness Assessment Cell (UFAC), or Fitness Assessment Cell (FAC) codes the service member correctly as "Exempt" in MyFitness to prevent them from showing overdue.

Pregnancy Duration	**0-12 Wks**	**12 Wk 1 Day - 20 Wks**	**20+ Wks**
Exemption Length	Up to 60 Days	180 Days	365 Days

During this exemption, the member is not automatically exempt from unit physical fitness sessions, unless listed in their AF Form 469. Members should ensure they are communicating with their leadership on what they feel comfortable participating in. If the member has additional complications, they should have their AF Form 469 updated to reflect updated restrictions.

4.5. Mortuary Entitlements

Neonatal deaths, stillborn infants, and miscarriages, regardless of weight or gestation, are considered dependents by the Secretary of Defense, and are entitled to dependent entitlements listed in DAFI 34-160, *Mortuary Affairs Program* (3 March 2022), section 4A, including reimbursement of transportation of remains, preparation in a DoD mortuary, casket, and interment at a government cemetery. Reference DAFI 34-160 for specifics on entitlements and documentation required.

Family Servicemember's Group Life Insurance (FSGLI) – All servicemembers are automatically enrolled in the Servicemembers' Group Life Insurance (SGLI) program upon entrance to their service. When they marry and their spouse is enrolled in the Defense Eligibility and Enrollment Reporting System (DEERS), they are also automatically enrolled in the Family SGLI (FSGLI) program.

NOTE: Mil-to-Mil servicemembers are not automatically enrolled.

Family SGLI coverage provides life insurance coverage for the spouses and dependent children of all Active Duty, Ready Reserve and National Guard members who have full-time SGLI coverage. Dependent child coverage is $10,000 for each dependent child.

A "dependent child" includes a stillborn child whose death occurs before expulsion, extraction, or delivery, not for the purposes of abortion, and:

1. Whose fetal weight is 350 grams or more; or
2. Whose duration in utero was 20 or more completed weeks of gestation, calculated from the date the last normal menstrual period began to the date of expulsion, extraction, or delivery

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If individuals are feeling depressed, have them call their primary health care provider, obstetrician, or gynecologist and schedule an appointment. It's important that they call their provider as soon as possible if the symptoms of depression persist, are getting worse, make it hard to complete everyday tasks, including thoughts of harming themselves or someone else, and/or if they have suicidal thoughts. If at any point a member has thoughts of harming themselves or others, they should immediately seek help from their partner or loved ones and call 911, or the local emergency assistance number, to get them help.

Suicide Hotline: Call or text 988, 24/7 988lifeline.org/talk-to-someone-now/

For more information on FSGLI, reference DAFI 36-3002, *Casualty Services* (15 July 2025), Chapter 8, and contact your local Force Support Squadron.

4.6. Mental Health and Support

Mental Health Resources

For additional resources reach out to Chaplain, Mental Health Clinic, first sergeants, supervisors and/or commanders.

- Military One-Source Grief Support: https://www.militaryonesource.mil/casualty-assistance/grief-support/
- Military One-Source Medical Counseling: https://www.militaryonesource.mil/non-medical-counseling/military-onesource/free-confidential-face-to-face-non-medical-counseling/
- Share, Pregnancy & Infant Loss Support: https://nationalshare.org/
- Postpartum Support International: https://www.postpartum.net/get-help/loss-grief-in-pregnancy-postpartum/
- Grieving Dads: https://www.grievingdads.com/
- Miscarriage Matters: https://www.mymiscarriagematters.org/
- Mommies Enduring Neonatal Death: https://www.mend.org/
- Rachel's Gift: https://www.rachelsgift.org/grief-resources

- Armored After (Military Pregnancy & Infant Loss Resources): https://linktr.ee/armoredafter?fbclid=IwAR1qaGJgjNaq6PrNlTeR4BHQbIKCEM7r6JCdEJRISBYz32BsluymWn3f-D8
- Lifeline Chat (services are free and confidential): https://988lifeline.org/chat/

4.7. Pregnancy Loss Regulations and Resources

Commander Notification: Guidance regarding Commander notification was updated 16 Feb 2023, in "Changes to Command Notification of Pregnancy Policy," which allows Service members to delay notification up to 20 weeks gestation. Additional information can be found in the **Chapter 2** of this guide.

Medical Care Management: AFI 44-102 provides guidance for the general delivery of patient care and management of clinical services throughout the Air Force Medical Service (AFMS) to include guidance on pregnancy, pregnancy loss and pregnancy termination.

Policies Referenced:

- DAFI 36-3003*, Military Leave Program* (07 August 2024) https://static.e-publishing.af.mil/production/1/af_a1/publication/dafi36-3003/dafi36-3003.pdf
- AFMAN 41-210*, TRICARE Operations and Patient Administration* (10 September 2019) https://static.e-publishing.af.mil/production/1/af_sg/publication/afman41-210/dafman41-210.pdf
- AFI 44-102*, Medical Care Management* (22 April 2020) https://static.e-publishing.af.mil/production/1/af_sg/publication/afi44-102/afi44-102.pdf
- AFI 48-133, *Duty Limiting Conditions* (7 August 2020): https://static.e-publishing.af.mil/production/1/af_sg/publication/afi48-133/afi48-133.pdf
- DAFI 36-3002*, Casualty Services* (15 July 2025) https://static.e-publishing.af.mil/production/1/af_a1/publication/dafi36-3002/dafi36-3002.pdf
- DAFI 34-160*, Mortuary Affairs Program* (3 March 2022) https://static.e-publishing.af.mil/production/1/af_a1/publication/dafi34-160/dafi34-160.pdf
- *Changes to Command Notification of Pregnancy Policy* (16 February 2023)

Chapter 5: Postpartum

5.1. Postpartum Recovery

The weeks following birth are a critical time as individuals prepare for their future health and wellbeing. This includes recovering from birth, adapting to a new member in the family, and adjusting to physical, emotional and hormonal changes. This recovery will take time! This section will cover some common conditions and information available. Birthing persons should contact their medical provider with questions and concerns specific to their pregnancy and birth experience.

5.2. Lactation and Breastfeeding

5.2.1. Breastfeeding/Pumping Support

For those that continue to breastfeed after returning to work, it's important to get on a routine pumping schedule. DAFI 36-3013, *Lactation Rooms and Breast Milk Storage for Nursing Mothers* (5 August 2021), details lactation accommodations for all DAF personnel. Members should work with the unit commander in advance so that they have time to coordinate an appropriate space for members to express milk when they return to work. This space must be private, secure (lockable from the inside), clean, and follow additional requirements outlined in DAFI 36-3013, section 3.1.4.

