

Medical Command

PREGNANCY OF AIR NATIONAL GUARD PERSONNEL

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction explains the procedures to be followed for pregnant ANG members. It does not apply to AGR members. Its intent is to adapt AFI 44-102, *Community Health Management*, to the unique concerns of the Air National Guard. Aircrew members should reference AFI 48-123, *Medical Examinations and Standards*, and *Medical Waivers for Aircrew*. See Glossary of References and Supporting Information, Attachment 1, for additional references. Send comments and suggested improvements on AF Form 847, **Recommendations for Change of Publication**, through channels, to ANG/SG, 3500 Fetchet Avenue, Andrews AFB MD, 20762-5157.

SUMMARY OF REVISIONS

This is the initial publication of ANGI 40-104, which supersedes ANGI 160-02. New in this ANGI is the option to continue Unit Training Assembly (UTA) participation (on-base or by telecommuting) beyond the 34th week of pregnancy. Telecommuting procedures are described in ANGI 36-5, *Telecommuting Policy For The Air National Guard*. The on-base UTA participation procedure is described in paragraph 3.3. This involves the member's obstetrical provider listing specific limitations for the post-34th week period on an AF Form 422, *Physical Profile Serial Report*, in the Individual Defects/Restrictions section, than the member and the obstetrical provider both sign in the remarks section and the member submits the signed AF Form 422 to a credentialed provider in the medical squadron for review.

1. General Policy. An Air National Guard member must report a confirmed pregnancy at the earliest possible time to allow her unit to accurately report operational and readiness capability, and to assess the member's work environment for potential hazards. The proper management of pregnant personnel requires the cooperation of the member, credentialed providers, unit medical directors, aeromedical and public health teams, and the member's supervisor. Although some duty restrictions or alternate jobs may be appropriate, a pregnant member may not be categorically excluded from duties solely because of potential exposures or occupational hazards. Being excused from all military duties prior to the 34th week of gestation is seldom indicated. Medical excuse from training may be requested at any time during the pregnancy and must be granted if the member and her primary obstetrical (OB) provider

request it. The supervisor may not request that the member be removed from UTA or annual training participation unless there is an objective medical reason or the member is unable to perform her duties. Since a military OB or ANG physician does not monitor pregnant members, the member must update her supervisor, commander and medical personnel on any changes or restrictions made by her primary OB provider. Profile modifications should be made to the AF Form 422 as necessary. Multiple gestation pregnancies (i.e. twins, triplets, etc.) require particular attention since the risk of pre-term labor and other complications is higher.

2. Procedure. Each pregnancy must be verified with written confirmation from the member's primary OB provider to her unit's medical squadron. The documentation must include the anticipated date of delivery. After the member's supervisor confirms currency of job site information with Public Health (PH) and Bioenvironmental Engineering (BEE) (see paragraphs 2.2. and 2.3.), he/she will provide a job description for the OB provider, including any chemical or physical exposures regularly encountered. In response to this information regarding the member's specific job, the OB provider should submit a statement to the member and the member's medical unit indicating any specific limitations. Even in uncomplicated pregnancies, physical activity may require some limitations. If at any time the primary OB provider feels the patient should not work, or should have work restrictions, that documentation should be provided by the member to the Medical Squadron to update the member's profile.

2.1. Medical Officer. A unit medical officer reviews the OB provider's documentation, the Pregnancy Workplace Interview (Attachment 2), and initiates an AF Form 422, reflecting any occupational restrictions and changing the physical profile to P4T. Enter in the "individual defects/restrictions" section the estimated date of delivery. The expiration date should be 6 weeks after the estimated delivery date. However, this may be adjusted when the member's OB provider releases her back to full activity, and the member wishes to return to ANG duty prior to 6 weeks following delivery. The member is disqualified for deployment outside the continental United States or to remote locations while carrying the P4T profile (Hawaii, Alaska, and Puerto Rico are allowable). The member is to be counted as unavailable for purposes of SORTS calculations. In conjunction with Public Health, the physician may wish to discuss specific workplace risks and work restrictions in further detail, Reproductive Hazard Concerns (Attachment 3). The medical officer will finalize the AF Form 422, and make recommendations in the "remarks" section. Reasonable accommodations might include restrictions on standing, lifting and workplace exposures as indicated in Sample AF Form 422 Remarks (Attachment 4). The original AF Form 422 will be placed in the member's medical record, and a copy is sent to the member's commander and Military Personnel Flight. The unit flight surgeon will be consulted in the case of flying personnel.

2.2. Public Health.

2.2.1. Interviews the pregnant member and her supervisor and requests a description of the individual's specific duties and work environment. If the case file information is not up-to-date, PH allows the BEE to survey the tasks and potential exposures that the worker is likely to encounter. The BEE relays the information to PH and/or the medical officer as appropriate. The Occupational Health Working Group (OHWG) can flow information to the Chief of Aerospace Medicine who oversees this process.

