DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
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WASHINGTON, DC 20350-1000

SECNAVINST 1000.10A
ASN (M&RA)
September 9, 2005

SECNAV INSTRUCTION 1000.10A

From: Secretary of the Navy

Subj: DEPARTMENT OF THE NAVY (DON) POLICY ON PARENTHOOD AND PREGNANCY

Ref: (a) Title 10, U.S. Code
(b) DODI 1342.19of 13 Jul 92
(c) DOD 4165.63-M of SEP 93
(d) BUMEDINST 6320.3B, Section G-1

1. Purpose. To provide a DON policy for all military personnel on issues related to parenthood and pregnancy; to ensure equality of opportunity while maintaining operational readiness and supporting a high-performing workforce; and to establish reporting requirements. This instruction has been substantially revised and should be reviewed in its entirety.

2. Cancellation. SECNAVINST 1000.10

3. Scope and Applicability

a. This instruction applies to all DON military personnel, both Regular and Reserve, except midshipmen.

b. The mission of the DON requires the highest level of operational readiness to meet the nation's strategic goals. A full complement of highly trained personnel is essential to maintaining operational readiness in deployable units.

c. Military responsibilities, including the expeditionary nature of our Navy and Marine Corps, often add factors for serious consideration for our servicemen and servicewomen as they make family planning decisions.

d. Women are full participating members of the Navy-Marine Corps Team. DON leadership recognizes that pregnancy is a natural event that can occur in the lives of Navy and Marine Corps servicewomen, and is not a presumption of medical incapability. Pregnancy could affect a command's operational

readiness by temporarily limiting a servicewoman's ability and availability to perform all assigned tasks.

e. Consideration of these realities requires establishment of policies and procedures which accord due regard to the demands of parenting in the Service and address career and health issues.

4. Policy

a. General:

(1) Pregnancy and parenthood are not incompatible with a naval career. Consistent with the needs of the naval services, the DON will ensure the health care needs of pregnant servicewomen are met and will accommodate the career and welfare needs of service members who are parents to the greatest extent possible.

(2) Per reference (a), all commanding officers and others in authority in the naval service are required to show in themselves a good example and promote and safeguard the morale, the physical well-being, and the general welfare of the officers and enlisted persons under their command or charge. The chain of command will, at a minimum, ensure all personnel are aware of, and have the opportunity to make use of, the broad range of medical, legal, financial, chaplain and other services available to assist them in making good decisions regarding fulfillment of their responsibilities both as servicemembers and as parents.

b. Parenthood:

(1) Appropriate and thorough information on family planning and parental responsibilities will be made available to our servicemen and servicewomen throughout our training establishment and at the unit level.

(2) Advice concerning personal decisions, including issues of faith, character, individual core values and medical concerns, will be readily available to those who seek it.

(3) The chain of command shall ensure that servicemembers will be afforded the opportunity to take advantage of available legal assistance for advice regarding their options in establishing paternity.

(4) Upon birth or adoption of a child under 19 years of age, the servicemember shall ensure the child is adequately cared for at all times, whether by a parent or other competent adult or through the military child care program or a civilian child care program, so that the servicemember parent remains able to perform all required duties, responsibilities and obligations.

(5) The chain of command is authorized to require servicemembers who are single parents or dual-military parents to update and amend their family care plans if, in the reasonable opinion of any superior, the family care plan submitted by a servicemember is inadequate to assure the well-being of eligible family members intended to be covered by the plan, as required by Reference (b).

c. Pregnancy:

(1) A servicewoman who suspects she is pregnant is responsible for promptly confirming her pregnancy through testing by an appropriate medical provider and informing her commanding officer of confirmation.

(2) The chain of command shall ensure that pregnant servicewomen are informed of the need to obtain prenatal care and are allowed all reasonable accommodations in order to receive prenatal care as recommended by their physicians.