Commanders and supervisors should understand that every situation is unique and needs for frequency of expressing milk vary and are influenced by physiology, response to pump, age of child, number of children (multiples), stress, and more. Defense Health Agency (DHA) breastfeeding primary care providers should reference DHA Memo entitled New Standardized Deductions for Primary Care, Specialty Care, Graduate Medical Education, Graduate Health Education, and Inpatient Care (March 2022) for standardized empanelment deductions.

Many individuals find it helpful to practice setting up their pump and using it prior to returning to work. Make sure to have extra supplies and set reminders to ensure you don't miss a pumping opportunity. DAFI 36-2903 authorizes use of a breastfeeding shirt with utility uniforms. See section 2.6.1. of this guide (Procedures for Obtaining Maternity Uniforms) for information on ordering permethrin free uniforms.

Many Child Care Centers allow mothers to return during the day (for example, during lunch break) to breastfeed their baby. This may ease the baby's transition to bottles or for bonding purposes.

The local community may also have lactation support groups-many parents find this to be helpful as they navigate breastfeeding and any challenges that arise.

5.2.2. Lactation Specialists

Breastfeeding individuals can face nursing difficulty for multiple reasons and may decide to seek assistance from a lactation specialist. These specialists may help with diagnosing and rectifying poor latch, baby positioning during feeds, etc.

Interested individuals should reach out to their healthcare professional to pursue referrals or in-house care depending on local resources and availability.

Breastfeeding counseling is a TRICARE covered benefit. If the individual is unable to connect with this resource through their primary care team or nurse line, they can call the National Women's Health and Breastfeeding Helpline at 1-800-994-9662. The service is available on weekdays, Monday to Friday between 9 a.m. and 6 p.m EST. Classes or consultation bookings are also available through local WIC offices. Additional information can be found in **Chapter 3** of this guide or at https://tricare.mil/CoveredServices/IsItCovered/BreastfeedingCounseling

5.2.3. Shipment of Breastmilk for TDY and PCS

The Joint Travel Regulations (JTR), Table 2-24, Rule 18 states as follows: "Expenses associated with the transport of human breast milk expressed by a Service member or civilian employee while on TDY travel in accordance with the Federal Travel Regulation (FTR), Part 301-13, 41 C.F.R. 301- 13.2. Human breast milk shipment may be authorized as a travel accommodation for a special need. Human breast milk shipment may only be authorized for TDY longer than three calendar days and up to 12 months from the date the Service member or civilian employee gave birth, which is consistent with Federal law. Authorized expenses may be reimbursed up to a maximum of $1,000 per TDY trip *only when authorized in advance of travel* on the travel authorization and accompanied by all valid receipts ($75.00 minimum not applicable). Expenses may include the following: commercial shipping fees, disposable storage bags or non-durable containers, cold shipping packages, refrigeration, excess baggage fees, and dry ice or regular ice. Expenses for this purpose may not include the cost of a rental vehicle. Travelers are ultimately responsible for arranging the transport of their breast milk and for handling all related logistics. See Service or Agency regulations for more information about the applicable lactation policy." JTR, Table 2-24, Rule 20 addresses PCS travel with the same guidelines.

NOTE: Effective 1 January 2024, the JTR updated authorizing shipment of breastmilk for PCS which included updating the TDY language by adding, "only when authorized in advance of travel" causing an increase in claims being denied or flagged as improper payments. MITIGATION PLAN: Because travel plans and circumstances change, ALL nursing members who are eligible are highly encouraged to include an expense for breast milk shipment in the amount of $1,000.00 on their TDY/PCS authorization/order in DTS prior to travel, whether or not they intend to use the entitlement. This allows any actual expenses to be claimed on the voucher upon completion of TDY/PCS (all receipts required). If the entitlement is not used, the member will simply remove the expense from their

References and Additional Resources:

- Air Force Guidance Memorandum (AFGM) Establishing Requirement of Lactation Rooms for Nursing Mothers: https://www.airandspaceforces.com/app/uploads/2020/09/afgm2020-36-01.pdf
- https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work
- https://www.cdc.gov/breastfeeding/breast-milk-preparation-and-storage/handling-breastmilk.html

5.3. Postpartum Health and Wellness

Optimizing health and wellness needs and developing a parental support system following a pregnancy is a critical pillar of resiliency for an individual's well-being and readiness. This effort also contributes to the overall health and readiness of the unit.

Following a pregnancy, members will follow other established Department of the Air Force guidance (DAFMAN 36-2905, *Department of the Air Force Physical Fitness Program* (21 April 2022), AFI 48-133, DAFI 48-145, *Occupational and Environmental Health* (22 September 2022) etc.) and/or their primary care team's recommendation for specified exemptions, work center occupational concerns or environmental restrictions, and any duty or assignment limiting conditions.

5.3.1. Accessing Care

Numerous resources exist to support individuals during pregnancy, and postpartum, not just in routine or typical cases, but also for the unique individual's experience and symptoms. Concerns should be discussed with the individual's primary care team to be redirected to the correct assisting agency or outside resource.

5.3.2. Postpartum Follow-Ups

Postpartum individuals will have a routine schedule of postnatal appointments to monitor their and their baby's health. These are prime opportunities to address any concerns and seek additional or specialized care (nutrition, mental health, physical therapy, fitness, etc.) for both the parents, as well as for the child.

The American College of Obstetricians and Gynecologists (ACOG) now advises that postpartum individuals connect with their perinatal care provider several times during the 12 weeks after birth. The first contact should be within 3 weeks unless there were complications during pregnancy or delivery. Additional visits scheduled as needed with a comprehensive visit no later than 12 weeks postpartum.

American Academy of Pediatrics recommended well-child care visits at certain periods of the child's development:

- 3-5 days old
- By 1 month old

- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old

References and Additional Resources:

- Postpartum Check Ups: https://www.acog.org/womens-health/experts-and-stories/the-latest/what-to-expect-at-a-postpartum-checkup-and-why-the-visit-matters
- Well Child Care Visits: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx
- https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care

5.3.3. Physical Therapy[5]

Postpartum individuals may report continued physical symptoms following pregnancy which commonly include neck, back, pelvic, or hip pain. Some individuals may benefit from Physical Therapy services to address strength or range of motion dysfunctions and reduce pain with daily activities. Many clinics within the local MTF are direct access, meaning no referral is needed to be seen by physical therapy. Members with more serious or therapy-resistant conditions may be referred to their PCM's to explore additional treatment options beyond physical therapy.

Specialized Physical Therapy. Pelvic floor disorder (PFD) occurs when the pelvic muscles are not functioning properly, often due to weakened or damaged pelvic floor muscles or due to chronic spasm of the pelvic floor muscles.[6] Many cases of PFD are underreported and/or underdiagnosed, due to the complexities of symptoms related to the pelvic region, and misconception that signs and symptoms of PFD are a normal part of aging. Additionally, some symptoms of PFD, such as chronic pelvic or low back pain, may not be recognized as a clinical spectrum of PFDs. Compounding these challenges, PFD conditions can contribute to chronic pain syndromes, social isolation, reduced mobility, a higher fall risk, depressive symptoms, distress, and reduced quality of life as well as impacting military service member medical readiness. PFD does not have to be a lifelong condition. With timely assessment, evaluation, and treatment, the symptoms of PFD may be reduced or eliminated altogether.