2.2.2. Contacts BEE to identify any hazards or exposures noted in the workplace, and validates member and supervisor's assessment of workplace hazards, risks, and threats.

2.2.3. Evaluates the information received and advises the medical officer of any precautions that should be taken to minimize risk factors that might adversely affect pregnancy.

2.2.4. Counsels member concerning fetal protection in light of potential hazards in the workplace.

2.3. The BEE reviews the case file and summarizes exposures to chemical, physical, biological, and ergonomic stresses. For pregnant workers exposed to ionizing radiation, BEE will follow the guidelines in the latest U. S. Nuclear Regulatory Commission Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure*. BEE should also refer to AFI 48-125. The BEE completes a new AF Form 2755, **Workplace Exposure Summary**, or equivalent and sends it to PH to be placed in the member's medical record.

3. Participation Guidelines.

3.1. Immunizations. Routine immunizations should generally be postponed for all pregnant members, and for those unsure of their pregnancy status in accordance with AFJI 48-110. However, if health considerations or mission requirements warrant it, the following may be given with consent of the member and concurrence of her obstetrical provider:

3.1.1. Tetanus (Td) - If the member has not had a booster for 10 years or has not completed the basic series, she should receive Td after her 14th week of gestation. This is especially important if she has a wound that puts her at high risk for tetanus.

3.1.2. Influenza - All pregnant members who will be in the second or third trimesters during the influenza season are recommended to receive influenza vaccine after consultation with their obstetrical provider.

3.1.3. Administration of other vaccines may be considered on a case-by-case basis considering the risk/benefit ratio. Again, the member's consent and concurrence from the obstetrical provider is required.

3.1.4. TB testing may be performed.

3.2. In general, immunizations may be given regardless of lactation status, unless specifically contraindicated in the vaccine product literature or if the member's primary provider does not concur. Requests to breastfeed infants during duty hours should be handled on a case-by-case basis. If work conditions permit, members wishing to breastfeed or pump their breasts may do so during times allotted for breaks or meals.

3.3. Scheduled Training. With agreement of her primary (OB) provider, the individual may accomplish all scheduled UTA's and annual training that can be completed before the 34th week of gestation within the continental United States (including Alaska, Hawaii, Puerto Rico). If the member wishes to perform UTA's via telecommuting (computer not mandatory) after the beginning of the 34th week, she and her supervisor will have to follow the guidance found in ANGI 36-5. Telecommuting is preferable to on-base UTA participation in this post-34th week period of pregnancy. If the member wishes to perform UTA's on base after the beginning of the 34th week of

pregnancy (possible, but not recommended) she and her obstetrical provider must co-sign an AF Form 422 in the remarks section after the OB provider lists specific restrictions; this "post-34th week" AF Form 422 is turned into the Medical Squadron for review and approval by a credentialed provider. Members who perform drill at a location at a significant distance from their OB provider must consider risks associated with travel and what arrangements they would make should they go into labor during UTA. These risks and provisions must be discussed with her primary OB provider. If necessary, alternative delivery arrangements should be discussed with the insurance provider. In accordance with AFH 41-114, Section 5, duty status ANG members are not entitled to obstetrical care at military expense. The State Air Surgeon, in concurrence with the Chief of Aerospace Medicine, must endorse all inactive duty training participation and active duty tours during the pregnancy. Deployed training may be performed prior to the beginning of the 34th week of gestation if the location is not a remote or isolated area without adequate obstetrical care. Members may not take part in transoceanic deployments or transoceanic training anytime during pregnancy; however, Alaska, Hawaii and Puerto Rico are allowed.

3.4. Aircrew Members. IAW AFI 48-123 and *Medical Waivers for Aircrew*, pregnant aircrew members will be placed on Duty Not Including Flying (DNIF) from the time of diagnosis until cleared to return to flying status (RTFS) by the flight surgeon. Return to flying status will be no earlier than 6 weeks after the end of the pregnancy, unless cleared earlier by their primary OB provider. Flying personnel may receive waivers to fly as aircrew during the second trimester only. Trained and current State Air Surgeons may grant this waiver IAW ANGI 40-102. Otherwise the waiver package must be submitted to ANG/SGPA, 3500 Fetchet Avenue, Andrews AFB, MD 20762-5157. The following guidelines apply to aircrew waivers:

3.4.1. A request for waiver is voluntary and must be initiated by the aircrew member with endorsements from the squadron commander, primary OB provider, and the flight surgeon.

3.4.2. Physiological training is not allowed during pregnancy (expiration dates may be extended to the date of delivery).

