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Medical Command

**PREGNANCY OF AIR NATIONAL
GUARD PERSONNEL**

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This instruction explains the procedures to be followed for pregnant Air National Guard (ANG) members. It does not apply to AGR members. Its intent is to adapt AFI 44-102, *Medical Care 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 Air Surgeon (NGB/SG), 3500 Fetchet Avenue, Andrews AFB MD, 20762-5157.

SUMMARY OF CHANGES

Paragraph **2.1** of this ANGI clarifies pregnancy as a medical condition requiring an AF Form 469, *Duty Limiting Condition* (DLC) Report that disqualifies a member from participation in deployments (CONUS or OCONUS). This paragraph also implements the new AF Form 469, *Duty Limiting Condition Report* to replace the previous AF Form 422, *Medical Profile*. Paragraph **3.10** specifies pregnancy screening requirements for deployments and disposition of members who become pregnant during deployments.

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 routine 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 Unit Training Assembly (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. DLC Report modifications should be made to the AF Form 469 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 group. The documentation must include the estimated 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 Group to update the member's DLC Report.

2.1. Medical Profile Officer. The Chief, Aerospace Medicine Physician (SGP) serves as the medical profile officer. The medical profile officer reviews the OB provider's documentation, the Pregnancy Workplace Interview (**Attachment 2**) and initiates an AF Form 469, reflecting any occupational restrictions. In the absence of the medical officer, the ANG health technician responsible for monitoring duty limiting conditions will initiate the AF Form 469 and coordinate any duty restriction updates through the course of the pregnancy for medical profile officer review and signature per AFI 48-123 V2, paragraph 4.4.2. 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 AF Form 469 will also remain in effect until the completion of any post-pregnancy convalescent leave if beyond 6 weeks from date of delivery. An AF Form 469 disqualifies a member from deployment (see paragraph **3.10.**). The member is to be counted as unavailable for purposes of Status of Resources and Training System (SORTS) calculations. In conjunction with Public Health, the physician may wish to discuss specific workplace risks and work restrictions in further detail (see Reproductive Hazard Concerns at **Attachment 3**). The medical profile officer will finalize the AF Form 469, and make recommendations in the "remarks" section before signing. Reasonable accommodations might include restrictions on standing, lifting and workplace exposures as indicated in Sample AF Form 469 Remarks (**Attachment 4**). The health technician responsible for monitoring duty limiting conditions will place the original AF Form 469 in the member's medical record after providing the member with a signed copy. The health technician will also send a completed copy of the AF Form 469 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 using the Pregnancy Workplace Interview questions (**Attachment 2**). If the case file information is not up-to-date, PH requests 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 profile officer as appropriate. Public Health updates the Chief of

Aerospace Medicine on installation pregnancy statistics as a standard agenda item of the Occupational Health Working Group (OHWG) per AFI 48-101, *Aerospace Medicine Operations*. 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/confirm 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 profile 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 AFMAN 48-125, *Personnel Ionizing Radiation Dosimetry*.

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, *Immunizations and Chemoprophylaxis*. However, if health considerations or mission requirements warrant it, the following may be given with consent of the member and concurrence of her OB 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 IAW current Advisory Committee on Immunization Practices (ACIP) recommendations. This is especially important if she incurs 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. ANG medical units should be aware of any state-specific requirements for vaccinating pregnant members with thimerosal-free vaccine if a health care provider specifically recommends the member receive a flu vaccination. As AFJI policy generally defers vaccinations during pregnancy, the member should follow the vaccination guidance from her personal OB provider and complete any recommended vaccinations at the member's own expense.

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. Tuberculosis (TB) testing may be performed.

3.2. In general, immunizations may be given regardless of lactation status per current ACIP recommendations, 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, and 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 36-8001, *Air National Guard Traditional Guard Member Telecommuting Policy*. 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 469 in the remarks section after the OB provider lists specific restrictions; this "post-34th week" AF Form 469 is turned in to the Medical Group 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 the member 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, *Military Health Services System Matrix*, Section 5, duty status ANG members are not entitled to obstetrical care at military expense. The State Air Surgeon, in concurrence with the base Chief of Aerospace Medicine, must endorse all inactive duty training participation and active duty tours during the pregnancy. Training for deployment may be performed prior to the beginning of the 34th week of gestation if the training 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 for deployment training purposes.