Pelvic health rehabilitation encompasses services conducted by physical therapists, occupational therapists or other rehabilitation professionals with documented specialized training in evaluating and treating conditions related to

[5] https://www.mayoclinic.org/medical-professionals/physical-medicine-rehabilitation/news/advancing-care-for-childbirth-related-pelvic-floor-disorders/mqc-20567811

[6] https://www.ncbi.nlm.nih.gov/books/NBK559246/

pelvic muscle (floor) dysfunction. It is a first-line, conservative treatment option in the pregnancy and postpartum periods of life for managing urinary or fecal incontinence, urgency/frequency of urination/defecation, and/or pain in the pelvic region. Pelvic health rehabilitation may also be useful in treating pain or dysfunction in the abdominal muscles, gluteal, pelvic floor, pelvic girdle, tailbone, vagina, and/or rectum.

During the prenatal period, physical and hormonal changes occur, which can affect the musculoskeletal system. These changes include altered posture, shortened muscles, potential muscle imbalances, as well as changes in spinal mobility and bony alignment.

During the postpartum phase, fluctuating hormone levels combined with additional physical changes because of delivery may also result in musculoskeletal concerns, such as increased joint mobility, potential muscle imbalances, weakness of the core stabilizers, pelvic floor dysfunction, and altered spinal mobility and function.

The goal of physical therapy during pregnancy and postpartum periods is to address spinal and pelvic joint dysfunction, instruct in exercises to address muscle weakness and imbalance, as well as provide guidance and instruction related to modifications of exercises that may be difficult during these phases of life. Types of issues served by physical therapy:[7]

- Pelvic girdle joint pain
- Pain or discomfort in the lower back or pelvis
- Lumbar/low back pain
- Upper quarter conditions, such as carpal tunnel syndrome, tendonitis and thoracic outlet syndrome
- Cervical/upper back pain
- Muscle spasm/myofascial pain
- Pelvic floor dysfunction (weakness, pain, incontinence of bowel or bladder, urinary urgency/frequency)
- Diastasis rectus abdominis: A separation in the muscles of the abdomen that occurs when the tissue between the two sides of your “six pack muscle” is stretched, common in the perinatal period
- Core weakness
- Episiotomy scar pain
- Cesarean scar pain
- Pelvic Organ Prolapse: Descent of pelvic organs, symptoms include heaviness/bulging in the pelvic region, symptoms of pelvic floor dysfunction noted above

[7] https://www.aptapelvichealth.org/info/the-benefits-of-pelvic-health-physical-therapy

Accessing Pelvic Floor Physical Therapy: Specialized pelvic floor physical therapy may or may not be available at the local MTF. These resources are not wide-spread within the military or civilian community. If they are not available at the local MTF, individuals may request a referral to a pelvic floor specialist from their PCM.

NOTE: It is important to find an appropriately trained physical therapist as various levels of skillsets exist. Contact local physical therapy clinics prior to requesting a referral and discuss options they have for pelvic floor therapy. Ask questions regarding any specialized training for pelvic floor therapy, certifications they may have, and/or if they have been trained to perform internal assessments, if indicated. These questions will help find the appropriate provider for these conditions.

5.3.4. Nutrition

Prenatal, postpartum, and postnatal nutrition is extremely important to both the parent and the child, whether parents choose to breastfeed or not. Postpartum individuals are encouraged to eat a healthy and diverse diet to best serve their own recovery and wellness, as well as the health of their child, should they choose to breastfeed. Most medical agencies have dedicated nutritionists on site or can refer parents to outside in-network providers or other resources to assist with nutritional needs.

5.3.5. Postpartum Mental Health

The days following a delivery may be overwhelming. Hormones are changing, the body is healing from delivery, and depending on if the service member decides to breastfeed or not the body will try to establish and regulate breastmilk supply. For some with complicated births or cesarean deliveries, the recovery can be lengthier. Caring for a baby while their body heals can take a physical and emotional toll. According to the Policy Center for Maternal Mental Health,[8] approximately 70% to 80% of postpartum individuals will experience, at a minimum, the “baby blues.” Some may experience the more severe conditions of postpartum depression (PPD) or postpartum anxiety (PPA). It is important to note that this statistic only reflects those who seek a diagnosis, as many individuals endure these challenges without speaking up.

Postpartum depression (PPD) - PPD is a common mental health condition that can affect anyone. While it can feel hard or lonely, healing from PPD is possible. About 1 in 8 postpartum individuals report symptoms of PPD in the year after giving birth. Everyone experiences PPD differently. Feeling sad, anxious, or overwhelmed are some of the signs. Individuals might find it difficult to connect to their baby or may not feel love or care for them. If these feelings last longer than two weeks, the individual may have PPD. See chart below for common symptoms.

[8] https://policycentermmh.org/mmh-disorders/

Baby Blues	PPD Symptoms	PPA Symptoms
• Crying for no reason • Crying from feeling sadness or overwhelmed • Irritability • Fatigue • Poor concentration • Not bonding with your baby immediately • Appetite problems • Sleeping problems	• Feeling hopeless/depressed • Excessive crying • Feeling like you "made a mistake" • Feelings of not being "good enough" • Severe mood swings • Overwhelming fatigue • Insomnia • Feeling lost/disconnected • Extreme feelings of guilt • Thoughts of running away and leaving your family behind	• Chronically worrying • Fears of hurting your baby or something bad happening to him or her • Fears and racing thoughts of your baby's safety • Fears of being left alone with your baby • Uneasy feelings around knives or weapons • Feeling a sense of dread or like "something bad is going to happen"

This chart is not intended to formally diagnose and should be used for informational purposes only. Individuals may have symptoms in multiple "categories", but it doesn't necessarily mean they have the condition(s). Always consult with a medical provider for an official screening, diagnosis, and treatments.

Please seek immediate medical help if you or your member are thinking about harming yourself or your baby!
People in crisis should call 911 or their local emergency number or the National Suicide Prevention Hotline at 988 or 1-800-273-TALK.

Mental Health Services. Mental health resources are available at most bases and are always available through Military OneSource. If not immediately available at an installation, the primary care team can refer the individual to an off base, in-network provider. Receiving care is imperative to help both parental mental health, as well as infant well-being.

Many women find it helpful to talk about their feelings and fears with other mothers through in person or online circles. This may come in the form of friendship, blogs, websites, testimonials, or counseling through medical professionals.