(3) Services will provide detailed guidance for the assignment and management of pregnant servicewomen. Whenever possible a servicewoman who is transferred from her unit because of pregnancy will be returned to the same billet, or an equivalent billet in the same command or a command of the same type duty, following her pregnancy and any related convalescent leave and period of deferment. Personnel assigned on PCS or TAD orders to a unit in another Service must comply with the applicable deployment rules and policies of that Service related to pregnancy and any related convalescent leave and period of deferment.

(4) A pregnant active duty servicewoman with no family members may reside in Bachelor Quarters for her full term. If the servicewoman requests, the host commander may authorize her to occupy off-base housing and be paid appropriate allowances up to her twentieth week of pregnancy. From the twentieth week

forward, the host commander must approve such a request. Reference (c) sets forth priorities and conditions for assignment to DOD family housing. Payment of allowances will be in accordance with applicable pay and entitlement regulations.

(5) Active duty servicewomen will be given priority in receiving routine obstetric/gynecologic (OB/GYN) care in all DON medical facilities. Further, active duty servicewomen assigned to imminently deploying units or positions (within 3 months) will be given priority over other active duty servicewomen receiving routine OB/GYN care in all DON medical facilities. Personnel assigned on PCS or TAD orders to a unit in another Service must comply with the applicable pre-deployment rules and policies of that Service.

(6) Medical limitations and/or assignment restrictions, or periods of absence because of pregnancy or associated medical care, in and of themselves, shall not be the basis for downgrading marks or adverse comments. Evaluations and fitness reports shall be based on demonstrated performance.

(7) A pregnant servicewoman may request separation from active duty. Requests for separation will be reviewed and determined in accordance with standard criteria for separation promulgated by the Services. If a servicemember is otherwise subject to separation under the standard criteria promulgated by the Service, the servicemember's status as a pregnant woman or parent is no bar to separation. Maternity care for a pregnant servicewoman separated under honorable conditions may be available subject to the conditions set forth in reference (d).

(8) Servicewomen are not authorized to provide surrogate pregnancy services. For purposes of this instruction, surrogate pregnancy is a voluntary arrangement by which a woman agrees, whether or not for compensation, to carry a pregnancy to term for the purpose of surrendering the child to the sole custody of another person or persons.

5. Action. The Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) shall:

a. Implement or update policies per this instruction no later than 60 days from date of signature.

b. Thereafter, notify the Assistant Secretary of the Navy (Manpower and Reserve Affairs) of substantive changes to Service policies not less than 30 days prior to implementation of those changes.

c. Provide appropriate training as necessary to ensure consistency with the policies set forth in this instruction.

d. Ensure command support for all servicewomen to obtain OB/GYN care while on active duty. Reinforce current policy to ensure active duty servicewomen are afforded priority for routine OB/GYN care consistent with paragraph 4c(5).

e. Provide a biennial report to ASN (M&RA) on the following:

(1) Service analyses concerning the effect of pregnancy and other medical, administrative, and disciplinary factors on deployability of servicewomen and servicemen.

(2) Assessment of health care risks associated with pregnancy and other types of medical conditions that may exist for servicewomen and servicemen assigned to operational / deployable commands and support commands with significant occupational health considerations (e.g., ship and airplane construction/repair facilities, etc.).

(3) Assessment of the training provided to officers and enlisted personnel to conform with the policies set forth in this instruction.

(4) Assessment of the impact of the policy and actions ensuring priority for routine OB/GYN care for active duty servicewomen and, within that category, first priority for servicewomen assigned to imminently deploying units or positions.

(5) Assessment of the worldwide availability of and access to appropriately staffed and equipped military OB/GYN medical support. This assessment should include the possible impact of mobilization and assignment of pregnant reserve servicemembers to stations within the continental U.S.

6. Report. SECNAV 1000-1 has been assigned to the reporting requirement contained in paragraph 5e, and approved for reports control by SECNAVINST 5214.2B.

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(Manpower and Reserve Affairs)

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