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, *State Air Surgeon*. Otherwise the waiver package must be submitted to Physicals and Standards Branch (NGB/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 CWDE 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; the member will not wear or carry the flak vest or 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. Man-Day Tours. IAW AFI 36-2619, *Military Personnel Appropriation (MPA) Man-Day Program*, pregnant members performing man-day tours will perform all duties at their home station prior to the 34th week of gestation and will not perform any man-day tours until after delivery. Women may again perform duties post-partum when cleared by their OB provider.
- 3.8. Pregnant members up to 34 weeks gestation can be involuntarily recalled, but not deployed to Outside the Continental United States (OCONUS) or Continental United States (CONUS) 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.
- 3.9. Pregnant members are temporarily medically deferred from meeting the Air Force weight and fitness standards in accordance with ANGI 10-248, *Air National Guard (ANG) Fitness Program*. The deferrals will expire 6 months after the pregnancy ends, regardless of how the pregnancy ends. In accordance with ANGI 10-248, the unit commander may approve up to 18 months of deferral following pregnancy, based on the OB provider's recommendation.
- 3.10. Deployability / Pregnancy Screening for Deployments.
- 3.10.1. The medical unit will generate a DLC report (AF Form 469) for the member once she presents written confirmation of pregnancy through her civilian OB provider. A DLC report disqualifies a member from deployment participation per AFI 48-123 V2, paragraph 4.7.1.1.2 and AFI 44-102, paragraph 4.12.1.2.
 - 3.10.1.1. The member is disqualified for deployment to OCONUS and CONUS locations while carrying the DLC report.
 - 3.10.2. The member's unit and the member are responsible for notifying the respective Unit Deployment Manager (UDM) of the pregnancy medical condition after receiving copies of the completed AF Form 469 described in paragraph 2.1.

3.10.3. Female members will be questioned regarding pregnancy status at the time of predeployment medical processing, and members indicating possible pregnancy will verify their status by completing a pregnancy test administered by a civilian medical agency at the member's own expense.

3.10.4. Members identified as pregnant during the course of a deployment will be returned to their home station for release from active duty as soon as they are cleared by the deployed medical authority as medically safe for travel. Reserve Component members are not authorized issuance or extension of activation/deployment orders for the purpose of obtaining maternity care at government expense (even if on active duty orders for 31 consecutive days or more).

3.10.5. Members will follow all pregnancy screening requirements during deployment.

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. For pregnant members who do not meet the AFH 41-114 requirements, units are not authorized to extend the pregnant member's orders (and associated medical benefits) if the member's orders end before their pregnancy does. Simply participating in a UTA does not render a precipitous or premature labor "line of duty - yes."

CRAIG R. MCKINLEY, Lieutenant General, USAF
Director, Air National Guard

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

AFH 41-114, *Military Health Services System Matrix*, 1 March 1997

AFI 10-203, *Duty Limiting Conditions*, 25 October 2007

AFI 36-2619, *Military Personnel Appropriation (MPA) Man-Day Program*, 22 July 1994

AFI 10-403, *Deployment Planning and Execution*, 13 January 2008

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*, 28 December 2001

AFI 44-102, *Medical Care Management*, 1 May 2006

AFI 48-101, *Aerospace Medicine Operations*, 19 August 2005

AFI 48-123 Vol 1, *Medical Examinations and Standard, Volume 1-General Provisions*, 5 Jun 2006

AFI 48-123 Vol 2, *Medical Examinations and Standards, Volume 2-Accession, Retention, and Administration*, 5 Jun 2006

AFI 48-123 Vol 3, *Medical Examinations and Standards, Volume 3-Flying and Special Operational Duty*, 5 Jun 2006

AFI 48-123 Vol 4, *Medical Examinations and Standards, Volume 4-Special Standards and Requirements*, 5 Jun 2006

AFMAN 48-125, *Personnel Ionizing Radiation Dosimetry*, 7 August 2006

AFJI 48-110, *Immunizations and Chemoprophylaxis*, 29 September 2006

ANGI 10-248, *Air National Guard (ANG) Fitness Program*, 9 April 2004

ANGI 36-8001, *Air National Guard Traditional Guard Member Telecommuting Policy*, 28 May 2004

ANGI 40-102, *State Air Surgeon*, 8 March 1999

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, 25th 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

*Abbreviations and Acronyms***Abbreviation/Acronym—Definition**

ACIP—Advisory Committee on Immunization Practices

AFH—Air Force Handbook

AFJI—Air Force Joint Instruction

AMC—Aerospace Medicine Council

BEE—Bioenvironmental Engineering

CONUS—Continental United States

CWDE—Chemical Warfare Defense Ensemble

DLC—Duty Limiting Condition

DNIF—Duty Not Including Flying

MPA—Military Personnel Appropriation

MPF—Military Personnel Flight

OB—Obstetrical

OCONUS—Outside the Continental United States

OHWG—Occupational Health Working Group

OTC—Over the Counter

PH—Public Health

PPE—Personal Protective Equipment

RTFS—Return to Flying Status

SORTS—Status of Resources and Training Systems

TB—Tuberculosis

Td—Tetanus-diphtheria

TLD—Thermoluminescent Dosimetry

UDM—Unit Deployment Manager

UTA—Unit Training Assembly

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 outdoors, 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:

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

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

Supervisor's name/duty phone:

Date/Time Notified:

4. Bioenvironmental Engineering (BEE) workplace evaluation/limitation recommendations:

5. 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? Yes/No

f. Brief to report changes in health status to MDG? Yes/No

g. Other:

Patient's Signature

Medical Group 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 469 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.