The Chaplain Corps is also an available option for counseling, support, and resources, whether an individual seeks spiritual or non-denominational advice, for both members and family support. Additional resources include Primary Care Behavioral Health (PCBH), first sergeant, True North+, Military Family and Life Counseling Program (MFLC), M&FRC, and Suicide and Crisis Lifeline (988).

An individual's PCM or perinatal provider may also be able to prescribe anti-depressant or anti-anxiety drugs for you to help during this time. There is no shame in being prescribed medication for your mental health, and that should be discussed between you and your Health Care team.

Postpartum Support International (PSI): PSI is dedicated to helping families experiencing postpartum depression, anxiety and distress. Information about perinatal mental health, links to online support groups, loss and grief resources, online provider directory and other supports are included.

Resources for fathers are also available from PSI, including a monthly online Dad Support Group, call in forums for chats with a fatherhood expert, and Postpartum Dads website. The PSI Helpline is available in English or Spanish: 1-800-944-4773 (The PSI Helpline does not handle emergencies).

Additional virtual resources that are covered by TRICARE:

- Telemynd: https://www.telemynd.com/
- Sensible Care: https://www.sensiblecare.com/
- Dr. On Demand: https://doctorondemand.com/

5.4. Postpartum Physical Fitness Resources

Physical fitness has always been a core pillar of resilience regardless of parental status. Post-pregnancy physical fitness is especially important, not just to return to operational status, but also to ensure the best long term health outcomes based on any unique impacts of the recent pregnancy.

Most installations have dedicated fitness staff that can help create specialized pregnancy and postpartum regimens to ensure safe and healthy exercises for both mother and child. Some bases have specialized or embedded health programs, like Base Operational Support Teams or Preservation of the Force and Family, that are specifically focused on wholistic care. For individuals who are limited in their fitness due to pain or dysfunction, on-base or local physical therapists can assist. Members should discuss these options with their primary care teams to gain access based on their specific conditions.

Fitness Apps - Numerous fitness applications exist to build healthy and sustainable physical fitness regimens, as well as form networks around healthy habits. While the Department of the Air Force does not specifically endorse any specific application outside of AFConnect, members are encouraged to discuss options with their primary care provider or fitness advisor.

Physical Fitness Center Programs – Each installation offers numerous physical fitness programs that may be appropriate for pregnancy and postpartum activities. Individuals should check with their primary care providers or the base exercise physiologist for any concerns they have. Some installations may host specialized Pregnancy/Postpartum group classes. Members can contact their local Force Support Squadron to discuss options for perinatal physical fitness.

Official Physical Fitness Assessment – Upon return from parental leave, service members must get a new Fitness Test due date updated in myFSS. The UFPM will send

documentation to the Fitness Cell FAC (FSS) to update a new due date. Members are due to test by the last day of the 13th month of the child's birthdate. On the 1st day of the 14th month after the discharge from the hospital of pregnancy you will be considered "overdue." For additional information on physical fitness exemption please see section 2.5 of this guide.

5.5. Postpartum Social Support

Interaction is imperative to building resilience and becomes especially important as a new parent. Lack of support can be associated with higher incidence of postpartum depression and other mental and physical health issues. Many installations have a New Parent Support Program, which is available through Military OneSource or through the Military and Family Support Center.

Family Resources:

New Parent Support Program (NPSP) – The New Parent Support Program is a voluntary participation program that helps service members and family members who are expecting a child, or have a child or children up to 3 years of age, to build strong, healthy military families. Registered Nurses and staff serve in the New Parent Support Program, providing sound and nurturing education and guidance to support parents throughout the postpartum period.

Women Infant and Children (WIC) – The WIC program provides nutritious foods, education and information, a healthy diet, and healthcare referrals to at risk and low-income perinatal women, infant, and children up to age 5. Many families may be eligible for WIC programs. More information can be found at https://www.fns.usda.gov/military-veteran or https://www.fns.usda.gov/wic/family-size-and-income-determinations-military-families

Family Advocacy Program (FAP) – The mission of the Department of the Air Force FAP is to build healthy communities through implementing programs designed for the prevention and treatment of domestic violence, child abuse and neglect, and problematic sexual behavior in children and youth.

Policies Referenced:

- DAFI 36-3013, *Lactation Rooms and Breast Milk Storage for Nursing Mothers* (5 August 2021): https://static.e-publishing.af.mil/production/1/af_a1/publication/dafi36-3013/dafi36-3013.pdf
- The Joint Travel Regulations (JTR): https://media.defense.gov/2022/Jan/04/2002917147/-1/-1/0/JTR.PDF
- DAFMAN 36-2905, *Department of the Air Force Physical Fitness Program* (21 April 2022): https://static.e-publishing.af.mil/production/1/af_a1/publication/dafman36-2905/dafman36-2905.pdf
- AFI 48-133, *Duty Limiting Conditions* (7 August 2020): https://static.e-publishing.af.mil/production/1/af_sg/publication/afi48-133/afi48-133.pdf

- DAFI 48-145, *Occupational and Environmental Health* (22 September 2022): https://static.e-publishing.af.mil/production/1/af_sg/publication/dafi48-145/dafi48-145.pdf

Chapter 6: Leave Entitlements

6.1. Military Parental Leave Program

Military Parental Leave Program (MPLP) outlined in DAFI 36-3003 provides non-chargeable leave entitlements after the birth, adoption, or long-term placement for foster care of a minor. The various types of non-chargeable leave consist of:

- Postpartum convalescent leave
- Active Duty Parental Leave (ADPL) (i.e. parental, adoption, and foster placement)/Inactive Duty Parental Leave (IDPL)
- Permissive TDY for fertility treatment (within TRICARE system)
- Administrative absence for non-covered reproductive health care (without TRICARE system)

Combining Leave - Members may take ordinary (i.e. chargeable) leave in between increments of parental leave or consecutively with parental leave.

Multiple Qualifying Events – Multiple qualifying events that do not occur within the same 72-hour period will be treated as separate events for the allocation of parental leave. Any of these days that the member does not use within 1 year of the second event will be forfeited. In separate qualifying events, any new parental leave must run concurrently with any pre-existing parental leave that has not expired or been used as of the date of the new event.

Child Born Outside of a Marriage – In the case of a child born outside of a marriage, the member's parentage of the child must be established in accordance with DAFMAN 36-3026V1, *Identification Cards for Members of the Uniformed Services, Their Eligible Family Members, and Other Eligible Personnel* (1 June 2023). DEERS enrollment should be accomplished as soon as practical and within 30 days of birth.

Surrogacy – In cases where a service allows its members to act as a surrogate, only convalescent leave as recommended by their medical provider (subject to the provisions for extending maternity convalescent leave in DAFI 36-3003, paragraph 4.2.2.7) following childbirth is authorized for a covered service member. A covered service member whose spouse serves as a surrogate and gives birth is not entitled to parental leave.

