



SECRETARY OF THE ARMY  
WASHINGTON

27 FEB 2023

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2023-04 (Command Notification of Pregnancy)

1. References. See enclosure.
2. Purpose. This directive implements changes to Department of the Army policy for command notification of pregnancy to ensure Soldiers have the time and flexibility to make private healthcare decisions, commanders can meet the responsibilities of operational requirements, and protected health information is adequately safeguarded.
3. Applicability. This policy applies to the Regular Army, Army National Guard/Army National Guard of the United States, and U.S. Army Reserve.
4. Policy. Where this directive conflicts with any other Army policy or procedural guidance, this directive is controlling.
  - a. Definitions. For the purposes of this policy, the term "Soldier" includes U.S. Military Academy cadets. "Reproductive health care" addresses the reproductive processes, functions, and systems at all stages of life, including, but not limited to: sexual health, treatment of sexually transmitted infections, contraception, menstrual suppression, treatment of urogenital conditions, maternal health, pregnancy, and abortion.
  - b. Privacy Protection. Pursuant to reference 1c, any Army personnel required to make mandatory notifications, such as those related to domestic abuse or sexual assault, to comply with Department of Defense (DoD) and Department of the Army policy will do so without disclosing the Soldier's pregnancy status.
  - c. Confirmation of Pregnancy. Soldiers who believe they are pregnant should confirm their pregnancy as soon as possible through testing and consultation with a healthcare provider from whom they are receiving care to receive the benefits of prenatal care and occupational health counseling.
  - d. Pregnancy Notification. Soldiers who have confirmed their pregnancy must make every effort to meet with a healthcare provider at a military medical treatment facility, Reserve medical unit, or Guard medical unit or with a TRICARE-authorized provider no later than 12 weeks gestation. The Soldier should also consult with appropriate public health officials, if available, especially if the Soldier is not under the care of a healthcare provider with direct access to an occupational health clinic.

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(1) Pregnancy Profiles. Credentialed healthcare providers are authorized to issue standard pregnancy e-Profiles for the duration of the pregnancy in accordance with reference 1f. The profiling provider, in conjunction with occupational health as needed, will determine whether any additional restrictions should be specified on the standard pregnancy e-Profile to restrict exposure from workplace hazards. The provider will make this determination through an occupational health interview to assess whether the Soldier's duties could adversely impact the Soldier's health or pregnancy, or whether the pregnancy impacts the Soldier's ability to safely accomplish the mission. Although not all pregnancies will require significant alteration of the work environment, modification of job tasks may be required based on medical advice and operational requirements, resulting in the need for limited or light duty status.

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

(3) Delayed Notification to Commanders. Soldiers who have confirmed their pregnancy and choose to delay pregnancy notification to appropriate command authorities will notify the appropriate command authorities no later than 20 weeks gestation unless notification must be made prior to 20 weeks gestation in the circumstances detailed in paragraph 4h.

(a) When a Soldier chooses to delay notification, the healthcare provider will, after consultation with the Soldier, place the pregnant Soldier in a medical temporary non-deployable status and limited duty or light duty status without making any reference to the Soldier's pregnancy status for up to 20 weeks gestation. Soldiers choosing to delay notification will be advised by their healthcare provider that such delay could result in delayed access to non-medical resources or assessments that may benefit their pregnancy or health.

(b) No later than 20 weeks gestation, the Soldier will be placed on a medical temporary non-deployable status with limitations specific to pregnancy in accordance with references 1d, 1e, and 1i.

e. Pregnancy Termination. A Soldier considering pregnancy termination is encouraged to consult with a healthcare provider or a licensed non-DoD healthcare

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provider from whom the Soldier is receiving care. The profiling healthcare provider will place the Soldier considering pregnancy termination in a medical temporary non-deployable status without reference to the Soldier's pregnancy status until appropriate medical care and the necessary recovery period are complete.

f. Resources for Soldiers. In addition to healthcare resources, Soldiers may access Military OneSource and chaplain resources, if desired, to understand the reproductive healthcare and other resources available to them.

g. Guidance for Remote Locations. Soldiers assigned to remote locations, away from a military installation, and who receive care from a licensed non-DoD healthcare provider, are responsible for coordinating their individual medical readiness status with their nearest healthcare provider or Reserve or Guard medical unit in accordance with reference 1f.

h. Special Circumstances Affecting Notification to a Commander.

(1) Duties, Hazards, and Conditions. In certain military duties, occupational health hazards, and medical conditions, the proper execution of the military mission outweighs the interests served by delaying commander notification. Healthcare providers will place pregnant Soldiers in the following situations on a pregnancy profile in accordance with references 1a, 1b, 1e, 1f, and 1i:

(a) Special Personnel. These Soldiers are assigned positions with mission responsibilities or subject to occupational health hazards that would significantly risk mission accomplishment should notification to a commander of the Soldier's pregnancy be delayed. Regulations addressing healthcare provider notification by those in special duty status, including flight status and personnel reliability programs, remain in place pursuant to references 1d and 1e.