3.4.3. Flying as active aircrew (if waived during the second trimester) is restricted to CONUS and only in pressurized multi-crew, multi-engine, non-ejection seat aircraft. Brief OCONUS missions as active aircrew may be allowed on a case-by-case basis with endorsements from the squadron commander, obstetrical provider, and the flight surgeon. Immunization status for the intended destination must be assessed.

3.4.4. A flying waiver is valid for uncomplicated pregnancies from the 13th through the 24th week of gestation.

3.5. Wear of the Chemical Warfare Defense Ensemble (CWDE).

3.5.1. In accordance with AFI 44-102, pregnant military members may not participate in mask confidence training or in any in-chamber training.

3.5.2. Members may be excused from wearing the Chemical Warfare Defense Ensemble for training at any time after pregnancy is confirmed.

3.5.3. If the member elects to participate in training, she may do so up to 20 weeks gestational

age, or until the CWDE no longer fits. These ambient temperature guidelines must be followed:

3.5.3.1. Below 70° F, wear the full ensemble.

3.5.3.2. Above 70° F, wear only mask, hood, and helmet; carry the chemical protective suit; don't wear or carry the flak vest and web belt.

3.5.4. After 20 weeks gestation, member should be able to demonstrate proficiency in donning the mask at the beginning of an exercise or training. After completing the proficiency demonstration, the mask is to be carried but its use is not required unless a real-world situation arises. Don't carry or wear the helmet, flak vest, web belt, or chemical protective suit unless, again, a real-world situation arises.

3.6. Attendance at technical or service schools is permitted if the member meets the physical requirements for the course and can complete training prior to 34 weeks of gestation.

3.7. Pregnant members up to 34 weeks gestation can be involuntarily recalled, but not deployed to overseas or remote locations. All efforts should be made not to deploy the member during the first 4 months postpartum in accordance with DOD policy letter dated 31 August 1991.

3.8. Pregnant members are temporarily medically deferred from meeting the Air Force weight and fitness standards in accordance with ANGI 40-501 and ANGI 40-502. The deferrals will expire 6 months after the pregnancy ends, regardless of how the pregnancy ends. In accordance with ANGI 40-502, the unit commander may approve up to 18 months of deferral following pregnancy, based on the OB provider's recommendation.

4. Medical Care during Pregnancy. Except for emergency stabilization, medical care for a pregnant member is not authorized at government expense unless an individual meets requirements outlined in AFH 41-114, Section 5. Should a complication or delivery occur where access to their primary provider is not available, members will be responsible for any medical bills incurred. This is true for all services, including ambulance and emergency response, unless a line of duty injury specifically caused the complication or delivery. Simply participating in a UTA does not render a precipitous or premature labor "line of duty—yes."

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Attachments
1. Glossary of References and Supporting Information
2. Pregnancy Workplace Interview
3. Reproductive Hazard Concerns
4. Sample AF Form 422 Remarks

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

AFH 41-114, *Military Health Services System Matrix*

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*

AFI 48-123, *Medical Examinations and Standards*

AFI 48-125, *The US Air Force Personnel Dosimetry Program*

AFJI 48-110, *Immunizations and Chemoprophylaxis*

ANGI 36-5, *Telecommuting Policy For The Air National Guard*

ANGI 40-102, *State Air Surgeon*

ANGI 40-501, *Air National Guard Fitness Program*

ANGI 40-502, *Weight and Body Fat Management Program*

Gabbe, SG and Turner, LP, Reproductive Hazards of the American Lifestyle: Work During Pregnancy, *Am J Obstet Gynecol* 1997, April; 176(4): 826-832

Geeze, DS. Pregnancy and In-Flight Cosmic Radiation. *Aviat Space Environ Med* 1998 November; 69(11): 1061-1064

Khattak, S, et al, Pregnancy Outcome Following Gestational Exposure to Organic Solvents, a Prospective Controlled Study. *JAMA* 1999, March; 281(12): 1106-1109

2000 Red Book: Report of the Committee on Infectious Diseases, 25^h Ed., American Academy of Pediatrics, Elk Grove Village, IL 2000

Medical Waivers for Aircrew available at <http://triton.brooks.af.mil>).

MMWR April 30 1999, 148(RR-04); 1-28

Attachment 2

PREGNANCY WORKPLACE INTERVIEW

(Interview on SF Form 600 overprint or other format should be retained in the member's medical record)

Squadron: AFSC: Shop:
 Duty Title: Duty Phone:

1. ANG EMPLOYMENT DATA:

a. Individual's description of job and what tools, chemicals, and types of equipment are used:

b. To the best of your knowledge, do any shops located in your immediate work area use radioactive materials or x-rays?

Yes/No If yes, describe:

c. Were you issued a Thermoluminescent Dosimeter (TLD) Badge?

Yes/No/Not Applicable

d. Are you exposed to loud noise/vibrations? Yes/No

e. What safety equipment is required in the course of your duties?