In cases where a covered service member (or dual military couple) uses a surrogate, and they become the legal parent(s) or guardian(s) of the child, the event will be treated as an adoption, and each member will be entitled to 12 weeks of parental leave.

Adoption – Members are not eligible for parental leave if the child is already residing within the member’s household when the placement of a minor child with the member for adoption is finalized as an adoption. If the placement of a minor child with the member for adoption of long-term foster care is terminated, any amount of parental leave remaining will be forfeited.

Deferral –Operationally deployed members must normally defer parental leave until their deployment is completed. In exceptional and compelling circumstances, a unit commander may approve parental leave for a deployed member if the unit commander determines that the unit’s readiness will be not adversely impacted.

Eligibility – Active component service members of the Regular Air Force and Space Force, Reserve Component service members performing Active Guard and Reserve duty or Full-Time National Guard Duty (FTNGD) for more than 12 months consecutively, and Reserve Component service members performing duty under a call or order to active service for more than 12 months consecutively are eligible for the military parental leave program. Reserve Component members refer to DAFI 36-3003, DAFMAN 36-2136 *Reserve Personnel Participation* (15 December 2023), and DoDI 1327.06.

Reserve Component (RC): Reserve Component who qualify for IDPL may take full advantage of the IDPL consistent with their desires and the operational requirements and training workloads of their unit. IDPL only applies to RC service member who are covered members and who experience any of these events occurring on or after October 1, 2024:

1. The birth of the RC Service member's child
2. Adoption of a minor child by the RC Service member; or
3. Placement of a minor child with the RC Service member for adoption or long-term foster care.

For additional information, reference DoDI 1327.06.

Additional Resources:

- Military Parental Leave Program: https://www.myairforcebenefits.us.af.mil/Benefit-Library/Federal-Benefits/Military-Parental-Leave-Program-(MPLP)?serv=26

6.1.1. Parental Leave

DAFI 36-3003, paragraph 4.2.2. grants 12 weeks of parental leave following a qualifying birth event, long-term foster care placement or adoption. Leave must be used within one year of the qualifying event. Dual-military couples are each granted 12 weeks of parental leave.

Pending commander approval, parental leave may be taken in increments of at least seven days with a maximum of 12 increments. If the commander does not approve taking incremental parental leave, they must allow the member to take the full 12 weeks of parental leave in one continuous period.

Unused days will be forfeited at the time of separation from active service. This does not apply to a Reserve Component maternity leave.

Unused leave at the one-year mark of the qualifying child placement/event will be forfeited unless an extension was granted. Extensions will be extended on a day-for-day basis based on the period of such circumstance.

<u>Extension of Parental Leave</u>: A member is eligible for an extension of the one-year parental leave period if they:

- Are deployed or participating in a military exercise for a consecutive period of 90 or more days within the one-year period following a qualifying child placement event.
- Attend an in-residence professional military education course for a consecutive period of 90 or more days within the one-year period concerned.

- Experience a permanent change-of-station order with temporary duty enroute to a new permanent duty station of 90 or more consecutive days that would interfere with the taking of parental leave within the one-year period concerned.
- Conducted routine temporary duty away from the permanent duty station for a consecutive period of 90 or more days within the one-year period concerned.
- Were hospitalized or in an in-patient status for more than 90 consecutive days within the one-year period concerned.
- A member serving on an unaccompanied tour for 90 days or more.

> NOTE: Secretary of a military department or commandant of the Coast Guard may approve extenuating circumstances not covered in DAFI 36-3003.

If parental leave started, it terminates upon the death of the child (to include an adopted child/child placed for adoption or long-term foster care). Members may be transitioned to convalescent leave if recommended by a DoD health care provider, or emergency leave

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6.1.2. Postpartum Convalescent Leave

Convalescent leave is recommended by a medical provider (must be CC approved) and provides non-chargeable leave to the covered service member following a qualifying birth event. This leave is intended to meet medical needs for recuperation. It is limited to the birth parent and must be medically necessary for the health and safety of the member at the provider's recommendation.

- Generally recommended to be 42 days of non-chargeable leave, unless additional maternity convalescent leave is specifically recommended, in writing, by the medical provider of the covered member to address a diagnosed medical condition and is approved by the member's commander. A covered birth parent may, with the concurrence of a medical provider, elect to receive a period of maternity convalescent leave that is less than 42 days.
- Begins immediately on the first full day following the date of discharge or release from the hospital (or similar facility) where the birth took place.
- Must be taken prior to parental leave, directly after childbirth commencing the first full day after childbirth or after discharge from the hospital.
- Must be taken in one increment.
- May be taken in conjunction with parental leave, and/or with approved ordinary leave.
- May not be transferred to create any kind of shared benefit.
- Will be forfeited if unused at separation from active service.

In the event that a baby is stillborn, the member suffers a miscarriage, or the baby is placed for adoption immediately following birth, convalescent leave other than maternity convalescent leave, may be granted in accordance with DAFI 36-3003. Convalescent leave may also be granted for the non-birth parent to enable

healthy coping mechanisms in the event of loss due to still birth or miscarriage. Convalescent leave will typically be recommended by a healthcare provider in accordance with standard medical practices, documented in **chapter 4** of this guide.

6.2. Utilizing LeaveWeb

Members may input multiple locations for "leave addresses" section within LeaveWeb request. Members may travel during convalescent and parental leave.

To input into LeaveWeb:

- Convalescent Leave:
  - Select type (F) Convalescent
  - Select "Postpartum Pregnancy" box
  - Upload DAF Form 988 if provided by active-duty provider, or upload proof of date of discharge (ok to redact all other medical/personal information).
- Parental Leave:
  - Select Type (T) Permissive
  - Select applicable Parental Leave (Birth, Adoption, Foster Placement) line in Rule Number drop down box

Policies Referenced:

- DAFI 36-3003*, Military Leave Program* (07 August 2024) https://static.e-publishing.af.mil/production/1/af_a1/publication/dafi36-3003/dafi36-3003.pdf
- DAFMAN 36-3026, *Mission Partner Identity, Credentialing, and Access Management* (15 August 2024) https://static.e-publishing.af.mil/production/1/af_a1/publication/dafman36-3026/dafman36-3026.pdf
- DAFMAN 36-2136, *Reserve Personnel Participation* (15 December 2023) https://static.e-publishing.af.mil/production/1/af_re/publication/dafman36-2136/dafman36-2136.pdf
- DoDI 1327.06 *Military Leave, Liberty, and Administrative Absence* (7 August 2025) https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/132706p.pdf

Chapter 7: Dependent Actions

7.1. New Parent Support Program

The New Parent Support Program (NPSP), housed within the Family Advocacy Program, provides voluntary support and education to military families who are expecting and/or have children from birth through three years of age. Military families may face this season of life away from friends, family, and loved ones, distanced from common sources of support. NPSP staff work directly with families to create a circle of safety and trust, offering caring guidance throughout the early parenting years to build strong family and community connections.