(b) Acute Medical Conditions Interfering With Duty. The treating healthcare provider has determined that special medical circumstances related to the Soldier's pregnancy would interfere with the Soldier's ability to safely accomplish the military mission.

(c) Other Special Circumstances. A healthcare provider or other authorized official at the grade of O-6/GS-15 or above assigned to the military medical treatment facility involved has determined that proper execution of the military mission outweighs the interests served by delaying notification.

(2) Required Pregnancy Testing. When pregnancy testing is included as part of health screenings for pre-deployment, specific job training, theater entry requirements,

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or other authorized reasons, test results will first be reviewed by the healthcare provider and will not automatically be sent to the appropriate command authorities. Healthcare providers will consult with Soldiers who test positive for pregnancy to determine the Soldier's preferred course of action in accordance with this policy.

(a) Soldiers who intend to carry their pregnancy to term must notify appropriate command authorities immediately. The Soldier will immediately be placed on a medical temporary non-deployable status with limitations specific to pregnancy in accordance with references 1b, 1e, 1f, and 1i.

(b) Soldiers who inform their healthcare provider that they intend to or are considering pregnancy termination will be placed in a medical temporary non-deployable status without reference to pregnancy status until appropriate medical care and the necessary recovery period are complete. Pursuant to this directive, neither the Soldier nor the healthcare provider will be required to notify the appropriate command authorities that pregnancy is the basis for the restricted duty status.

i. Pregnancy Confirmed During Deployment. Treating healthcare providers who confirm a Soldier is pregnant while deployed will consult with the Soldier to determine the preferred course of action.

(1) When Soldiers indicate they intend to carry their pregnancy to term, the healthcare provider will place them on a temporary non-deployable status with limitations as defined by reference 1i. Soldiers in this status will redeploy to their permanent duty station in accordance with references 1f and 1i.

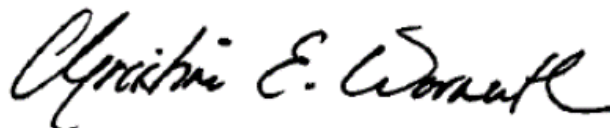
(2) When Soldiers indicate they intend to or are considering pregnancy termination, the healthcare provider will place the Soldier in a medical temporary non-deployable status without reference to the Soldier's pregnancy status. Soldiers in this status will be redeployed to their permanent duty station if required by reference 1i or theater-level policy or based on the recommendation of the healthcare provider. When the appropriate medical care and the necessary recovery period are complete, the Soldier may be eligible to return to the theater based on mission requirements and references 1f and 1i.

j. Provider Notification to the Soldier. For notifications made pursuant to paragraphs 4h(1), 4h(2)(a), and 4i(1) of this directive, healthcare providers must provide the Soldier reasonable notice of no less than one business day, unless exigent mission requirements necessitate notification more quickly, before placing the Soldier on a medical temporary non-deployable status, limited duty status, or light duty status with limitations specific to a medically confirmed pregnancy.

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5. Proponent. The Assistant Secretary of the Army (Manpower and Reserve Affairs) is the proponent for this policy. The Office of the Surgeon General will incorporate its provisions into AR 40-8, AR 40-501, and AR 40-502; and the Deputy Chief of Staff, G-1 will incorporate its provisions into AR 600-20; within 2 years of the date of this directive.

6. Duration. This directive is rescinded on publication of the revised regulations.



Christine E. Wormuth

Encl

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CF:

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Commander, Eighth Army

## REFERENCES

- a. Department of Defense (DoD) Instruction 1332.45 (Retention Determinations for Non-Deployable Soldiers), 30 July 2018, incorporating Change 1, effective 27 April 2021
- b. DoD Instruction 6025.19 (Individual Medical Readiness Program), 13 July 2022
- c. Under Secretary of Defense (Personnel and Readiness) memorandum (Changes to Command Notification of Pregnancy Policy), 16 February 2023
- d. Army Regulation (AR) 40–8 (Temporary Flying Restriction Due to Exogenous Factors Affecting Aircrew Efficiency), 2 February 2022
- e. AR 40–501 (Standards of Medical Fitness), 27 June 2019
- f. AR 40–502 (Medical Readiness), 27 June 2019
- g. AR 600–20 (Army Command Policy), 24 July 2020
- h. Army Directive (AD) 2022-06 (Parenthood, Pregnancy, and Postpartum), 19 April 2022
- i. Department of the Army Pamphlet 40–502 (Medical Readiness Procedures), 27 June 2019

Enclosure