_____Respirator - What kind? How often used?

_____Garments - What kind? How often used?

_____Belts/Harness - What kind? How often used?

_____Other

f. Does your job involve lifting, bending, pulling, climbing, or working at heights? Yes/No

If yes, describe:

g. Does your job require good balance and coordination to avoid risk of falling? Yes/No

h. Do you work indoors or outdoors?_____.

In both summer and winter? _____

If out doors, is there a designated temperature at which all workers must return indoors?_____

If yes, what for summer?_____winter?_____

i. Number of hours for average duty day?

Number of hours standing_____

Maximum amount of weight carried/lifted_____

j. Additional duties assigned

- k. Off duty data: 1) Hobbies:
- 2) Chemicals used for household cleaning:
- 3) Animal/pets exposure

l. Have you ever had a pregnancy-related illness due to your military or civilian occupation? If yes, please describe

2. Supervisor concurs/does not concur with patient's job description, based on telephone or personal interview. If not, explain:

Supervisors name/duty phone:

Date/Time Notified:

3. Bioenvironmental Engineering (BE) workplace evaluation/limitation recommendations:

4. Public Health Briefings:

- a. Briefed not to handle cat feces? Yes/No
- b. Briefed on consuming well-cooked meats? Yes/No
- c. Briefed to avoid tobacco products? Yes/No
- d. Briefed to avoid alcohol products? Yes/No
- e. Briefed to avoid use of OTC and prescription medications without concurrence of obstetrical provider?
- f. Brief to report changes in health status to MDS? Yes/No
- g. Other:

Patient's Signature

Medical Squadron Provider Signature

Bioenvironmental Signature

Public Health Signature

Attachment 3

REPRODUCTIVE HAZARD CONCERNS

A3.1. A thorough review of reproductive hazards is beyond the scope of this ANGI. However, a few of the more common concerns may include the following:

A3.1.1. Is the specific type of work known to be associated with adverse pregnancy outcomes? While some studies have demonstrated a relationship between strenuous occupations and those requiring prolonged standing and pre-term labor/low birth weight, an equal number have not. The potential risks of work during pregnancy must be balanced against the economic, self esteem and social support benefits the workplace provides. Moderate activity accommodations suggested in Attachment 4 are based on these concerns.

A3.1.1.1. Reasonable exercise in pregnancy has a favorable outcome, however, and pregnant members are encouraged to discuss this with their obstetrical providers.

A3.1.1.2. Other factors such as stress or an "uncomfortable environment" are more difficult to relate to adverse outcomes.

A3.1.2. Is the member exposed to substances and energy sources that have been identified as reproductive hazards in the workplace? BE and PH have some specific data for common ANG worksites.

A3.1.2.1. Recent studies have raised concerns about organic solvents as a cause of fetal malformations, particularly when the mother has experienced symptomatic exposure. Ionizing radiation or infectious agents, and exposure to anesthetic gases or anti-neoplastic agents has been implicated in fetal loss.

A3.1.2.2. Recent concern has been raised about possible adverse effects of in-flight cosmic radiation in early pregnancy. The literature does not support specific guidelines. However, it may be prudent to limit frequent long duration flights, especially at high altitude during early pregnancy, if practical. Female flight crew should advise the flight surgeon of their pregnancy as soon as it is confirmed.

Attachment 4**SAMPLE AF FORM 422 REMARKS**

A4.1. The Occupational Health Working Group (OHWG) or Aerospace Medicine Council (AMC) may modify any of these recommendations:

A4.1.1. No standing for greater than 1-2 hours without at least a 20-minute break. No strenuous activity or lifting of greater than 25 pounds. No firing of weapons in the prone position. Attempt should be made not to deploy member until 4 months post-end of pregnancy. Excuse from immunizations unless approved by attending obstetrical provider. Remove from Fitness and Weight Management programs until 6 months post end of pregnancy. Limit exposure to specified workplace toxins, as possible, and assure proper use of personal protective equipment (PPE). 40-hour workweek recommended; however, supervision has latitude to accomplish mission essential tasks. Refrain from smoking or alcohol use. 10. May not participate in mask confidence training or in any in-chamber training. Less than 20 weeks gestational age may elect to be excused from CWDE training. If electing to participate in training she may wear CWDE until it no longer fits. These ambient temperature guidelines must be followed:

A4.1.1.1. Below 70° F, wear the full ensemble.

A4.1.1.2. Above 70° F, wear only mask, hood, and helmet; carry the chemical protective suit; don't wear or carry the flak vest and web belt. After 20 weeks gestation, must demonstrate proficiency in donning the mask at the beginning of an exercise or training. After completing the proficiency demonstration, carry but don't use the mask and don't carry or wear the helmet, flak vest, web belt, or chemical protective suit.