NPSP personnel provide education related to:

- Pregnancy and childbirth
- What to expect after the baby is born
- Safe infant sleep
- Normal crying patterns in babies
- Family stress
- Positive parenting skills
- Development and how babies/children grow and learn
- Vehicle and car seat safety
- Newborn/infant/toddler care, feeding safety, and breastfeeding education
- Sibling relationships
- Referrals to local community resources

The Bundles for Babies class may be offered at your local M&FRC. The class covers topics such as financial management for parenting, newborn dental care, and the essential baby equipment you'll need before bringing a baby home. The class can also provide counseling resources for parents of newborns.

These programs and classes can be accessed by contacting your local M&FRC or the NPSP by going onto Military OneSource:

1. Go to www.militaryonesource.mil
2. Scroll down to 'MILITARY INSTALLATIONS' and click 'SEARCH INSTALLATION CONTACTS'
3. Select 'New Parent Support Program' from the list
4. Search from 'Location Based on' dropdown to identify your installation for New Parent Support Program location, contact information, and hours

Resources:

- Military OneSource, New Parent Support Program: https://www.militaryonesource.mil/family-relationships/parenting-and-children/parenting-infants-and-toddlers/the-new-parent-support-program/

- Air Force Aid Society, Bundles for Babies: https://afas.org/bundles-for-babies-class/

7.2. Finding Child Care

For families who are considering utilizing child care, there are a variety of options available to meet your need. Explore available options, create a family account and apply for care at https://public.militarychildcare.csd.disa.mil/mcc-central/mcchome

Kinderspot: Kinderspot is a mobile application used to help facilitate short-term care for eligible families by giving visibility to available weeks that have been offered by verified spot holders at participating CDC's. Visit https://help.kinderspot.oddball.io/ for more information.

Military Child Care in Your Neighborhood (Child Care Fee Assistance Program): Military Child Care in Your Neighborhood Program provides fee assistance to families not living near an installation or unable to access military child care programs. With fee assistance, a portion of your child care cost is paid to reduce the cost of using community-based child care. This program is for children ages 0-12. Interested individuals must create a profile on militarychildcare.com Policies and eligibility for the Fee Assistance Program are updated periodically, please visit their website for further directions and the most up to date information: https://public.militarychildcare.csd.disa.mil/mcc-central/mcchome/mccyn/air-force

Paying for Child Care Assistance: There are multiple programs and assistance funds for paying for military child care depending on the family situation. To review qualifications for any special assistance programs and subsidies, visit:

- https://childcare.gov/consumer-education/paying-for-childcare
- https://childcare.gov/index.php/consumer-education/military-child-care-fee-assistance-programs

Pilot Program: Travel Reimbursement for a Designated Person to Provide Child Care During PCS Moves. Beginning 1 October 2024, if child care is not available within 30 days of your Date Care Needed (DCN) at your new permanent duty station, members may be eligible to receive reimbursement for travel costs for a designated person to care for their children. This reimbursement is provided through a congressionally authorized pilot program through 30 September 2027.

Reimbursement up to $500 for a CONUS to CONUS PCS and up to $1,500 for a PCS to or from OCONUS. Eligible for one reimbursement per household. This is intended to cover travel costs for the child care provider who is at least 18 years old and not a dependent of the service member.

For more information and how to apply visit: https://public.militarychildcare.csd.disa.mil/mcc-central/mcchome/travel-reimbursement#:~:text=Reimbursement%20Amount%3A%20Up%20to%20%24500,old%20and%20not%20your%20dependent

Department of the Air Force Child Development Program System of Care include installation and community child care programs available:

- Child Development Centers (CDC): Full-day, part-time, short0term hourly care for infants to 5 years of age in nationally accredited learning environments.
- Family Child Care (FCC): Care for infants to 12 yrs in Air Force certified homes on and off the installation.
- Expanded Child Care (ECC) Program: Typically offered in FCC homes to meet unique child care needs and offer non-traditional child care outside usual duty hours.
- Installation Community Child Care Coordinator: Parents should connect with the installation Community Child Care Coordinator or Family Child Care Coordinator for assistance in identifying child care options.

7.3. Newborn Enrollment in DEERS/TRICARE

Immediately after birth, the child is covered under the member's TRICARE insurance for up to 60 days, however, enrollment to DEERS should occur as soon as possible, but ideally within 30-days. A child's enrollment in DEERS allows for timely access to medical care through MTFs and TRICARE. Members will need to take a certified original or copy of the child's birth certificate to their Military Personnel Flight (MPF) to enroll them. Some MPFs may also require members to bring in their SSN card but the local MPF should provide detail on what they need. After the child is enrolled in DEERS, members can call their respective TRICARE region and enroll them in their preferred TRICARE plan individually.

NOTE: Dental – Family dental coverage is not authorized through TRICARE. You will need to self-enroll through United Concordia to secure dental insurance for your family members. DFAS will create payroll allotment that will grant each member two annual cleanings, X-rays and exam.

7.3.1. Birth Abroad

A child born abroad to United States citizens should acquire U.S. citizenship at birth when certain statutory requirements are met. The Department of State will issue a Consular Report of Birth Abroad (CRBA), also called a Form FS-240, in the child's name. CRBA applications must be made before the child's 18th birthday. Parents should apply for the CRBA as soon as possible after the child's birth.

To qualify:

1. One or both parents must be a U.S. Citizen at the time of birth.
2. The U.S. citizen transmitting parent must satisfy physical presence requirements. Most cases require five years of physical presence inside

the United States or its outlying possessions before the child is born, with two of those years after the age of 14. However, the applicable physical presence requirement depends on the case.

3. The child has to be genetically or gestationally related to a U.S. citizen parent or to a non-U.S. citizen parent who is married to a U.S. citizen parent at the time of the child's birth.
4. The applicant (child) needs to be under 18 at the time of application. If the applicant is over 18, please contact DEERS.

Defense Military Health System (DEERS) Abroad – Members will need to register their child in DEERS within 120 days of birth, adoption, or court appointment. Sponsors should enroll their newborn in DEERS as soon as possible to avoid any potential claims and eliminate financial hardships associated with the birth. Once you enroll in DEERS it establishes TRICARE eligibility.

To enroll:

1. Submit a certificate of "live birth", in person, to the nearest military ID card facility.
2. Apply for the child's Social Security number. Parents should go to the Social Security Administration Web site, http://www.ssa.gov, or go to the nearest Social Security Office.
3. Once the child's Social Security number is received, members should go to the nearest identification (ID) card-issuing facility to update their information in DEERS.

NOTE: Any changes that impact family status must be reported to DEERS. Family status changes include marriage, divorce, or new child. Because DEERS enrollment is directly tied to TRICARE eligibility, care may be denied if the sponsor and family members are not enrolled in DEERS.

TRICARE Abroad – Members will need to enroll their newborn, adopted, or court-appointed child in TRICARE Prime when stationed overseas. Having the child enrolled in DEERS is their proof of eligibility for TRICARE coverage. Add TRICARE Select and stateside information. If command-sponsored, members have 90 days from the automatic enrollment date to change to TRICARE Prime Overseas or TRICARE Prime Remote Overseas. If outside of the 90 day window, they must wait until the next TRICARE Open Season to choose and enroll their child into a different TRICARE health plan.

Make sure the overseas address in DEERS is up to date to prevent future issues regarding coverage with referrals. If a member does not register their child in DEERS, he/she will not show as TRICARE eligible. Claims for their newborn,

adopted, or court-appointed child will be denied starting on day 121 after birth, adoption, or court appointment.

Members will need to ask the TRICARE Overseas Program (TOP) Claims Processor to re-process any claims that were denied due to eligibility from day 121 to the date of their child's automatic enrollment.

Visiting the States While Stationed Overseas – If members plan to see a health care provider in the U.S. while visiting, for urgent care/non-emergency visits, call TRICARE in the region of your visiting location:

- East Region: Humana Military (1-800-444-5445)
- West Region: Health Net Federal Services (1-844-866-WEST (9378))

For emergency department visits, call the TRICARE Overseas Program (TOP) call center or visit their website: https://www.tricare-overseas.com/contact-us within 24 hours of their visit to create an authorization for their visit.

TOP Regions: Eurasia and Africa, Latin America and Canada, and the Pacific

> NOTE: TRICARE Prime Overseas and TRICARE Prime Remote Overseas beneficiaries are encouraged to seek care from a U.S. military hospital or clinic if one is nearby. If member can't go to a military hospital or clinic, they should seek care from a TRICARE-approved provider to ensure quality access to care and that TRICARE reimbursement rates are accepted.

Resources:

- TRICARE Overseas Beneficiaries: https://www.tricare-overseas.com/beneficiaries/resources/beneficiaries-faq
- DEERS: https://dcp.psc.gov/ccbulletin/articles/DEERS.htm

7.4. Updating Basic Allowance for Housing (BAH) Rate

If the child is a military member's first dependent, their sponsors will need to update their dependent status so they can receive the appropriate BAH amount with dependents. Members will do this by going to their respective finance office and bringing their child's birth certificate. Members will be asked to fill out DAF Form 594 and their pay will be backdated to their child's birthdate, but members should attempt to do this as soon as possible.

7.5. Create/Update Family Care Plan

Members are required to have a Family Care plan if they are Mil to Mil, sharing custody, or a single parent. The first Sergeant should be able to help members with creating or filling one out (DAF Form 357).

Visit for more information: DODI1242.19_DAFI 36-2908, *Family Care Plans I(10 March 2023)*: https://static.e-

publishing.af.mil/production/1/af_a1/publication/dodi1342.19_dafi36-2908/dodi1342.19_dafi36-2908.pdf

7.6. New Child Financial Readiness Training

If the child is their first minor dependent, they will need to complete the mandatory "First Child" Financial Readiness training in accordance with DoDI 1322.34, *Financial Readiness of Service Members* (5 November 2021). The training can be completed online via myVector, in a group setting or one-on-one with a certified financial counselor at the M&FRC. The training must be completed within six months of updating DEERS.

Policies Referenced:

- DODI1242.19_DAFI 36-2908, *Family Care Plans I(10 March 2023)* https://static.e-publishing.af.mil/production/1/af_a1/publication/dodi1342.19_dafi36-2908/dodi1342.19_dafi36-2908.pdf
- DoDI 1322.34, *Financial Readiness of Service Members* (5 November 2021) https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/132234p.PDF

Chapter 8: Assignments

8..1 Assignment Codes: Pregnancy

After confirming a pregnancy, service members should be loaded an Assignment Availability Code 81. Members should be vigilant and ensure they are coded correctly by viewing the Single Unit Retrieval Format (SURF) on Assignment Management System (AMS). This code does not mean they cannot PCS or be selected for an assignment. Members are eligible to PCS CONUS 12-weeks before or 12-weeks after the Expected Delivery Date (EDD). This code is loaded by the local MPF section in conjunction with the medical team upon their initial confirmation.

Pregnancy Considerations

The following guidance applies to medically confirmed pregnant service members:

- Service member can be reassigned PCS while pregnant.
- Exceptions that prevent PCS:
    - PCS to overseas location (long or short tour)
    - PCS to CONUS-isolated station
    - PCS within CONUS during 12 weeks before or 12 weeks after expected delivery.
    - PCS within CONUS with RNLT after 6th month of pregnancy (if non-mandatory)
- Pregnant service members may submit exception requests to proceed on PCS with justification according to DAFI 36-2110, *Total Force Assignments* (9 August 2024), para 5.5.

Overseas PCS

May be curtailed due to pregnancy:

- If child is to be placed for adoption
- If return of a single female service member to the CONUS is necessary to prevent possible problems of citizenship for the child in the future (excluding Airmen/Guardians assigned to Alaska, Hawaii, or other locations OCONUS if the child of a service member is a U.S. citizen at birth)

The service member submits request via MyPers or vMPF and provides the estimated date of delivery and the requested RNLTD. The assignment OPR will determine if the assignment remains firm, if the RNLTD is accelerated or delayed, or if some other action is necessary.

Exceptions to the above provisions may be requested according to the criteria in DAFI 36-2110, para 5.5.

Pregnant Dependent Spouse/Birthing Parent

For service member with civilian birthing parent, service member may request to not be enroute for PCS during the 12-week closed period (6 weeks before and 6 weeks after the expected delivery date) of the birthing parent. This only applies when birthing parent

would move because of the PCS and an alternate time for the service member's PCS is compatible with the Department of the Air Force requirements.

The intent is to enable service members to accompany the birthing parent and prevent relocation hardship and risk, not to ensure service member's presence at the birth (see DAFI 36-2110, para 6.19. for more information).

8.2. Assignment Codes: Postpartum

Service members will be loaded with Assignment Limitation Code A (post delivery deferment) which will expire 12 months after their child's birth date. Members should check their SURF as soon as possible to make sure this code in under ALCs. This action is not automatic, as their PCM may not know the actual delivery date if they have an off-base provider. If it is not accurately reflected, members should contact their PCM to have it updated.

Code A means you are eligible for an assignment (accompanied, CONUS or OCONUS), however for unaccompanied short tours/deployments/TDYs the RNLTD will be no earlier than the Code A expiration date. Members can request a waiver for this code. Members should NOT have AAC 31 loaded against them strictly for post-delivery.

Postpartum PCS

PCS deferment is authorized for a 12-month period following the birth of a child to a service member. Deferment prevents the postpartum member from:

- Assignment to dependent restricted overseas tour (less than 18 months).
- Accompanied overseas tour when concurrent travel is denied.

Consideration – The service member may waive this deferment. Not authorized if approval is granted for postpartum service member and child to travel overseas concurrently.

TDY Deferment

If a service member has an approved TDY deferment (i.e., 12-month period after the birth child to a service member, medical/dental hold, etc.) and requests approval to waive the deferment, the member and their chain of command should discuss all options prior making a decision, e.g. impact to Airman/Guardian and family, virtual training options, reschedule/deferment options for training, etc.

Consideration - A service member may request to waive the 12-month deferment period by each TDY occurrence.

8.3. Exceptional Family Member Program (EFMP)

Exceptional Family Member Program (EFMP) is limited to the service member's spouse, child, or other person residing in the service member's household who is dependent on the service member for over half of their financial support.

The dependent must meet the criteria in DoDI 1315.19, *Exceptional Family Member Program* for enrollment in the EFMP.

See DAFI 36-2110, para 3.18. for additional information on enrollment and eligibility.

Resources:

- EFMP Family Vector Site: https://daffamilyvector.us.af.mil/membersite/

8.4. General Court-Ordered Child Custody Program (CCCP)

See DAFI 36-2110 for specific paragraphs and tables mentioned below

This program includes Court-Ordered Child Custody Assignment (CCCA) & Court-Ordered Child Custody Deferment (CCCD) Programs and is intended to increase military family stability.

General Guidance:

- Enrollment is voluntary and self-initiated.
- Assignment authorities will attempt to facilitate the assignment or deferment of members with a court-ordered child custody decree regarding their biological or adopted children to the geographic location of the children where they reside more than 50% of designated parenting time with the primary custodial parent. The geographic location is the region that allows a military member to co-parent within a reasonable traveling distance (1 day of travel) per the JTR.
- Provided the eligibility criteria is met, members may be considered for an assignment where they can reside close to their children who reside more than 50% of designated parenting time with the primary custodial parent named in the divorce decree or the court-ordered child custody decree.
- Members are still required to fulfill obligations inherent to all military members and they are considered for assignments to fill valid manning requirements and perform duties, which require the skills in which they are trained subject to PCS eligibility.
- Members should not make decisions on future service, career development, or family planning based on the assumption they can always be assigned to the location of the co-parent of their child(ren). All members should expect periods of separation during their careers. Regardless of the provisions in this attachment, members should understand that an assignment or deferment of current assignment is weighed against the needs of the Air Force or Space Force as the main priority, and even with a valid court-ordered child custody document, an assignment or deferment is not guaranteed.

Eligibility for CCCP:

- Service members must provide required documentation, request enrollment into the program, be named a custodial parent in a finalized court-ordered child custody decree and have that child(ren) enrolled in DEERS.
- Restricted to members who are named as a parent, either biological or adopted, in a court-ordered child custody agreement and the children reside more than 50% of designated parenting time with the primary custodial parent (other than the member applying for CCCP).
- Assignment or diversion of assignment may be considered for: CONUS to CONUS, CONUS to OS (Alaska, Hawaii, US territory), OS to OS (Alaska, Hawaii, US territory),

OS to CONUS, OS (Alaska, Hawaii, US territory) to OS (Alaska, Hawaii, US territory), and diversion of assignment to a CONUS, OS (Alaska, Hawaii, US territory).

- CCCD consideration for in-place 24-month deferment or assignment cancellation with an in-place 24-month deferment to remain at their current CONUS location for those members not serving a CONUS Maximum Stabilized Tour.
- Preferences will be reviewed and considered in the exact order listed in the application; however, preferences that are not in the geographical location of the children are counter to the program and therefore they will not be considered.
- Manning must support at the gaining location without overmanning the location. Losing manning is not factored in the application review. The location must have a valid, funded position in the member's grade and skill-level. The assignment teams will take into consideration the grade, skill-level and overall manning of the listed preferences. Manning determination will be conducted by the assignment teams at the time of application.
- Members must meet all PCS eligibility requirements.
- Eligible members will have an ALC "F" updated to their record and the expiration date established as the first day of the month of the youngest child's 18th birthday named in the decree. This ALC does not defer a member from assignments; instead, it provides a data point of identifying members in the program. After the 18th birthday of the youngest child, the ALC will automatically drop from the member's record.

CCCP Restrictions/Limitations
Members are not eligible for enrollment into the CCCP if:

- The youngest child, subject to the custody order(s), will be age 17 or older at the time of the application.
- Member is not a named party on a court-ordered child custody decree for joint custody of their biological or adopted child(ren); or member does not have a DEERS enrolled child(ren) that is a named party on a court-ordered child custody decree.
- Member is legally married to the co-parent of their biological or adopted child(ren).
- Members requesting a CONUS to Overseas, Overseas to Overseas, or in-place deferment at overseas locations other than Alaska, Hawaii, or US Territories. These assignments are made in accordance with Air Force Officer Assignment System (AFOAS) (officers) or EQUAL (enlisted) overseas cycles and during the DEROS forecast cycle.
- Members who have any of the following AACs on their record: AAC 05, 08, 09, 10, 12, 13, 15, 16, 17, 19, 21, 25, 27, 31, or 37 (as listed in *DAFI 36-2110* Table 3.1.) or ALC 02, 08, or L (as listed in *DAFI 36-2110* Table 3.2.)
- Members who have any of the following AACs on their record and expiration is greater than 12 months: 36, 41, 42, 43, 44, 45, 46, 47, 51, 54, 55, 56, or 57 as listed in Table 3.1.
- Requests for consecutive CCCA and CCCD will be evaluated on a case-by-case basis and will be subject to the needs of the Air Force or Space Force.

For additional information regarding eligibility criteria for CCCA, CCCD, military couples with a military co-parent, application procedures/responsibilities, approval authorities, and required documentation please refer to *DAFI 36-2110*.

Voluntary Withdrawal/Cancellation Guidance

An approved CCCA may be cancelled due to a member declining retainability, failing to obtain retainability, becoming ineligible for assignment, or when requested by the member constitutes usage of CCCA. No further consideration is given. Voluntary withdrawal of an application (PCS or in-place) prior to final decision by the assignment team does not constitute usage of CCCA or CCCD.

Involuntary Cancellation of a CCCA/CCCD Assignments

Although the intent is that once a CCCA is provided it remains firm, the member's qualifications and Air Force or Space Force requirements remain the primary determinants. In addition, there are other circumstances when involuntary cancellation of a CCCA may also be appropriate. When circumstances arise which may warrant involuntary cancellation of a CCCA, the MPF must immediately notify the assignment OPR via CMS.

Policies Referenced:

- DAFI 36-2110, *Total Force Assignments* (9 August 2024) https://static.e-publishing.af.mil/production/1/af_a1/publication/dafi36-2110/dafi36-2110.pdf

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